



## INTEGRATED PROVIDER NETWORK

### SERVICE DESCRIPTION LIST

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5404<br>H0018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Adult Family Home Behavioral Health, short-term resid, non-hospital | Adult family home” or “home” means a place where 3 or 4 adults who are age 18 or older and is not related to the licensee reside in which care, treatment or services above the level of room and board but not including nursing care are provided to persons residing in the home as a primary function of the home. The adults who reside in the home need 24 hours of continuous care, supervision, or intervention to prevent, control, or improve a constant or intermittent mental or physical condition. |              |              | Daily        |
| <i>Credentials:</i> An Adult Family Home License under DHS 88.3 and Wisconsin State Statutes 50.02 (2) and 50.033 (2).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| An Adult Family Home's application should include a statement of the number and types of individuals they are willing to accept, whether the home is accessible to individuals with mobility problems. The application should also include a description of the home, its location, the services available to include who provides them.                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| Licensee must be at least 21 years of age and shall be physically, emotionally and mentally capable of providing care for residents of the adult family home. They must be responsible, mature and of a reputable character and display the capacity to provide care to adult residents in the home.                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| A Service provider must be at least 18 years of age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| The Licensee and each service provider must complete 15 hours of training approved by the licensing agency related to health, safety and welfare of the residents, residents rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. The training must include training in fire and first aid. The Licensee and each service provider must also attend a minimum of 8 hours of ongoing training per year that is approved by the licensing agency related to health, safety and welfare of the residents, residents rights and treatment appropriate to residents served and keep documentation of the training. |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| The Licensee must maintain a record for each resident of the home in a secure location of the home to prevent unauthorized access, and ensure confidentiality as stated per Wisconsin State Statutes , 252.15, 51.30, 146.83, or 42 CFR Part 2.                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| All Adult Family Homes in the Wraparound network must meet the Wisconsin Medicaid guidelines for staffing, documentation and supervision.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| 5202<br>H2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | After School Programs Community-based wraparound services           | These are before or after school programs that offer supervision and structure for youth. Programs must include social, recreational and educational activities.                                                                                                                                                                                                                                                                                                                                                 |              | 12.00        | Hour         |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |

| Service Name / ID |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5202<br>H2021     | After School Programs<br>Community-based wrap services,<br>per 15 min | <p>These are before or after school programs that offer supervision and structure for youth. Programs must include social, recreational and educational activities.</p> <p>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><i>Credentials:</i> 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 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         |
| 5202A<br>H2021    | Afterschool Program<br>Community-based wrap services,<br>per 15 min   | <p>These are before or after school programs that offer supervision and structure for youth. Programs must include social, recreational and educational activities.</p> <p>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><i>Credentials:</i> 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 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> | 25.60        |              | Hour         |

| Service<br>Name / ID |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| 5565B<br>H2017<br>HQ | Anger Management Group<br>Wellness Mgt / Recovery | <p>The goal of the Anger Management Group is to help youth with anger management issues and high levels of aggression learn to control their emotions, manner of response to others and more effective ways to communicate with others. Helping youth learn to understand and manage their feelings, allows youth to develop the skills needed to avoid escalation of negative feelings and serious confrontation(s) with other youth, parents, and authority figures.</p> <p>Anger Management Groups must follow a time-limited Wraparound / Children's Court Services approved curriculum. The agency's Anger Management curriculum is offered in a standardized session (60 to 90 minutes long) with of the training program typically ranging from six to twelve weeks. Per session length and program duration in number of sessions and session per week should be identified in the curriculum summary. Groups may consist of from 4 to 10 participants (with 2 facilitators required for groups of 8 participants or more).</p> <p>The Anger Management curriculum should be designed to teach youth strategies (e.g., problem-solving skills) that enable them to control their anger in the face of conflict. Although specific elements used in Anger Management training vary, most programs use a combination of techniques. Group rules need to incorporated into the program and should be identified for participants during the first session. Curriculum activities may include: lectures, group discussions, role-playing, modeling of appropriate behaviors, simulation games, examples on videotape, pre and post tests.</p> <p>The Anger Management curriculum must include components that are designed to address the following elements:</p> <ol style="list-style-type: none"> <li>1)awareness of one's own emotional and physical states when they are angry</li> <li>2)the ability to understand the perspective of others</li> <li>3)recognizing and using appropriate verbal and non-verbal communication skills</li> <li>4)use of specific strategies that help the youth to moderate their responses to potential conflicts (e.g., .Stop! Think! What should I do?, etc.)</li> <li>5)understanding choices and consequences</li> <li>6)training in problem-solving skills and coping strategies including: <ul style="list-style-type: none"> <li>· identifying the problem</li> <li>· generating alternative solutions</li> <li>· considering the consequences of each solution</li> <li>· selecting an effective response to the situation</li> <li>· evaluating outcomes of that response</li> <li>· identifying socially acceptable ways to release and manage aggression</li> </ul> </li> <li>7)basic relaxation techniques.</li> <li>8)effects of alcohol and other drugs have on behavior/anger management</li> </ol> | 7.50            |                 | Quarter Hour |

| Service Name / ID                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| Agencies must review and update their curriculum annually and maintain records of the annual curriculum review(s) (review records to be made available upon request). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| T2019                                                                                                                                                                 | Therapeutic behavioral services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| Credentials:                                                                                                                                                          | Credentialing Requirements<br>Anger Management providers must have a BA/BS degree in Social Work, Psychology, Sociology, Criminal Justice or other approved Human Services degree, plus 2 years post-degree experience in counseling youth or working in a program whose primary clientele are youth with serious emotional or behavioral health needs. A Master’s degree in the stated programs may substitute for the 2 years experience.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5001<br>H0001                                                                                                                                                         | AODA Assessment<br>Alcohol and/or drug assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Initial assessment to evaluate the need for AODA treatment services.                                                                                                                                                                                                                                                                                                                                                 | 27.50        |              | Quarter Hour |
| Credentials:                                                                                                                                                          | AODA outpatient clinic license and:<br>-Clinical Substance Abuse Counselor Certification or above OR<br>-MS Degree with documented 3,000+ hours of work experience preferably in a setting dealing with AODA issues OR<br>-Ph.D., utilizing recognized AODA assessment tools.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| All providers of service must have a National Provider Identifier (NPI).                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5121<br>H2017<br>HQ                                                                                                                                                   | AODA Group Counseling<br>Wellness Mgt / Recovery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AODA Group counseling provided in a Community Substance Abuse Services Clinic (CSAS) or a certified Outpatient Mental Health Clinic under DHS 75 guidelines.<br><br>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.<br>NOTE: APPLICATIONS ACCEPTED FOR ACTIVE-ONGOING GROUPS ONLY. | 8.80         |              | Quarter Hour |
| H0005                                                                                                                                                                 | Alcohol and/or drug svcs; grp couns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| Credentials:                                                                                                                                                          | AODA outpatient clinic license and:<br>-Substance Abuse Counselor Certification or above<br>-Substance Abuse Counselor-In-Training certification with clinical supervisor authorization to provide counseling after one of the following requirements has been met:<br>-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<br>-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. |                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| All providers of service must have a National Provider Identifier (NPI).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| 5356                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AODA Hospital                                                          | Placement in an inpatient acute hospital setting for treatment related to substance abuse. Requires prior authorization by the director of the Mobile Urgent Treatment Team.                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1270         |              | Daily        |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| 5101<br>H0022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AODA Individual/Family Counseling Alcohol and/or drug intervention svc | 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.                                                                                                                                                                                                                                                                                                                                                                                                                       | 17.60        |              | Quarter Hour |
| <i>Credentials:</i> AODA outpatient clinic license and:<br>-Substance Abuse Counselor Certification or above<br>-Substance Abuse Counselor-In-Training certification with clinical supervisor authorization to provide counseling after one of the following requirements has been met:<br>-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<br>-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. |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| All providers of service must have a National Provider Identifier (NPI).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| 5103<br>H0003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AODA Lab and Medical Services<br>AODA, Lab Analysis                    | Random urine surveillance and other substance abuse screening and monitoring by an approved lab.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1.00         |              | Dollar       |
| Alcohol and/or drug screening, lab analysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| <i>Credentials:</i> Laboratory certification and per unit rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| 5131F<br>H2017<br>HQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Art / Music / Dance Therapy-Group Wellness Mgt / Recovery              | 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.<br><br>Documentation requirements:<br>Provider Note entry in Synthesis. Instructions for provider note entry at:<br><a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a> . | 32           |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p><i>Credentials:</i></p> <ol style="list-style-type: none"> <li>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.</li> <li>2) Masters-level licensed psychotherapist in one of above special therapies; or</li> <li>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.</li> <li>4) Registered instructor with Professional Association of Therapeutic Horsemanship International (PATH) or equivalent riding certification.</li> <li>5) Licensed Occupational Therapy Assistant under supervision of a licensed Occupational Therapist</li> </ol> <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>       |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| 5131E<br>H2017<br>U5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Art / Music / Dance Therapy-Individual<br>Wellness Mgt / Recovery | <p>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.</p> <p>Documentation requirements:<br/> Provider Note entry in Synthesis. Instructions for provider note entry at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> | 64           |              | Hour         |
| <p><i>Credentials:</i></p> <ol style="list-style-type: none"> <li>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.</li> <li>2) Masters-level licensed psychotherapist in one of above special therapies; or</li> <li>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.</li> <li>4) Registered instructor with Professional Association of Therapeutic Horsemanship International (PATH) or equivalent riding certification.</li> <li>5) Licensed Occupational Therapy Assistant under supervision of a licensed Occupational Therapist</li> </ol> <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 service is licensed by the State of Wisconsin and must have a National Provider Identifier (NPI).</p> |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| 5131A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arts Specialty - Individual                                       | Therapeutic Arts Specialist is a person engaged in arts (Visual Art/Music/Dance-Movement/Video-Photography/Poetry/Theater) activities that are; safe (materials are chosen that meet the requirements appropriate to the level of security required by the                                                                                                                                                                                                                                                                                                                                       | 32           |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>facility), age appropriate, and content appropriate (challenge the psychoeducational needs of youth served in the context of their current experience). Therapeutic Arts Specialists are trauma sensitive, able to hold clear boundaries.</p> <p>1.serve as a positive role model and facilitator for youth.</p> <p>2.promote social competence, life skills and support resource for youth developing as artists and responsible community members.</p> <p>3.bridge youth to positive community resources (with a particular emphasis on their arts area).</p> <p>4.Communication with HSW's and Agency staff appropriate to the interaction with youth is part of their responsibility.</p> <p>5.Enter notes on youth group engagement and progress in synthesis according to the appropriate code Arts Specialty-Individual.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| <p><i>Credentials:</i></p> <ol style="list-style-type: none"> <li>1. Must be 21 years of age.</li> <li>2. Bachelor's degree preferred, skill and professional experience in arts area required, minimum 1 year of experience working with youth in teaching or facilitating capacity required.</li> <li>3. 15 hours of training documented prior to work as a Therapeutic Arts Specialist: Topics should include but are not limited to trauma informed care, ethics and boundaries, motivational interviewing, mandated reporting, cultural relevance and basic case management. Owners must show evidence of training/certification/ education specific to mentoring in the application process. A copy of the Therapeutic Arts training certificate (or equivalent) verifying this training must be submitted to the Provider Network upon the agency's request to add the mentor into Synthesis. A copy of the Therapeutic Arts Specialist training certificate must be kept in his/her employee file.</li> </ol> <p>Ongoing Continuing Education/Training Requirements:</p> <p>Therapeutic Arts Specialists will complete 8 hours of continuing education training annually starting the 2nd year of employment. Agencies will support Therapeutic Arts Specialist participation in local training opportunities or bring in a trainer on a topic related to Trauma Informed Care and Ethics and Boundaries on an ongoing basis, where one-fourth of the training hours shall be in these topic areas. Additional topics for ongoing training will be solicited from the Therapeutic Arts Specialist based on their experiences (e.g. attachment issues). Documentation of continuing education will be kept in the employee file and reviewed annually. (Therapeutic Arts Specialists will be supervised by Licensed Arts Therapists for all services rendered).</p> |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5000A<br>90801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Assessments-M.D.<br>Psychiatric diagnostic interview,<br>exam | <p>Psychiatric and/or Medical assessment of a child or adolescent and their family performed by a licensed Psychiatrist (M.D.), Certified Advanced Practice Nurse Prescriber, and/or other Medical Physician (M.D.) with recommendations for treatment.</p> <p>A psychiatric report of specific findings (with five axis diagnoses) must be submitted to the Care Coordinator within 30 days of the appointment.</p> | 275.00       |              | Session      |
| <p><i>Credentials:</i></p> <p>Licensed M.D. with a specialty in Psychiatry/Child Psychiatry OR</p> <p>Wisconsin Licensed Professional Nurse with Certification as advanced nurse practitioner in the State of Wisconsin with a Psychiatry specialty on their license and/or certification in Psychiatry/Mental Health from the American Nurse Credentials Center, experience and training in psychiatric practice and prescribing supervised by M.D., and who meet the certification guidelines in Wisconsin Chapter N8.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |

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| Effective 1/1/2007, providers of this services must have a National Provider Identifier (NPI).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
| 5551<br>T2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BRICK Program<br>Non emerg transport-per trip | <p>Green Bay Correctional Facility inmates who are concerned about the direction taken by many inner city youth meet with youth that attend the program to explain the reality of prison life.</p> <p>Wisconsin Green Bay Correctional facility "BRICK: Program. The letters in BRICK stand for Breaking down the walls to Reality through Intervention and Counseling for Kids. Integrity Family Services, LLC coordinates Wraparound Milwaukee and SafeNow enrolled youth participation in the BRICK program which includes transporting the youth to and from the Green Bay Coorectional Institution, supervision of youth participating in the half day BRICK Program, lunch, youth discussion regarding their response to the program and completion of a "client satisfaction survey". Inmate participants come from all cultures, various backgrounds, varying levels of education, lifestyles, and environments. BRICK Program sessions are conducted for youth identified by community agencies or the courts as being "at risk" to commit crimes.</p> | 55.00        |              | Session      |
| <p><i>Credentials:</i></p> <p>This service is limited to Integrity Family Services, LLC. Integrity staff with prior experience as a Crisis Stabilization provider for Wraparound Milwaukee or equivalent training provide escort and supervision for Wraparound Milwaukee youth that participate in the BRICK Program.</p> <p>Valid Wisconsin Drivers License (Drivers Abstract on file with agency)</p> <p>Integrity Family Service, LLC must obtain 2 letters of reference regarding the provider's professional abilities. Reference letters are to be maintained in the employees file at the agency.</p> <p>Crisis training of 40 hours for staff with no prior crisis stabilization related experience or 20 hours for staff with 6 months of prior experience. Training must be completed prior to the provision of this service.</p> <p>·Training can include Crisis Prevention Intervention (CPI), Managing Aggressive Behavior (MAB) or a similar program along with other related in-service training; crisis intervention and de-escalation training in the following areas:</p> <p>·Crisis regulations.</p> <p>·Wraparound crisis intervention policies and procedures and</p> <p>·Specific requirements associated with this service.</p> <p>·Wisconsin state statues and administrative rules related to patient rights and confidentiality of youth records.</p> <p>·Basic mental health intervention techniques applicable to crisis situations.</p> <p>·Techniques for assessing and responding to persons with emergency mental health needs who are experience a crisis or AODA related problems.</p> |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |

| Service<br>Name / ID |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| 5201<br>T2037        | Camp<br>Therapeutic camping | <p data-bbox="600 180 1591 269">Camp offers goal directed activities for youth that will lead to specific skill development, which is clearly identified in the agency description (example: leadership camp).</p> <p data-bbox="600 313 1591 472">Camp is a specialized program for children with emotional, and behavioral challenges that is generally offered during non-school time and has a specific beginning and end date for each camp session (usually ranging from 1 day to 2 weeks in duration). Camp may be full day or partial day. Agencies providing camp shall provide a description for the specific camp/s offered by the agency to include:</p> <ol data-bbox="600 513 1591 1333" style="list-style-type: none"> <li>1. Title or name of the “Camp” (here after referred to as “camp” or “program”).</li> <li>2. Proposed daily rate for the program.</li> <li>3. Location(s) where the camp/program will take place.</li> <li>4. Dates and time of day the camp will be conducted.</li> <li>5. Overview of the client related program objectives and goals (skills or abilities the youth will achieve as a result of participation in the program).</li> <li>6. Minimum client to staff ratio.</li> <li>7. Description of appropriate participants including: age, gender, challenges enrolled youth might be experiencing (ie: lack self confidence; excessively shy, etc.).</li> <li>8. Skills / abilities the youth will acquire as a result of participation in the specific camp/program.</li> <li>9. Minimum requirements for youth participation in the program.</li> <li>10. Calendar of events including schedule of all events (by day and section of the day) to be provided throughout the course of the program.</li> <li>11. Identification of equipment and supplies that will be used by participants and a list of alternate or substitute activities to be conducted in the event the scheduled activity cannot be held.</li> <li>12. Meals and snacks to be provided (time for participants meals must be include in program schedule if the program is offered during a normal meal time; cost of agency provided meals to be included in daily rate).</li> <li>13. Participant conduct that could result in participant expulsion from the program.</li> <li>14. Transportation options (to and from program).</li> <li>15. Agency contact information for referrals</li> <li>16. Agency contact information during the program implementation (including: how families may contact participants in the event of an emergency).</li> </ol> <p data-bbox="600 1373 1591 1463">Rates should be all inclusive. Any additional cost(s) to the participant (such as spending money for outings) must be identified at the time the program description is presented to Wraparound Milwaukee for approval.</p> | 1.00            |                 | Total        |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                      | <p>If the agency program involves client transportation to another location, the agency must meet all the Wraparound Milwaukee requirements associated with client transport including: obtaining a parent or guardian authorization to transport the client (consent form to be signed and dated prior to program participation). The driver must be at least 18 years of age and have a valid/current driver's license with minimum one year driving experience; driver's abstract and adequate insurance coverage on file with the provider agency.</p> <p>Overnight stays not allowed. Out-of-county travel requires Wraparound Administration approval IN ADVANCE.</p> <p>Program summary and rate to be submitted to Wraparound Milwaukee for approval at least 60 days prior to the start date of the proposed program. Repeat programs to be reviewed annually.</p> <p>Credentials:<br/>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 have a minimum of a High School diploma or equivalent 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>Programs providing services to youth diagnosed with developmental disorders and pervasive developmental disorders must be supervised by an individual with a bachelor's degree (or above) in human services or education with at least 2 years experience working with youth with this type of disorder.</p> <p>Additional agency employees providing client supervision during the program must have a minimum of High School diploma or equivalent with 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. 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<br>Name / ID |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| 5201<br>T2037        | Camp<br>Therapeutic camping, day, waiver | <p>Camp offers goal directed activities for youth that will lead to specific skill development, which is clearly identified in the agency description (example: leadership camp).</p> <p>Camp is a specialized program for children with emotional, and behavioral challenges that is generally offered during non-school time and has a specific beginning and end date for each camp session (usually ranging from 1 day to 2 weeks in duration). Camp may be full day or partial day. Agencies providing camp shall provide a description for the specific camp/s offered by the agency to include:</p> <ol style="list-style-type: none"> <li>1. Title or name of the “Camp” (here after referred to as “camp” or “program”).</li> <li>2. Proposed daily rate for the program.</li> <li>3. Location(s) where the camp/program will take place.</li> <li>4. Dates and time of day the camp will be conducted.</li> <li>5. Overview of the client related program objectives and goals (skills or abilities the youth will achieve as a result of participation in the program).</li> <li>6. Minimum client to staff ratio.</li> <li>7. Description of appropriate participants including: age, gender, challenges enrolled youth might be experiencing (ie: lack self confidence; excessively shy, etc.).</li> <li>8. Skills / abilities the youth will acquire as a result of participation in the specific camp/program.</li> <li>9. Minimum requirements for youth participation in the program.</li> <li>10. Calendar of events including schedule of all events (by day and section of the day) to be provided throughout the course of the program.</li> <li>11. Identification of equipment and supplies that will be used by participants and a list of alternate or substitute activities to be conducted in the event the scheduled activity cannot be held.</li> <li>12. Meals and snacks to be provided (time for participants meals must be include in program schedule if the program is offered during a normal meal time; cost of agency provided meals to be included in daily rate).</li> <li>13. Participant conduct that could result in participant expulsion from the program.</li> <li>14. Transportation options (to and from program).</li> <li>15. Agency contact information for referrals</li> <li>16. Agency contact information during the program implementation (including: how families may contact participants in the event of an emergency).</li> </ol> <p>Rates should be all inclusive. Any additional cost(s) to the participant (such as spending money for outings) must be identified at the time the program description is presented to Wraparound Milwaukee for approval.</p> | 1.00            |                 | Total        |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                      | <p>If the agency program involves client transportation to another location, the agency must meet all the Wraparound Milwaukee requirements associated with client transport including: obtaining a parent or guardian authorization to transport the client (consent form to be signed and dated prior to program participation). The driver must be at least 18 years of age and have a valid/current driver's license with minimum one year driving experience; driver's abstract and adequate insurance coverage on file with the provider agency.</p> <p>Overnight stays not allowed. Out-of-county travel requires Wraparound Administration approval IN ADVANCE.</p> <p>Program summary and rate to be submitted to Wraparound Milwaukee for approval at least 60 days prior to the start date of the proposed program. Repeat programs to be reviewed annually.</p> <p>Credentials:<br/>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 have a minimum of a High School diploma or equivalent 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>Programs providing services to youth diagnosed with developmental disorders and pervasive developmental disorders must be supervised by an individual with a bachelor's degree (or above) in human services or education with at least 2 years experience working with youth with this type of disorder.</p> <p>Additional agency employees providing client supervision during the program must have a minimum of High School diploma or equivalent with 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. 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 / ID                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <i>Credentials:</i> A Day Care License is required if serving three or more children through the age of 12 at one time.                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5201A<br>T2037                                                                                                                                                                                                                                                                                                                                                                                              | Camp-Therapeutic<br>Therapeutic camping, day, waiver                   | This service is being created for New Visions to provide services to Tyler Parks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 485          |              | Daily        |
| <i>Credentials:</i> Therapy credentials are similar to Service Code 5100.                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5500P<br>T1017                                                                                                                                                                                                                                                                                                                                                                                              | Care Coordination Contract Penalties<br>Targeted case mgmt, per 15 min | Used when enforcing the administrative penalties that are part of the yearly care coordination contracts (for example, late court letters, placing a youth in out-of-home care with prior authorization, etc.) We will use this when ENFORCING the penalty, and in the occasional situations where the penalty is reversed.                                                                                                                                                                                                                                                                                                                                    | 1            | 1            | Dollar       |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5500S<br>T1017                                                                                                                                                                                                                                                                                                                                                                                              | Care Coordination Rate Adjustment<br>Targeted case mgmt, per 15 min    | Used for the twice-yearly retroactive rate adjustments related to the Agency Performance Reports, as well as for the monthly Master's Level supervisor adjustments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1            | 1            | Dollar       |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5500H<br>T1017                                                                                                                                                                                                                                                                                                                                                                                              | Care Coordination-(Lead-BA/BS)<br>Targeted case mgmt, per 15 min       | The Care Coordinator assists the Wraparound child and his/her family to access mental health, social services, educational services and other services, and support the child and his/her family needs in meeting the needs and objectives of the Plan of Care.                                                                                                                                                                                                                                                                                                                                                                                                | 39.50        |              | Daily        |
| <i>Credentials:</i> Lead Care Coordinators must have at least one year of Care Coordination experience with Wraparound Milwaukee. Possess at minimum a bachelor's degree, preferably in the areas of education, human services or a related field. One year of experience working in a setting providing mental health services is required. Related life experience and volunteer work will be considered. |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5500I<br>T1017                                                                                                                                                                                                                                                                                                                                                                                              | Care Coordination-Consultation<br>Targeted case mgmt, per 15 min       | Care Coordination-Consultation involves the review of a Plan of Care (POC) and Crisis Plan prior to submission of the POC to Wraparound Milwaukee for approval. Review and consultation shall include a discussion of progress, issues and concerns, and recommendations.<br><br>Clinical consultants will review all relevant and available documents (including most recent clinical outcome measures, i.e.-Child Behavior Checklist and Youth Self Report) to assist in formulation of a POC which best matches the youth and family needs.<br><br>A POC clinical consultant may not simultaneously be a POC consultant and a therapist to the same family. | 100          |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           | Set IPN Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Avg IPN Rate | Billing Unit |       |
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| <p>Billable consultation time shall be face to face only in reference to a specific youth and his/her individual needs. Care Coordination Supervisors, Leads, youth and other family members may also be present. Documentation and document review time spent in completing Provider Notes is billable. Travel time and time spent in other activities is not billable.</p> <p>Documentation requirements:<br/>           Provider Note entry in Synthesis, which must include progress made, issues and concerns, recommendations, and verification that the youth's Plan of Care and Crisis Plan were reviewed. Instructions for provider note entry at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> <p><i>Credentials:</i> State of Wisconsin Psychologist License, or Licensed M.D. with a specialty in Psychiatry/Child Psychiatry.</p> <p>New providers of this service must attend Wraparound Provider Training (Level I and II) within 90 days of commencing work as a POC consultant.</p> <p>The provider must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).</p> |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |       |
| 5500A<br>T1017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Care Coordination-Daily<br>Targeted case mgmt, per 15 min | <p>The Care Coordinator assists the Wraparound child and his/her family to access mental health, social services, educational services and other services, and support the child and his/her family needs in meeting the needs and objectives of the Plan of Care.</p> <p>A Care Coordinator must be in place for every child/family who is open and receiving services. Care Coordination services include: assessment/ evaluation of service needs; identifying team members involved with the child, planning meetings, developing a plan of care based on strengths and needs with the team; obtaining and arranging for formal services from agencies in the Provider Network, and informal services in the community; monitoring the Plan and revising as needed; ensuring that services from providers are being provided as called for in the Plan by agencies that have agreed to participate in the Case Plan, advocating for the client; and providing emergency interventions. Wraparound children in the program will also have access to mobile crisis services through the program (i.e. Mobile Urgent Treatment Team). Care coordination services are provided through face-to-face contact and telephone contact with the Wraparound child, family, significant others, and service providers and may be provided anywhere in the community. The Care Coordination agency may provide both care coordination services and other Network services described in this application for the same child/family. Care coordination services will be purchased through formal contracts with agencies elected on an RFP basis, and on a case-by-case basis from agencies in the Provider Network requesting and being</p> |              | 34           | Daily |

| Service Name / ID                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| approved as care coordination providers.                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| UNTIL FURTHER NOTICE, WRAPAROUND MILWAUKEE IS NOT UTILIZING ANY ADDITIONAL CARE COORDINATION AGENCIES. |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| Credentials:                                                                                           | Care Coordinators must possess at minimum a bachelor's degree, preferably in the areas of education, human services or a related field. One year of experience working in a setting providing mental health services is required. Related life experience and volunteer work will be considered. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| TO BE SUBMITTED TO WRAPAROUND:                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| Copy of Care Coordinators resume, driver's abstract, and background check (all 3 parts).               |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| 5500F<br>T1017                                                                                         | Care Coordination-Masters Level<br>Targeted case mgmt, per 15 min                                                                                                                                                                                                                                | <p>The Care Coordinator assists the Wraparound child and his/her family to access mental health, social services, educational services and other services, and support the child and his/her family needs in meeting the needs and objectives of the Plan of Care.</p> <p>A Care Coordinator must be in place for every child/family who is open and receiving services. Care Coordination services include: assessment/ evaluation of service needs; identifying team members involved with the child, planning meetings, developing a plan of care based on strengths and needs with the team; obtaining and arranging for formal services from agencies in the Provider Network, and informal services in the community; monitoring the Plan and revising as needed; ensuring that services from providers are being provided as called for in the Plan by agencies that have agreed to participate in the Case Plan, advocating for the client; and providing emergency interventions. Wraparound children in the program will also have access to mobile crisis services through the program (i.e. Mobile Urgent Treatment Team). Care coordination services are provided through face-to-face contact and telephone contact with the Wraparound child, family, significant others, and service providers and may be provided anywhere in the community. The Care Coordination agency may provide both care coordination services and other Network services described in this application for the same child/family. Care coordination services will be purchased through formal contracts with agencies elected on an RFP basis, and on a case-by-case basis from agencies in the Provider Network requesting and being approved as care coordination providers.</p> <p>UNTIL FURTHER NOTICE, WRAPAROUND MILWAUKEE IS NOT UTILIZING ANY ADDITIONAL CARE COORDINATION AGENCIES.</p> | 40           |              | Daily        |
| Credentials:                                                                                           | Must have a Master degree in an education or human service field. One year of experience working in a setting providing mental health services is required. Related life experience and volunteer work will be considered.                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| TO BE SUBMITTED TO WRAPAROUND:                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |

| Service Name / ID                                                                                               |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| Copy of Care Coordinators resume, transcript or diploma, driver's abstract, and background check (all 3 parts). |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| 5500G<br>T1017                                                                                                  | Care Coordination-Masters Level-Lead<br>Targeted case mgmt, per 15 min | <p>The Care Coordinator assists the Wraparound child and his/her family to access mental health, social services, educational services and other services, and support the child and his/her family needs in meeting the needs and objectives of the Plan of Care.</p> <p>A Care Coordinator must be in place for every child/family who is open and receiving services. Care Coordination services include: assessment/ evaluation of service needs; identifying team members involved with the child, planning meetings, developing a plan of care based on strengths and needs with the team; obtaining and arranging for formal services from agencies in the Provider Network, and informal services in the community; monitoring the Plan and revising as needed; ensuring that services from providers are being provided as called for in the Plan by agencies that have agreed to participate in the Case Plan, advocating for the client; and providing emergency interventions. Wraparound children in the program will also have access to mobile crisis services through the program (i.e. Mobile Urgent Treatment Team). Care coordination services are provided through face-to-face contact and telephone contact with the Wraparound child, family, significant others, and service providers and may be provided anywhere in the community. The Care Coordination agency may provide both care coordination services and other Network services described in this application for the same child/family. Care coordination services will be purchased through formal contracts with agencies elected on an RFP basis, and on a case-by-case basis from agencies in the Provider Network requesting and being approved as care coordination providers.</p> <p>UNTIL FURTHER NOTICE, WRAPAROUND MILWAUKEE IS NOT UTILIZING ANY ADDITIONAL CARE COORDINATION AGENCIES.</p> <p><i>Credentials:</i> Must have a Master degree in an education or human service field. One year of experience working in a setting providing mental health services is required. Related life experience and volunteer work will be considered. Must have at least one year of Care Coordination experience with Wraparound Milwaukee.</p> <p>TO BE SUBMITTED TO WRAPAROUND:<br/>Copy of Care Coordinators resume, transcript or diploma, driver's abstract, and background check (all 3 parts).</p> | 41.50        |              | Daily        |
| 5502B<br>T2022                                                                                                  | Case Mgmt-Waiver Program<br>Case management                            | Same as 5502A-but for waiver program slots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.82         | 2.82         | Daily        |
| <i>Credentials:</i>                                                                                             | Same as 5502A-but for waiver program slots                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| 5533                                                                                                            | Certified Parent Peer Specialist                                       | The role of the Parent Peer Specialist is to enhance parenting knowledge and skills to minimize crisis and maximize the long-term benefit of involvement in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 40           |              | Hour         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>Wraparound process through a focus on parent and youth strengths as part of the solution and family participation as partners in all aspects of their care.</p> <p>To intentionally engage parents with lived experience who can apply knowledge and skills gained from parenting children and youth with social, emotional, behavioral, mental health, substance abuse, or trauma related challenges in the Wraparound process. Incorporation of parents who have lived experience enhances adherence to family driven values and practice and creates supportive partnership and opportunity to increase parents' knowledge, skill, and capacity to prevent hospitalization and out of home placement, or address barriers to reunification.</p> <p><b>JOB RESPONSIBILITIES:</b></p> <ul style="list-style-type: none"> <li>Utilize lived experience to build a professional relationship with youth and families involved in Wraparound to assist them to navigate the mental/behavioral health, youth justice, and/or child welfare systems as an advocate to ensure the parent and youth voice are heard, understood, and respected in the team process.</li> <li>Work directly with parents/caregivers within the family system pro-actively and re-actively to reduce crisis triggers, build parenting and crisis management skills and knowledge through role modeling, training/education to increase knowledge and skills, and provide crisis intervention support to the parent during a behavioral or mental health crisis within the family.</li> <li>Provide strength based professional documentation in accordance with policy standards and timelines related to provider notes.</li> <li>Assist the team to understand and identify underlying needs, effective strategies, and transition planning from the parent's perspective to best support the youth and family in working toward their vision.</li> <li>Work directly with the parent and children to create a sustainable network of supports and resources in the community, as well as partner with other supports in a family's life to enhance their advocacy and other skills to best support families beyond Wraparound.</li> <li>Partner with the Care Coordinator to build strong working relationships with community organizations that serve Milwaukee youth and families in the areas of: housing, mental health, recovery, employment, parenting, financial assistance, benefits, education, and others identified by the child and family team.</li> <li>Attend Child and Family Team and Plan of Care meetings, court hearings, IEP meetings, medication evaluations, and clinical consultations as an advocate to ensure the parent's voice is heard and promote self-advocacy.</li> <li>Provide peer support through the sharing of their own experience.</li> <li>Participate in weekly supervision from the CC supervisor with or separate from the CC.</li> </ul> <p><b>TRAINNG REQUIRMENTS:</b></p> |                 |                 |              |

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- Required CC Certification training modules
  - Values
  - Philosophy and Process
  - Crisis Planning
  - Strength Based Documentation, Needs, and Benchmarks
  - Team Meeting Facilitation and Conflict Resolution
  - Working with High Risk Behavior
  - Working with Children's Court
  - Working with Schools
  - Community Resources
  - Crisis prevention/intervention to include suicide awareness
  - HIPAA, privacy and confidentiality
  - Cultural humility and working with diverse populations
  - Behavior and crisis management
  - Trauma Informed Care to include exposure, impact, regulation, resilience, and secondary trauma / workforce wellbeing
  - Electronic Health Record/Synthesis
- Suggested training topics for on-going education:
- Ethics and boundaries
  - Honest, Open, Proud
  - Peer support and advocacy to include the impact of discrimination, marginalization, and internalized stigma and shame specific to the communities and populations served by Wraparound.
  - Parenting skills
  - Child development

*Credentials:*

Certified Parent Peer Specialist Qualifications:

- Must possess a high school diploma or equivalent.
- Must have a Parent Peer Specialist Certification from the State of WI and meet the required 20 hours of continuing education every two years post certification. Parent Peer Specialist will have 12 months to obtain the State Certification.
- Must be the biological, foster, kinship or adoptive parent who has been the primary caregiver of a child with mental health or substance abuse challenges.
- Must have lived experience navigating the Mental/Behavioral Health, Child Welfare, or Youth Justice system with their child.
- Must be willing to strategically share personal lived experience to provide hope, peer support, and strengthen resiliency with families experiencing similar challenges, while maintaining ethical and professional boundaries.
- Must be committed to ensuring that other parents have a voice in their child's care and are active participants in the Wraparound process.
- Must be able to engage and collaborate with people from diverse backgrounds and provide culturally sensitive and age appropriate services.
- Must be able to maintain a non-judgmental attitude towards both families and professionals.
- Must have a valid WI driver's license and willingness to transport parents, youth, and families as needed.
- Must be accessible to respond to crisis via phone or in person as outlined in the family's individual crisis response plan and be available to accommodate a family's schedule to include evening and weekend hours as needed.
- Must demonstrate a high level of knowledge in the areas of: child development, mental health diagnosis, and trauma informed care; and

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | demonstrate parenting and behavior/crisis management, and coaching skills. <ul style="list-style-type: none"><li>• Must have a working knowledge of the Milwaukee community and available resources for youth and families.</li><li>• Experience in Wraparound is preferred but not required</li><li>• Bilingual qualification is preferred but not required</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5530              | Certified Peer Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | 40           | Hour         |
|                   | <p>Certified Peer Specialists will use their own substance abuse and/or mental health recovery to assist, engage, and encourage participants who live in home and community settings. The Certified Peer Specialist will help support participants with a sense of belonging through a supportive relationship that encourages them to address their own mental health while helping facilitate self-direction and self-worth.</p> <p>I. POLICY</p> <p>It is the policy of Wraparound Milwaukee that eligible youth and young adults receive access to behavioral health and recovery support services through a Certified Peer Specialist as identified in the Plan of Care/Future Plan. Youth and young adults referred for this service must be between the ages of 14 and 21. Services may not duplicate any other peer specialist services the member may be receiving.</p> <p>II. PROCEDURE</p> <p>A. Certified Peer Specialist Role DescriptionA Certified Peer Specialist works as an equal with the participant to empower and motivate each participant through his or her own personal recovery. The Certified Peer Specialist will provide life experiences that help develop the participant’s leadership, confidence and abilities to better ones own future. Certified Peer Specialists function as role models demonstrating techniques in recovery and in ongoing coping skills as someone who can:</p> <ul style="list-style-type: none"><li>• Identify as a person in mental health recovery and share own story to assist participants with his/her own recovery;</li><li>• Assist participants with creating their own individualized well-being plan;</li><li>• Help facilitate participants through transitional challenges, which may include learning, living, working, belonging, healing, and safety;</li><li>• Provide information, support, and understanding to encourage participant;</li><li>• Help recipient problem-solve, make better decisions, and set goals to assist in mental health recovery;</li><li>• Complete documentation as necessary and report to supervisor as appropriate.</li></ul> <p>A Certified Peer Specialist has a caseload size of no more than 5 participants at any given time. Certified Peer Specialist Services are intended to be primarily provided in the community or at the home of the participant, unless otherwise identified on the Referral Form or Plan of Care/Future Plan.</p> |              |              |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>C. Covered Services/Allowable Service Time</p> <p>Certified Peer Specialists will meet one-on-one with the participant for up to the allotted time authorized on the Provider Referral Form and Service Authorization Request and agreed upon by the Child and Family/Future Team. Work hours are determined by the needs of the participant, family and/or program and the availability of the Provider.</p> <ul style="list-style-type: none"> <li>Allowable service time shall not exceed 2 hours/day, 4 hours/week, and 16 hours/month.</li> <li>It is expected that Certified Peer Specialist sessions will occur between the hours of 8:00a.m. and 9:00p.m. The reason for contact outside of these hours must be justified in the documentation.</li> <li>Certified Peer Specialists shall attend Child and Family Team and Future Plan meetings as requested, and/or any other meetings in which the participant/family is being discussed and are present. The Certified Peer Specialist Agency should bill at the hourly rate when attending these meetings.</li> <li>Contacting and speaking with AND/OR attempting to contact but not speaking with the participant by phone, as indicated by the Plan of Care/Future Plan, is billable. Documentation must indicate if an attempt was made but no contact actually occurred.</li> <li>Travel time (to and from, including travel to appointments that result in a no-show) and record-keeping/documentation time related to the service is billable. Travel time and record keeping time are not billed separately, but are billed as part of the covered service provided. Travel time may not exceed one hour total per session/meeting.</li> </ul> <p>D. Documentation/Consents-</p> <ol style="list-style-type: none"> <li>Consent for Service<br/>A Consent for Service must be obtained according to Wraparound Policy #054, Provider Agency Responsibilities and Guidelines</li> <li>Progress Report Log<br/>Certified Peer Specialists shall document all service activities using the Certified Peer Specialist Progress Report Log (Attachment 3)</li> <li>Transportation Consent (Attachment 4)<br/>A Transportation Consent form must be completed if the participant will be transported for any reason, and must be completed and dated prior to the first transport.</li> </ol> <p>E. Supervision</p> <ol style="list-style-type: none"> <li>Program Supervisor<br/>Agencies providing Certified Certified Peer Specialist services must identify a</li> </ol> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>Program Supervisor. The Program Supervisor shall have at least two years of full time equivalent work experience in same or similar capacity in a peer support service model. Program Supervisors shall train Certified Peer Specialists on agency and Wraparound policies and procedures, provide direction and guidance, assign Certified Peer Specialists based on the identified needs/strengths of the referred participant, review Certified Peer Specialist notes, maintain organized participant files, handle participant complaints, attend Child and Family Team/Future Plan meetings as needed, engage in quality assurance activities/tasks to ensure that peer support is being provided in adherence with the Peer Support Specialist Policy and best practice.</p> <p>2. Clinical Supervisor</p> <p>Note: The Clinical Supervisor can be the Program Supervisor.</p> <p>It is required that all Certified Peer Specialist Workers receive clinical supervision, at minimum, by a Masters level, Medicaid-Certified licensed clinician or 3,000 hour practitioner, with a minimum of one year of experience providing mental health and/or substance abuse services, preferably in a peer support service model. Clinical supervision of Certified Peer Specialists includes direct review, assessment and feedback regarding each provider's delivery of Peer Support services. Supervision services should also be used to seek consultation related to individual participant's needs. Agencies are encouraged to establish routine supervision times so that Certified Peer Specialists may obtain consultation and supervision as needed/required. Documentation that supervision occurred with the Certified Peer Specialist must be present. This can be in the form of a brief note indicating the name of the Certified Peer Specialist, the date that supervision occurred, the length of the supervision session (i.e., one hour), and the content of the interaction/discussion (i.e., what participant(s) was/were discussed, interventions to be employed, strategies to consider). The Supervising Clinician must then sign the note with full name and credentials and date.</p> <p>The amount of Supervision that must occur with each Certified Peer Specialist is one-hour for every 30 hours of face-to-face participant contact. A Certified Peer Specialist must receive at least one hour of supervision every 30 days (or per month) regardless if they have documented 30 hours of face-to-face contact. The Clinical Supervisor can determine if the individual Certified Peer Specialist is in need of further supervision above and beyond the minimum requirements.</p> <p>Supervision can be provided individually or in a group. In either situation, the content of the review must be participant specific regarding the participant's response to the plan, strategies that might be appropriate, etc. Group supervision may not be "topic" specific such as an in-service on working with participants with ADHD. Group</p> |                 |                 |              |

| Service<br>Name / ID       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                            | <p>supervision shall be limited to a maximum of 8 Certified Peer Specialists.</p> <p>For individual supervision, the agency is to maintain a record of:</p> <ul style="list-style-type: none"> <li>• Date of the meeting</li> <li>• Beginning and end times for each meeting</li> <li>• Name(s) of the participant discussed at the meeting</li> <li>• Name of the Certified Peer Specialist</li> <li>• Summary of the content of the supervision (i.e.: current status of the participant, barriers to achieving POC/Future Plan goals, clinical recommendations)</li> <li>• Signature of supervisor and Certified Peer Specialist.</li> </ul> <p>For group supervision, the agency is to maintain a record of:</p> <ul style="list-style-type: none"> <li>• Date of the meeting</li> <li>• Beginning and end times for each meeting</li> <li>• A sign-in sheet for all Certified Peer Specialists in attendance at the meeting</li> <li>• List of the names of the participants discussed at the meeting</li> <li>• Brief statement as to the content of the supervision</li> <li>• Signature of the Clinical Supervisor</li> </ul> <p>Agency must maintain Certified Peer Specialist – Clinical Supervision Records in a location that can be readily accessed by agency staff and Wraparound Milwaukee staff for review such as a three ring binder with the binder organized by month and by Certified Peer Specialist with the most recent note on top.</p>                                                                                                                                                                                                                                                                                                |                 |                 |              |
| H2017<br>U5                | Indiv Skill Dev/Enhanc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                 |              |
| <p><i>Credentials:</i></p> | <p>Certified Peer Specialist Eligibility and Application Procedure</p> <ol style="list-style-type: none"> <li>1. Certified Peer Specialists must be 18 years or older, and have a minimum of a High School Diploma or G.E.D. Certified Peer Specialists must have successfully completed a peer specialist training program that utilizes an approved state of Wisconsin training curriculum. Those training curriculums include: <ol style="list-style-type: none"> <li>a) Depression and Bipolar Support Alliance (DBSA)</li> <li>b) National Association of Peer Specialists (NAPS)</li> <li>c) Recovery Innovations/Recovery Opportunity Center (ROC)</li> </ol> </li> <li>In addition, Certified Peer Specialists must have successfully completed the State of Wisconsin Peer Specialist exam, and will be required to submit proof of completion when agency is requesting to add the Certified Peer Specialist to the Wraparound Provider Network.</li> <li>2. Certified Peer Specialists will meet the requirements and abide by the Wisconsin Certified Peer Specialist Code of Conduct (Attachment 1), which shall be signed and dated by the Certified Peer Specialist and retained in the individual's personnel file.</li> <li>3. Certified Peer Specialists must maintain their certification by successfully completing all required Continuing Education and complying with all recertification obligations and timelines as described in Attachment 5.</li> <li>4. Certified Peer Specialists will abide by the General Wisconsin Adult Mental Health Certified Peer Specialist Position Description (Attachment 2), which shall signed and dated by the Certified Peer Specialist and retained in the individual's personnel file.</li> </ol> |                 |                 |              |

| Service Name / ID            |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5441<br>S2027                | Child Care (Hourly)<br>Specialized child care       | Supervision of a child for up to 4 hours in a licensed Day Care facility (if serving more than three children at one time). The purpose is to facilitate the attendance by parent/legal guardian or caretaker at Child/Family Team meetings, therapy sessions, but not for the purpose of providing child care during working hours for a parent(s)/caregiver.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | 6.00         | Hour         |
| T1005<br><i>Credentials:</i> | Respite care svcs, up to 15 min<br>Day Care License |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              |
| 5633                         | Community Improvement-Job Training                  | <p>Community Improvement &amp; Job Training Program address youth's emotional and mental health needs that pose a barrier to finding, securing, and keeping employment. These workshops prepare youth to be a part of the workforce and bridge the gap between employers' needs and the capacity for the youth job seekers to fill those needs.</p> <p>Services include:</p> <p>Self-Exploration - participants complete employment and education assessments to identify their career goals and find out about their interests, strengths, and values. Career Exploration provides participants with job search skills, builds career readiness skills, develops traits, work habits, and behaviors that allow them to be effective in the workplace; therefore, maximizing employability.</p> <p>Career Planning/Management - participants identify and manage work related symptoms and behaviors that may compromise the participant keeping a job and coordination with current therapy services being provided to ensure those services are effectively meeting the needs of youth related functioning appropriately in the community.</p> <p>Employment Readiness workshops will prepare participants to get, keep and excel at a new job by focusing on basic employability skills, professional communication, problem solving, resume building, and interviewing. Services must focus on an integration of employment services and mental health treatment and incorporating Community Improvement &amp; Job Training Program worker to work with the Child and Family teams and address employment needs in the Plan of Care.</p> <p>Specific activities under Community Improvement &amp; Job Training Program include:</p> <ul style="list-style-type: none"> <li>• Provider will be part of the team to assess the educational and employment needs and skills of the youth, develop an employment plan with goals and strategies to move</li> </ul> | 41           |              | Hour         |

| Service Name / ID   |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                     |                                                                           | <p>that youth toward competitive employment, arrange for needed job training and employment readiness, coordinate with schools and educational resources, identify and secure employers willing to hire the youth and provide continuous support to the youth once placed to ensure their mental health and emotional needs are continually addressed and to identify, manage, and alleviate work related symptoms and behaviors that affect their ability to maintain that job.</p> <ul style="list-style-type: none"> <li>• Employment Specialists provide individuals on a one to one and educational groups basis with support, coaching, resume development, interview training and on the job support all consistent with their preferences. Services to coordinate with the youth's school and academic history, needs and strengths will also be provided.</li> </ul> <p>Direct, face to face and one to one services are billable, as well as collateral contacts, and job development/employment site development on behalf of a specific enrollee. Non face to face time (including travel time) is billable but may not exceed the lesser of 8 hours per month or 20% of total time billed. Documentation time is not billable.</p> <p>Significant progress must occur within six months of initial date of service or services shall be discontinued.</p> <p>Providers of Community Improvement &amp; Job Training Program will work with the Care Coordinator and the youth's Plan of Care. In addition, supervision of the Community Improvement &amp; Job Training Program worker must occur following all the guidelines that apply through the Care Coordinator and the youth's plan of care.</p> |              |              |              |
| <i>Credentials:</i> |                                                                           | <p>Provider must meet the following minimum requirements prior to commencement of work for Wraparound:</p> <p>Must be at least 18 years old, have at least a High School Diploma, and shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries. A copy of the training certificate from the agency verifying this training is to be submitted to the Provider Network at the time of the provider add request and a copy maintained in the agency employee file.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5352-HC<br>H0043    | Community Support Program (CSP)-M<br>Community Living Support<br>Services | Service only provided by Bell Therapy, Inc. A Community Support Program (CSP) is the most comprehensive and intensive community treatment model for individuals living with a severe and persistent mental illness and/or co-occurring disorders. All individuals to be served by a CSP must meet the diagnostic and functional criteria outlined in Wisconsin Administrative Code DHS 63.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 22.51        |              | Quarter Hour |
| <i>Credentials:</i> |                                                                           | Masters Level Clinician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| 5352-UA<br>H0043    | Community Support Program (CSP)-M<br>Community Living Support<br>Services | Service only provided by Bell Therapy, Inc. A Community Support Program (CSP) is the most comprehensive and intensive community treatment model for individuals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 37.51        |              | Quarter Hour |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                            | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>living with a severe and persistent mental illness and/or co-occurring disorders. All individuals to be served by a CSP must meet the diagnostic and functional criteria outlined in Wisconsin Administrative Code DHS 63.</p> <p>A CSP is a coordinated care and treatment program that provides a comprehensive range of treatment, rehabilitation and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement and person-centered treatment where participants live, work and socialize. Services are individually tailored with each participant through relationship building, individualized assessment and planning, and active involvement to achieve individual goals. Services are provided by an interdisciplinary team, which typically includes a psychiatrist, nursing staff, Masters level clinicians and mental health technicians.</p> <p>Clients served in CSP who are enrolled in Wraparound Milwaukee must be at least 17 ½ years of age and is either transitioning directly out of Wraparound or out of the Project O'YEAH, Healthy Transitions Initiative.</p> <p>CSP enrolled youth/young adults may receive both CSP and Care Coordination services for a temporary period until they transition to CSP. That transition period should be six months or less.</p> |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                            |              |              |              |
| <i>Credentials:</i> Licensed Psychiatrist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                            |              |              |              |
| 5352-HP<br>H0043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Community Support Program (CSP)-Pl<br>Community Living Support<br>Services | Service only provided by Bell Therapy, Inc. A Community Support Program (CSP) is the most comprehensive and intensive community treatment model for individuals living with a severe and persistent mental illness and/or co-occurring disorders. All individuals to be served by a CSP must meet the diagnostic and functional criteria outlined in Wisconsin Administrative Code DHS 63. | 28.14        |              | Quarter Hour |
| <i>Credentials:</i> Ph.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                            |              |              |              |
| 5352-HN<br>H0043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Community Support Program (CSP)-Pr<br>Community Living Support<br>Services | Service only provided by Bell Therapy, Inc. A Community Support Program (CSP) is the most comprehensive and intensive community treatment model for individuals living with a severe and persistent mental illness and/or co-occurring disorders. All individuals to be served by a CSP must meet the diagnostic and functional criteria outlined in Wisconsin Administrative Code DHS 63. | 15           |              | Quarter Hour |
| <i>Credentials:</i> Professional Level staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                            |              |              |              |
| 5352-HM<br>H0043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Community Support Program (CSP)-Te<br>Community Living Support<br>Services | Service only provided by Bell Therapy, Inc. A Community Support Program (CSP) is the most comprehensive and intensive community treatment model for individuals                                                                                                                                                                                                                            | 5.63         |              | Quarter Hour |

| Service Name / ID                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>living with a severe and persistent mental illness and/or co-occurring disorders. All individuals to be served by a CSP must meet the diagnostic and functional criteria outlined in Wisconsin Administrative Code DHS 63.</p> <p><i>Credentials:</i> Technician</p> |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |              |
| 5115A                                                                                                                                                                                                                                                                   | Competency Restoration                                                               | <p>Competency Restoration is an outpatient service provided to juveniles who have been found in need of remediation to gain competency to proceed with court. This service involves teaching, instruction, and psycho-education therapy in the areas of legal concepts and processes, with the goal of treatment to competency.</p> <p><i>Credentials:</i> Masters in Forensic Psychology, Social Work, or other related field. Two years of demonstrated experience in competency restoration is required. Experience in competency restoration with juveniles is preferred. The provider must demonstrate knowledge of juvenile court processes and the Juvenile Justice Code (Chapter 938) as it applies to competency.</p> <p>Note: In lieu of experience...Existing Wraparound agencies are allowed to train new staff so that they get the experience required to handle additional capacity. These agencies should submit verification of training/supervision hours that the DSP received to substantiate their readiness to provide this service.</p> <p>Copy of provider's degree and supporting experience documentation.</p> | 125          | 100          | Hour         |
| 5300<br>S9485                                                                                                                                                                                                                                                           | Crisis Bed-Foster Home<br>Crisis Intervention MH services,<br>per diem               | <p>A licensed foster home that accepts children on an emergency basis. Youth must be at high risk of hospitalization or other out-of-home placement, crisis at home or placement disruptions, for a crisis bed to be needed.</p> <p>Staff/foster parents have been trained in working with children with emotional, behavioral or mental health needs. Placements in a foster home should usually be made for periods of a few days, but should not exceed 14 days.</p> <p><i>Credentials:</i> Foster Home License</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | 60.00        | Daily        |
| 5302<br>S9485                                                                                                                                                                                                                                                           | Crisis Bed-Group Home<br>Crisis Intervention MH services,<br>per diem                | <p>Licensed Group Home setting with staff who have been trained in working with children with emotional, behavioral, or mental health needs. Placement in a group home cannot exceed 14 days.</p> <p><i>Credentials:</i> Group Home License</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | 90.00        | Daily        |
| 5303C<br>S9484                                                                                                                                                                                                                                                          | Crisis Services, Specialized (girls)<br>Crisis Intervention MH services,<br>per hour | <p>Crisis Services, Specialized (girls) is designed as gender-specific services for girls with serious emotional/behavioral needs and histories of frequent runaway behavior from residential treatment, group homes, foster homes, and shelter care requiring a higher intensity of supervision by specifically trained and skilled staff.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 35           |              | Hour         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>The target group of girls is those who have experienced significant and documented trauma, including girls who are victims of sexual exploitation and human trafficking. Crisis Services, Specialized (girls) are 1:1 services provided to Wraparound enrolled youth who due to their emotional and/or mental health needs are at risk of imminent placement in a psychiatric hospital, residential treatment center or other institutional placement.</p> <p>Crisis Services, Specialized (girls) is a short-term or ongoing mental health intervention provided in or outside the youth's home, designed to evaluate, manage, monitor, stabilize and support the youth's well-being and appropriate behavior consistent with the youth's individual crisis/safety plan. The crisis stabilizer helps insure adherence of the youth and caregiver to the crisis/safety plan including helping the family recognize high risk behaviors, modeling and teaching effective interventions to deescalate the crisis, identifying and assisting the youth with accessing community resources that will aide in the crisis intervention and/or stabilization. Crisis 5303C Stabilizers must have 24/7 availability to service recipients including going into the community to search for these girls if they do run to facilitate a return home or other community setting.</p> <p>Appropriate Crisis Services, Specialized (girls) interventions may include:</p> <ul style="list-style-type: none"> <li>·Providing 1:1 counseling and support.</li> <li>·Providing crisis related transportation as needed.</li> <li>·Implementing strategies identified in the crisis plan.</li> <li>·Removing the youth from stressful situations ie: take child to an activity to reduce stress.</li> <li>·Providing information and feedback to the Mobile Crisis Team and Child and Family Team.</li> <li>·Documenting and writing reports.</li> <li>·Attending Plan of Care, Child and Family Team and other team meetings.</li> </ul> <p>Supervision is generally a short-term mental health intervention 30 to 90-days in duration that may require seven day per week/daily youth contact (face-to-face or by phone) associated with a specific circumstance or situation as identified in the youth's crisis and/or safety plan. Supervision services are designed to aid in sustaining the youth safely in the community. Supervision assists youth who are unable to manage routine daily responsibilities by providing observation, monitoring, direction, and support services for the identified youth in areas such as: attending school, management of curfews, compliance with safety plan requirements identified in the</p> |                 |                 |              |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | <p>youth's plan of care, attendance at support or therapy sessions, taking prescribed medications or other tasks or events as specified in the individual youth's crisis/safety plan.</p> <p>A detailed description of the specific services to be provided must be documented in the individual youth's crisis/safety plan.</p> <p>LaCausa, Inc. is the only current provider approved for this pilot program.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| Credentials:      | <p>1.Crisis Stabilization/Supervision providers must be affiliated with an agency certified by Wraparound Milwaukee to provide crisis stabilization work with children with acute and/or intense needs.</p> <p>2.Crisis Stabilization/Supervision providers must possess a minimum of a High School Diploma or G.E.D. A Bachelor's Degree in a Human Services field is desirable.</p> <p>3.Agencies must obtain 2 letters of reference regarding the provider's professional abilities. Reference letters are to be maintained in the employees file at the agency.</p> <p>4.Agencies providing Crisis Stabilization/Supervision must provide training and orientation for all staff in crisis intervention and de-escalation techniques. Training shall be designed to ensure that staff have knowledge and understanding of:</p> <ul style="list-style-type: none"> <li>·Crisis regulations.</li> <li>·Wraparound crisis intervention policies and procedures and</li> <li>·Provider job responsibilities.</li> <li>·Relevant state statues and administrative rules including patient rights and confidentiality of youth records.</li> <li>·Basic mental health and psychopharmacology concepts applicable to crisis situations.</li> <li>·Techniques for assessing and responding to persons with emergency mental health needs who are suicidal and/or are experiencing AODA related problems.</li> </ul> <p>Training can include Crisis Prevention Intervention (CPI), Managing Aggressive Behavior (MAB) or a similar program along with other related in-service training. The Director of the Mobile Urgent Treatment Team must approve new staff training curriculums. Initial training requirements are: 40 hours for staff with no prior related experience or 20 hours for staff with 6 months of experience. Training must be completed with first 3 months of employment and documented in the employee's file at the agency.</p> <p>5.Providers are required to attend at least 8 hours per year of ongoing in-service training on emergency mental health services, rules and procedures relevant to providing crisis services, compliance with state and federal regulations, cultural competency in mental health services and current issues in youth's rights and services. Ongoing training records and certificates of that training must be documented and keep in the employee's file at the agency.</p> |              |              |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>6.Ongoing agency supervision must be provided weekly for Crisis Stabilization/Supervision providers by a Masters-level clinician with 3000 hours of supervised clinical experience or above. Two hours of supervision must be provided for every 30 hours of documented client contact.</p> <p>7.Crisis Stabilization/Supervision providers must be accessible with 24-hour coverage, e.g. rotating on-call coverage.</p> <p>8.Agency must respond to a referral by telephone within one day (24 hours) with face-to-face contact within three days. (Refer to HFS 34 for further details.)</p> <p>9.Crisis Stabilization/Supervision provider notes need to reflect the nature of and youth response to the intervention provided.</p> <p>10. Approval as a 5303C provider will include a careful review of any significant and/or recurring outside obligations which have the potential to interfere with availability, such as school attendance or other employment.</p> <p>11. The Crisis Services, Specialized (girls) worker must have completed additional training and have experience with gender-specific population of girls. They must have completed Wraparound trauma informed care modules I and II or an approved equivalency, as well as approved training in working with sexual trafficking victims.</p> |                 |                 |              |
| (Refer to DFS 34 and applicable Wraparound Milwaukee policies for further details.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                 |              |
| 5303D Crisis Services, Specialized (girls)-BA/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 45              |                 | Hour         |
| <p>Crisis Services, Specialized (girls) is designed as gender-specific services for girls with serious emotional/behavioral needs and histories of frequent runaway behavior from residential treatment, group homes, foster homes, and shelter care requiring a higher intensity of supervision by specifically trained and skilled staff.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                 |              |
| <p>The target group of girls is those who have experienced significant and documented trauma, including girls who are victims of sexual exploitation and human trafficking. Crisis Services, Specialized (girls) are 1:1 services provided to Wraparound enrolled youth who due to their emotional and/or mental health needs are at risk of imminent placement in a psychiatric hospital, residential treatment center or other institutional placement.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                 |              |
| <p>Crisis Services, Specialized (girls) is a short-term or ongoing mental health intervention provided in or outside the youth's home, designed to evaluate, manage, monitor, stabilize and support the youth's well-being and appropriate behavior consistent with the youth's individual crisis/safety plan. The crisis stabilizer helps insure adherence of the youth and caregiver to the crisis/safety plan including helping the family recognize high risk behaviors, modeling and teaching effective interventions to deescalate the crisis, identifying and assisting the youth with accessing community resources that will aide in the crisis intervention and/or stabilization. Crisis 5303D Stabilizers must have 24/7 availability to service</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                 |              |

| Service<br>Name / ID                               | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Avg IPN<br>Rate | Billing Unit |
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|                                                    | recipients including going into the community to search for these girls if they do run to facilitate a return home or other community setting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |              |
|                                                    | <p>Appropriate Crisis Services, Specialized (girls) interventions may include:</p> <ul style="list-style-type: none"> <li>·Providing 1:1 counseling and support.</li> <li>·Providing crisis related transportation as needed.</li> <li>·Implementing strategies identified in the crisis plan.</li> <li>·Removing the youth from stressful situations ie: take child to an activity to reduce stress.</li> <li>·Providing information and feedback to the Mobile Crisis Team and Child and Family Team.</li> <li>·Documenting and writing reports.</li> <li>·Attending Plan of Care, Child and Family Team and other team meetings.</li> </ul>                                                                                                                                                                                                                                        |                 |              |
|                                                    | <p>Supervision is generally a short-term mental health intervention 30 to 90-days in duration that may require seven day per week/daily youth contact (face-to-face or by phone) associated with a specific circumstance or situation as identified in the youth's crisis and/or safety plan. Supervision services are designed to aid in sustaining the youth safely in the community. Supervision assists youth who are unable to manage routine daily responsibilities by providing observation, monitoring, direction, and support services for the identified youth in areas such as: attending school, management of curfews, compliance with safety plan requirements identified in the youth's plan of care, attendance at support or therapy sessions, taking prescribed medications or other tasks or events as specified in the individual youth's crisis/safety plan.</p> |                 |              |
|                                                    | <p>A detailed description of the specific services to be provided must be documented in the individual youth's crisis/safety plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |              |
|                                                    | <p>LaCausa, Inc. is the only current provider approved for this pilot program.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |              |
| S9484 Crisis Intervention MH services,<br>per hour | <p><i>Credentials:</i></p> <ol style="list-style-type: none"> <li>1.Crisis Stabilization/Supervision providers must be affiliated with an agency certified by Wraparound Milwaukee to provide crisis stabilization work with children with acute and/or intense needs.</li> <li>2.Crisis Stabilization/Supervision providers must possess a Master's Degree or Bachelor's Degree in a relevant area of education, human services, or health care or have a BA/BS degree in any other area with a minimum of four years training or work experience in providing mental health services. Final determination of whether such training or experience would qualify would be made by the Mobile Crisis Program Director or designee</li> </ol>                                                                                                                                           |                 |              |

3.Agencies must obtain 2 letters of reference regarding the provider’s professional abilities. Reference letters are to be maintained in the employees file at the agency.

4.Agencies providing Crisis Stabilization/Supervision must provide training and orientation for all staff in crisis intervention and de-escalation techniques. Training shall be designed to ensure that staff have knowledge and understanding of:

- Crisis regulations.
- Wraparound crisis intervention policies and procedures and
- Provider job responsibilities.
- Relevant state statutes and administrative rules including patient rights and confidentiality of youth records.
- Basic mental health and psychopharmacology concepts applicable to crisis situations.
- Techniques for assessing and responding to persons with emergency mental health needs who are suicidal and/or are experiencing AODA related problems.

Training can include Crisis Prevention Intervention (CPI), Managing Aggressive Behavior (MAB) or a similar program along with other related in-service training. The Director of the Mobile Urgent Treatment Team must approve new staff training curriculums. Initial training requirements are: 40 hours for staff with no prior related experience or 20 hours for staff with 6 months of experience. Training must be completed with first 3 months of employment and documented in the employee’s file at the agency.

5.Providers are required to attend at least 8 hours per year of ongoing in-service training on emergency mental health services, rules and procedures relevant to providing crisis services, compliance with state and federal regulations, cultural competency in mental health services and current issues in youth’s rights and services. Ongoing training records and certificates of that training must be documented and keep in the employee’s file at the agency.

6.Ongoing agency supervision must be provided weekly for Crisis Stabilization/Supervision providers by a Masters-level clinician with 3000 hours of supervised clinical experience or above. A minimum of two hours of supervision must be provided for every 30 hours of documented client contact.

7.Crisis Stabilization/Supervision providers must be accessible with 24-hour coverage, e.g. rotating on-call coverage.

8.Agency must respond to a referral by telephone within one day (24 hours) with face-to-face contact within three days. (Refer to HFS 34 for further details.)

9.Crisis Stabilization/Supervision provider notes need to reflect the nature of and youth response to the intervention provided.

10. Approval as a 5303D provider will include a careful review of any significant and/or recurring outside obligations which have the potential to interfere with availability, such as school attendance or other employment.

11. The Crisis Services, Specialized (girls) worker must have completed additional training and have experience with gender-specific population of

| Service Name / ID                                                                                                                                                                     |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| girls. They must have completed Wraparound trauma informed care modules I and II or an approved equivalency, as well as approved training in working with sexual trafficking victims. |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| (Refer to DFS 34 and applicable Wraparound Milwaukee policies for further details.)                                                                                                   |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| 5303<br>S9484,<br>U7                                                                                                                                                                  | Crisis Stabilization / Supervision<br>Crisis intervention, mental health | <p>Crisis Stabilization and Supervision are 1:1 services provided to Wraparound enrolled youth who due to their emotional and/or mental health needs are at risk of imminent placement in a psychiatric hospital, residential treatment center or other institutional placement.</p> <p>Crisis 1:1 stabilization is a short-term or ongoing mental health intervention provided in or outside the youth's home, designed to evaluate, manage, monitor, stabilize and support the youth's well-being and appropriate behavior consistent with the youth's individual crisis/safety plan. The crisis stabilizer helps insure adherence of the youth and caregiver to the crisis/safety plan including helping the family recognize high risk behaviors, modeling and teaching effective interventions to deescalate the crisis, identifying and assisting the youth with accessing community resources that will aide in the crisis intervention and/or stabilization.</p> <p>Appropriate Crisis 1:1 interventions may include:</p> <ul style="list-style-type: none"> <li>·Providing 1:1 counseling and support.</li> <li>·Providing crisis related transportation as needed.</li> <li>·Implementing strategies identified in the crisis plan.</li> <li>·Removing the youth from stressful situations ie: take child to an activity to reduce stress.</li> <li>·Providing information and feedback to the Mobile Crisis Team and Child and Family Team.</li> <li>·Documenting and writing reports.</li> <li>·Attending Plan of Care, Child and Family Team and other team meetings.</li> </ul> <p>Supervision is generally a short-term mental health intervention 30 to 90-days in duration that may require seven day per week/daily youth contact (face-to-face or by phone) associated with a specific circumstance or situation as identified in the youth's crisis and/or safety plan. Supervision services are designed to aid in sustaining the youth safely in the community. Supervision assists youth who are unable to manage routine daily responsibilities by providing observation, monitoring, direction, and support services for the identified youth in areas such as: attending school, management of curfews, compliance with safety plan requirements identified in the youth's plan of care, attendance at support or therapy sessions, taking prescribed medications or other tasks or events as specified in the individual youth's crisis/safety</p> | 27.50        |              | Hour         |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | A detailed description of the specific services to be provided must be documented in the individual youth's crisis/safety plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| S9484             | Crisis Intervention MH services, per hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| Credentials:      | <p>1.Crisis Stabilization/Supervision providers must be affiliated with an agency certified by Wraparound Milwaukee to provide crisis stabilization work with children with acute and/or intense needs.</p> <p>2.Crisis Stabilization/Supervision providers must possess a High School Diploma or G.E.D. A Bachelor's Degree in a Human Services field is desirable.</p> <p>3.Agencies must obtain 2 letters of reference regarding the provider's professional abilities. Reference letters are to be maintained in the employees file at the agency.</p> <p>4.Agencies providing Crisis Stabilization/Supervision must provide training and orientation for all staff in crisis intervention and de-escalation techniques. Training shall be designed to ensure that staff have knowledge and understanding of:</p> <ul style="list-style-type: none"> <li>·Crisis regulations.</li> <li>·Wraparound crisis intervention policies and procedures and</li> <li>·Provider job responsibilities.</li> <li>·Relevant state statues and administrative rules including patient rights and confidentiality of youth records.</li> <li>·Basic mental health and psychopharmacology concepts applicable to crisis situations.</li> <li>·Techniques for assessing and responding to persons with emergency mental health needs who are suicidal and/or are experiencing AODA related problems.</li> </ul> <p>Training can include Crisis Prevention Intervention (CPI), Managing Aggressive Behavior (MAB) or a similar program along with other related in-service training. The Director of the Mobile Urgent Treatment Team must approve new staff training curriculums. Initial training requirements are: 40 hours for staff with no prior related experience or 20 hours for staff with 6 months of experience. Training must be completed with first 3 months of employment and documented in the employee's file at the agency.</p> <p>5.Providers are required to attend at least 8 hours per year of ongoing in-service training on emergency mental health services, rules and procedures relevant to providing crisis services, compliance with state and federal regulations, cultural competency in mental health services and current issues in youth's rights and services. Ongoing training records and certificates of that training must be documented and keep in the employee's file at the agency.</p> <p>6.Ongoing agency supervision must be provided weekly for Crisis Stabilization/Supervision providers by a Masters-level clinician with 3000 hours of supervised clinical experience or above. One hour of supervision must be provided for every 30 hours of documented client contact.</p> |              |              |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| 7.Crisis Stabilization/Supervision providers must be accessible with 24-hour coverage, e.g. rotating on-call coverage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                 |              |
| 8.Agency must respond to a referral by telephone within one day (24 hours) with face-to-face contact within three days. (Refer to HFS 34 for further details.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                 |              |
| 9.Crisis Stabilization/Supervision provider notes need to reflect the nature of and youth response to the intervention provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                 |              |
| (Refer to DFS 34 and applicable Wraparound Milwaukee policies for further details.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                 |              |
| 5303A Crisis Stabilization / Supervision - Wor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 33.75           |                 | Hour         |
| Crisis Stabilization and Supervision are 1:1 services provided to Wraparound enrolled youth who due to their emotional and/or mental health needs are at risk of imminent placement in a psychiatric hospital, residential treatment center or other institutional placement.                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 |              |
| Crisis 1:1 stabilization is a short-term or ongoing mental health intervention provided in or outside the youth's home, designed to evaluate, manage, monitor, stabilize and support the youth's well-being and appropriate behavior consistent with the youth's individual crisis/safety plan. The crisis stabilizer helps insure adherence of the youth and caregiver to the crisis/safety plan including helping the family recognize high risk behaviors, modeling and teaching effective interventions to deescalate the crisis, identifying and assisting the youth with accessing community resources that will aide in the crisis intervention and/or stabilization. |                 |                 |              |
| <p>Appropriate Crisis 1:1 interventions may include:</p> <ul style="list-style-type: none"> <li>• Providing 1:1 counseling and support.</li> <li>• Providing crisis related transportation as needed.</li> <li>• Implementing strategies identified in the crisis plan.</li> <li>• Removing the youth from stressful situations ie: take child to an activity to reduce stress.</li> <li>• Providing information and feedback to the Mobile Crisis Team and child and Family Team.</li> <li>• Documenting and writing reports.</li> <li>• Attending Plan of Care, Child and Family Team and other team meetings.</li> </ul>                                                  |                 |                 |              |
| Supervision is generally a short-term mental health intervention 30 to 90-days in duration that may require seven day per week/daily youth contact (face-to-face or by phone) associated with a specific circumstance or situation as identified in the youth's crisis and/or safety plan. Supervision services are designed to aid in sustaining the youth safely in the community. Supervision assists youth who are unable to manage routine daily responsibilities by providing observation, monitoring, direction, and support services for the identified youth in areas such as: attending school,                                                                    |                 |                 |              |

| Service Name / ID   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                     | <p>management of curfews, compliance with safety plan requirements identified in the youth's plan of care, attendance at support or therapy sessions, taking prescribed medications or other tasks or events as specified in the individual youth's crisis/safety plan.</p> <p>A detailed description of the specific services to be provided must be documented in the individual youth's crisis/safety plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| <i>Credentials:</i> | <ol style="list-style-type: none"> <li>1. Crisis Stabilization/Supervision providers must be affiliated with an agency certified by Wraparound Milwaukee to provide crisis stabilization work with children with acute and/or intense needs.</li> <li>2. Crisis Stabilization/Supervision providers must possess a High School Diploma or G.E.D. A Bachelor's Degree in a Human Services field is desirable.</li> <li>3. Crisis Stabilization/Supervision providers under this service area must have a minimum of four years of cumulative work experience in providing mental health services.</li> <li>4. Agencies must obtain 2 letters of reference regarding the provider's professional abilities. Reference letters are to be maintained in the employees file at the agency.</li> <li>5. Agencies providing Crisis Stabilization/Supervision must provide training and orientation for all staff in crisis intervention and de-escalation techniques. Training shall be designed to ensure that staff have knowledge and understanding of: <ul style="list-style-type: none"> <li>• Crisis regulations.</li> <li>• Wraparound crisis intervention policies and procedures and Provider job responsibilities.</li> <li>• Relevant state statutes and administrative rules including patient rights and confidentiality of youth records.</li> <li>• Basic mental health and psychopharmacology concepts applicable to crisis situations.</li> <li>• Techniques for assessing and responding to persons with emergency mental health needs who are suicidal and/or are experiencing AODA related problems.</li> </ul> </li> </ol> <p>Training can include Crisis Prevention Intervention (CPI), Managing Aggressive Behavior (MAB) or a similar program along with other related in-service training. The Director of the Mobile Urgent Treatment Team must approve new staff training curriculums. Initial training requirements are: 40 hours for staff with no prior related experience or 20 hours for staff with 6 months of experience. Training must be completed with first 3 months of employment and documented in the employee's file at the agency.</p> <ol style="list-style-type: none"> <li>6. Providers are required to attend at least 8 hours per year of ongoing in-service training on emergency mental health services, rules and procedures relevant to providing crisis services, compliance with state and federal regulations, cultural competency in mental health services and current issues in youth's rights and services. Ongoing training records and certificates of that training must be documented and keep in the employee's file at the agency.</li> <li>7. Ongoing agency supervision must be provided weekly for Crisis Stabilization/Supervision providers by a Masters-level clinician with 3000 hours of supervised clinical experience or above. One hour of supervision must be provided for every 30 hours of documented client contact.</li> <li>8. Crisis Stabilization/Supervision providers must be accessible with 24-hour coverage, e.g. rotating on-call coverage.</li> <li>9. Agency must respond to a referral by telephone within one day (24 hours) with face-to-face contact within three days. (Refer to HFS 34 for further details.)</li> <li>10. Crisis Stabilization/Supervision provider notes need to reflect the nature of and youth response to the intervention provided.</li> </ol> |              |              |              |

| Service Name / ID                                                                   |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| (Refer to HFS 34 and applicable Wraparound Milwaukee policies for further details.) |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| 5303B<br>S9484                                                                      | Crisis Stabilization / Supervision -BA/I<br>Crisis Intervention MH services,<br>per hour | <p>Crisis Stabilization and Supervision are 1:1 services provided to Wraparound enrolled youth who due to their emotional and/or mental health needs are at risk of imminent placement in a psychiatric hospital, residential treatment center or other institutional placement.</p> <p>Crisis 1:1 stabilization is a short-term or ongoing mental health intervention provided in or outside the youth's home, designed to evaluate, manage, monitor, stabilize and support the youth's well-being and appropriate behavior consistent with the youth's individual crisis/safety plan. The crisis stabilizer helps insure adherence of the youth and caregiver to the crisis/safety plan including helping the family recognize high risk behaviors, modeling and teaching effective interventions to deescalate the crisis, identifying and assisting the youth with accessing community resources that will aide in the crisis intervention and/or stabilization.</p> <p>Appropriate Crisis 1:1 interventions may include:</p> <ul style="list-style-type: none"> <li>• Providing 1:1 counseling and support.</li> <li>• Providing crisis related transportation as needed.</li> <li>• Implementing strategies identified in the crisis plan.</li> <li>• Removing the youth from stressful situations i.e., take child to an activity to reduce stress.</li> <li>• Providing information and feedback to the Mobile Crisis Team and Child and Family Team.</li> <li>• Documenting and writing reports.</li> <li>• Attending Plan of Care, Child and Family Team and other team meetings.</li> </ul> <p>Supervision is generally a short-term mental health intervention 30 to 90-days in duration that may require seven day per week/daily youth contact (face-to-face or by phone) associated with a specific circumstance or situation as identified in the youth's crisis and/or safety plan. Supervision services are designed to aid in sustaining the youth safely in the community. Supervision assists youth who are unable to manage routine daily responsibilities by providing observation, monitoring, direction, and support services for the identified youth in areas such as: attending school, management of curfews, compliance with safety plan requirements identified in the youth's plan of care, attendance at support or therapy sessions, taking prescribed medications or other tasks or events as specified in the individual youth's crisis/safety plan.</p> <p>A detailed description of the specific services to be provided must be documented in the individual youth's crisis/safety plan.</p> | 40.00        |              | Hour         |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5303B<br>S9484    | <p>Crisis Stabilization / Supervision -BA/I<br/>Crisis Intervention MH services,<br/>per hour</p> <p>Crisis Stabilization and Supervision are 1:1 services provided to Wraparound enrolled youth who due to their emotional and/or mental health needs are at risk of imminent placement in a psychiatric hospital, residential treatment center or other institutional placement.</p> <p>Crisis 1:1 stabilization is a short-term or ongoing mental health intervention provided in or outside the youth’s home, designed to evaluate, manage, monitor, stabilize and support the youth’s well-being and appropriate behavior consistent with the youth’s individual crisis/safety plan. The crisis stabilizer helps insure adherence of the youth and caregiver to the crisis/safety plan including helping the family recognize high risk behaviors, modeling and teaching effective interventions to deescalate the crisis, identifying and assisting the youth with accessing community resources that will aide in the crisis intervention and/or stabilization.</p> <p>Appropriate Crisis 1:1 interventions may include:</p> <ul style="list-style-type: none"> <li>• Providing 1:1 counseling and support.</li> <li>• Providing crisis related transportation as needed.</li> <li>• Implementing strategies identified in the crisis plan.</li> <li>• Removing the youth from stressful situations i.e., take child to an activity to reduce stress.</li> <li>• Providing information and feedback to the Mobile Crisis Team and Child and Family Team.</li> <li>• Documenting and writing reports.</li> <li>• Attending Plan of Care, Child and Family Team and other team meetings.</li> </ul> <p>Supervision is generally a short-term mental health intervention 30 to 90-days in duration that may require seven day per week/daily youth contact (face-to-face or by phone) associated with a specific circumstance or situation as identified in the youth’s crisis and/or safety plan. Supervision services are designed to aid in sustaining the youth safely in the community. Supervision assists youth who are unable to manage routine daily responsibilities by providing observation, monitoring, direction, and support services for the identified youth in areas such as: attending school, management of curfews, compliance with safety plan requirements identified in the youth’s plan of care, attendance at support or therapy sessions, taking prescribed medications or other tasks or events as specified in the individual youth’s crisis/safety plan.</p> <p>A detailed description of the specific services to be provided must be documented in the individual youth’s crisis/safety plan.</p> | 40.00        |              | Hour         |

*Credentials:*

1. Crisis Stabilization/Supervision providers must be affiliated with an agency certified by Wraparound Milwaukee to provide crisis stabilization work

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | <p>with children with acute and/or intense needs.</p> <p>2. Crisis Stabilization/Supervision providers under this service area must possess a Master's Degree or Bachelor's Degree in a relevant area of education, human services, or health care or have a BA/BS degree in any other area with a minimum of four years training or work experience in providing mental health services. Final determination of whether such training or experience would qualify would be made by the Mobile Crisis Program Director or designee</p> <p>3. Crisis Stabilization/Supervision providers under this service area must have at least one year of full-time, pre or post degree experience in a human service area providing direct services to children or adolescents with serious emotional, behavioral or mental health conditions. Wraparound Milwaukee and Mobile Urgent Treatment Team (M.U.T.T.) will have final approval whether providers meet the qualifying experience requirement.</p> <p>4. Agencies must obtain 2 letters of reference regarding the provider's professional abilities. Reference letters are to be maintained in the employees file at the agency.</p> <p>5. Agencies providing Crisis Stabilization/Supervision must provide training and orientation for all staff in crisis intervention and de-escalation techniques. Training shall be designed to ensure that staff have knowledge and understanding of:</p> <ul style="list-style-type: none"> <li>a) Crisis regulations.</li> <li>b) Wraparound crisis intervention policies and procedures and</li> <li>c) Provider job responsibilities.</li> <li>d) Relevant state statues and administrative rules including patient rights and confidentiality of youth records.</li> <li>e) Basic mental health and psychopharmacology concepts applicable to crisis situations.</li> <li>f) Techniques for assessing and responding to persons with emergency mental health needs who are suicidal and/or are experiencing AODA related problems.</li> </ul> <p>Training can include Crisis Prevention Intervention (CPI), Managing Aggressive Behavior (MAB) or a similar program along with other related in-service training. The Director of the Mobile Urgent Treatment Team must approve new staff training curriculums. Initial training requirements are: 40 hours for staff with no prior related experience or 20 hours for staff with 6 months of experience. Training must be completed with first 3 months of employment and documented in the employee's file at the agency.</p> <p>6. Providers are required to attend at least 8 hours per year of ongoing in-service training on emergency mental health services, rules and procedures relevant to providing crisis services, compliance with state and federal regulations, cultural competency in mental health services and current issues in youth's rights and services. Ongoing training records and certificates of that training must be documented and keep in the employee's file at the agency.</p> <p>7. Ongoing agency supervision must be provided weekly for Crisis Stabilization/Supervision providers by a Masters-level licensed clinician with 3000 hours of supervised clinical experience or above. One hour of supervision must be provided for every 30 hours of documented client contact.</p> <p>8. Crisis Stabilization/Supervision providers must be accessible with 24-hour coverage, e.g. rotating on-call coverage.</p> <p>9. Agency must respond to a referral by telephone within one day (24 hours) with face-to-face contact within three days. (Refer to HFS 34 for further details.)</p> <p>10. Crisis Stabilization/Supervision provider notes need to reflect the nature of and youth response to the intervention provided.</p> <p>11. The BA/BS or MS level of certification is the preferred level of provider for high-risk youth.</p> |              |              |              |
| 5303G<br>S9484    | <p>Crisis Stabilization, Out of Home Care</p> <p>Crisis Intervention MH services,</p> <p>per hour</p> <p>To be used for youth in Group Home or Residential Care only. Time limited (not to exceed 60 days) services provided by staff at the placement facility for youth whose care and supervision needs exceed what is normal and customary under their license. Care Coordinator makes a request for this service by completing the "1:1 Staffing Request for GH or RCC" form in Synthesis, and is approved by Wraparound</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 15           |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| Consultant, MUTT staff, or provider network. Initial SAR will be entered by Provider Network and ongoing SARs entered by Finance.                                                                                                                                                                                                                       |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |
| Individual providers of this service are required to complete Provider Note entry in Synthesis, instructions at:<br><a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a> . |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                     | Provider qualifications follow guidelines in DCF 57.14 for GH staff or DCF 52.12 for RCCCCY.                                                                   |                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |
| 5303J<br>S9484                                                                                                                                                                                                                                                                                                                                          | Crisis Stabilization, Sp. (enhanced) - B/<br>Crisis Intervention MH services,<br>per hour                                                                      |                                                                                                                                                                                                                                                                                                                                                                              | 45           |              | Hour         |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                     | Credentials are the same as 5303B.                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |
| 5303I<br>S9484                                                                                                                                                                                                                                                                                                                                          | Crisis Stabilization, Specialized (enhanc<br>Crisis Intervention MH services,<br>per hour                                                                      | This is a service to be used exclusively with youth who are unable to be placed in any licensed placements in the state and thus require an enhanced, 1:1 supervision plan in the home - to resemble the structure and supervision at a Residential Treatment Center. These services must be pre-approved by a Wraparound Consultant and the Contract Management Department. | 35           |              | Hour         |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                     | Credentials are the same as for Service Code 5303.                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |
| 5170<br>H2012                                                                                                                                                                                                                                                                                                                                           | Day Treatment<br>Behavioral health day tx, per hour                                                                                                            | Non-Medicaid Day Treatment for individual or group activities and treatment provided in a setting that also provides education. Day Treatment programs provide structure, therapy and comprehensive support services, i.e. meals, transportation to and from the site, recreation, etc.                                                                                      | 72.00        |              | Daily        |
| These services are goal-oriented and time limited to facilitate the child's return to his/her home school or other public school program. This service must be prior authorized as of 9/1/03.                                                                                                                                                           |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                     | An Outpatient Mental Health License, Department of Public Instruction License, or Child Care Institution License must be submitted in the application process. |                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |
| 5172<br>H2012                                                                                                                                                                                                                                                                                                                                           | Day Treatment (Medicaid-day)<br>Behavioral health day tx, per hour                                                                                             | Individual or group activities and treatment provided in a setting that also provides education. Day Treatment programs provide structure, therapy and comprehensive support services with meals, transportation to and from the site, recreation, etc.                                                                                                                      | 112.00       |              | Daily        |
| These services are goal oriented and time limited to facilitate the child's return to his/her home school or other public school program. These are providers whose programs meet the requirements of HSS 40 and provide at least 2 hours of treatment                                                                                                  |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>per day. These programs are often referred to as Medical Day Treatment or Partial Hospital Programs. Day Treatment plans in a T-19 program must be reviewed and signed-off on by a Psychiatrist or Psychologist.</p> <p><i>Credentials:</i> Mental Health Day Treatment License. Agency National Provider Identifier (NPI).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |              |              |              |
| 5174<br>H2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Day Treatment Specialized (Non-Medic Behavioral health day tx, per hour |              | 85.00        | Daily        |
| <p>Day treatment program for children with specialized needs, i.e. developmentally, physically and medically challenged, requiring additional and/or specialized staffing.</p> <p>This is a short-term (up to 90 days) placement during which time an Individual Education Plan (I.E.P.) needs to be developed as updated by parent/legal guardian and school district to meet long-range special education needs. This service must be prior authorized.</p> <p><i>Credentials:</i> Day Treatment License. Agency National Provider Identifier (NPI).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |              |              |              |
| H2017D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Diagnostic Evaluation-Certified Peer S                                  | 13.97        |              | Hour         |
| <p>Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.</p> <p>The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and acting within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self identified mental disorder or substance abuse use disorder.</p> |                                                                         |              |              |              |
| H2017D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Diagnostic Evaluation-Other                                             | 13.97        |              | Hour         |
| <p>Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.</p> <p>The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and acting within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |              |              |              |
| H2017D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Diagnostic Evaluation-Rehabilitation                                    | 13.97        |              | Hour         |
| <p>Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |              |              |              |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | <p>and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.</p> <p>The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and acting within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successful completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |              |              |              |
| H2017D            | <p>Diagnostic Evaluations-Bachelors</p> <p>Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.</p> <p>The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.</p> <p><i>Credentials:</i> Providers must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and acting within their scope of practice</p>                                                                                                                                                                                                                                                                                                                                                                                                                                         | 21.43        |              | Hour         |
| H2017D            | <p>Diagnostic Evaluations-Masters</p> <p>Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program. The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g)1-14, Wis. Admin. Code. Must have a Master's Degree. All providers are required to be licensed/certified and acting within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 32.14        |              | Hour         |
| H2017D            | <p>Diagnostic Evaluations-Ph.D.</p> <p>Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.</p> <p>The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 40.00        |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <i>Credentials:</i> Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. Psychologists shall be licensed under ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders. |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |              |              |
| 5580<br>T1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Discretionary Funds<br>Misc therapeutic items & supplies<br>NOS       | Discretionary funds are used to request miscellaneous services which are not a part of Plan of Care, particularly on a one-time emergent basis.<br><br>Purposes for such expenses include incentive monies, rent/security deposit, utilities, household supplies/groceries, clothes, classes, books, workshops. As a general rule, Wraparound does not make mortgage payments, ongoing rent payments, car payments, car repair payments, home repair or remodeling payments, or purchase washers, dryers, refrigerators, stoves or any other major household appliances or furniture, carpeting, etc. The goal is to help families find resources in the community to obtain these items. (Refer to Wraparound Policy #15.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.00         |              | Total        |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |              |              |
| 5557A<br>H2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Employment Preparation and Placemen<br>Supported employment, per diem | Employment Preparation and Placement Services are provided to a Wraparound, REACH, O'YEAH or FISS enrollee age 15-1/2 or older, or in rare cases, the parent or guardian of an enrollee, who is in need of assistance with obtaining and sustaining employment.<br><br>This service is designed to assist the Service Recipient with acquiring paid employment. Payment for Employment Preparation and Placement services is "outcome based" with reimbursement being made upon achievement of each of three (3) phases or milestones. Duration of the service (three (3) phases combined) is anticipated to be six (6) months or less. Providers of Employment Preparation and Placement Services must offer all three phases of this service.<br><br>The following services may not be provided concurrently with Employment Preparation and Placement:<br>-On The Job Training<br>-Independent Living Skills Training<br>-Life Skills Training, Individual and/or Group<br><br>PHASE ONE - ASSESSMENT AND EMPLOYMENT PLAN: Services must be provided 1:1 or in groups of up to eight (8) individuals. Authorizations are typically 2-4 weeks in duration. This phase must include a minimum of eight attempted | 400.00       | 400.00       | Total        |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                      | <p>(scheduled) face to face meetings. The Assessment and Employment Plan may include a formal interview and/or completion of a formal written Assessment used to assess the Service Recipient's needs. As part of the Assessment Process, the Provider may begin training in the following areas in order to determine the Service Recipient's level of commitment, abilities and employment related training needs. This training may include the following topics:</p> <ul style="list-style-type: none"> <li>-Attendance and punctuality.</li> <li>-Personal appearance; grooming, hygiene, appropriate workplace dress, value of first impressions.</li> <li>-Communication and dispute resolution.</li> <li>-Networking.</li> <li>-Filling out a job application.</li> <li>-Resume creation.</li> <li>-Obtaining references.</li> <li>-Marketing oneself to an employer; identifying personal strengths and assets.</li> <li>-Dealing with an arrest and conviction record.</li> <li>-Employer expectations.</li> <li>-Taking time off.</li> <li>-Getting to and from the job.</li> <li>-What to expect when you get your first check (i.e., taxes and other withholdings).</li> <li>-Management of Service Recipient needs other than the above that were identified during the Assessment process.</li> </ul> |                 |                 |              |
| <i>Credentials:</i>  | <p>Agency must have a written plan for the provision of the service including: assessment, training, job development, job placement and follow-up services. The Agency must identify expectations and participation requirements for the program, the criteria by which they will be measured, as well as participant conduct that could result in expulsion from the program.</p> <p>Individual Direct Service Providers of this service must possess a High School Diploma or GED and must have a minimum three years work force experience and at least one year experience in providing same/similar type services;</p> <p>OR</p> <p>A Bachelor's Degree in Business, Finance or Human Resources with at least one year work experience.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                 |              |
| 5557C                | <p>Employment Preparation and Placemen</p> <p>Employment Preparation and Placement Services are provided to a Wraparound, REACH, O'YEAH or FISS enrollee age 15-1/2 or older, or in rare cases, the parent or guardian of an enrollee, who is in need of assistance with obtaining and sustaining employment.</p> <p>This service is designed to assist the Service Recipient with acquiring paid employment. Payment for Employment Preparation and Placement services is "outcome based" with reimbursement being made upon achievement of each of three</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 700.00          | 700.00          | Total        |

(3) phases or milestones. Duration of the service (three (3) phases combined) is anticipated to be six (6) months or less. Providers of Employment Preparation and Placement Services must offer all three phases of this service.

The following services may not be provided concurrently with Employment Preparation and Placement:

- On The Job Training
- Independent Living Skills Training
- Life Skills Training, Individual and/or Group

PHASE THREE - POST PLACEMENT SUPPORT: Services must be provided on a 1:1 basis. Authorizations are up to 12 weeks from the first date of employment with service intensity diminishing in proportion to the number of weeks post employment. if the Service Recipient is unsuccessful in retaining employment for 60 days, either due to voluntary or involuntary separation, the Provider is to contact the Care Coordinator to assess whether or not the Service Recipient is likely to benefit from continuing services. If the Service Recipient loses employment by no fault of their own (illness, injury, layoff, etc.) before 60 days, service reauthorization for Phase Two may be considered.

Post Placement Support services may include:

- Orientation of the Service Recipient/employee to his/her new job.
- Assistance and direction regarding management of transportation needs.
- Monitoring of job attendance, productivity and socialization (getting along with others on the job).
- Monitoring employer satisfaction with the Service Recipient/employee’s job performance.
- Assisting the Service Recipient with opening a bank account.
- Consultation with the employer regarding development of natural supports within the workplace in order to promote satisfactory job performance and sustained employment with the goal of “fading” the need for job support from the Provider, as the Service Recipient/employee independence increases and the benefit of natural supports is realized.

H2024      Supported employment, per diem

*Credentials:*      Agency must have a written plan for the provision of the service including: assessment, training, job development, job placement and follow-up services. The Agency must identify expectations and participation requirements for the program, the criteria by which they will be measured, as well as participant conduct that could result in expulsion from the program.

Individual Direct Service Providers of this service must possess a High School Diploma or GED and must have a minimum three years work force experience and at least one year experience in providing same/similar type services;

| Service Name / ID                                                                                   |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| OR                                                                                                  |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| A Bachelor's Degree in Business, Finance or Human Resources with at least one year work experience. |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| 5557B<br>H2024                                                                                      | Employment Preparation and Placemen<br>Supported employment, per diem | <p>Employment Preparation and Placement Services are provided to a Wraparound, REACH, O'YEAH or FISS enrollee age 15-1/2 or older, or in rare cases, the parent or guardian of an enrollee, who is in need of assistance with obtaining and sustaining employment.</p> <p>This service is designed to assist the Service Recipient with acquiring paid employment. Payment for Employment Preparation and Placement services is "outcome based" with reimbursement being made upon achievement of each of three (3) phases or milestones. Duration of the service (three (3) phases combined) is anticipated to be six (6) months or less. Providers of Employment Preparation and Placement Services must offer all three phases of this service.</p> <p>The following services may not be provided concurrently with Employment Preparation and Placement:</p> <ul style="list-style-type: none"> <li>-On The Job Training</li> <li>-Independent Living Skills Training</li> <li>-Life Skills Training, Individual and/or Group</li> </ul> <p>PHASE TWO - JOB DEVELOPMENT AND ACQUISITION: Services must be provided on a 1:1 basis. Authorizations are typically 1 to 8 weeks (Hours per week varies). If after 12 weeks, if the Service Recipient has not obtained employment, the Provider is to contact the Care Coordinator to assess whether or not the Service Recipient is likely to benefit from continuing services.</p> <p>Job Development and Acquisition Services may include:</p> <ul style="list-style-type: none"> <li>-Continuation of "Pre-Employment Training" activities from Phase One.</li> <li>-Identification of potential jobs and/or employers that have new or imminent job openings that are consistent with the Service Recipient's job goal(s) and abilities.</li> <li>-Job search activities performed on behalf of the Service Recipient.</li> <li>-Pre-employment contact by Provider with potential employers to identify job opportunities that are relevant to the Service Recipient.</li> <li>-Negotiation of job restructuring and/or job creation for the Service Recipient with a potential employer.</li> <li>-Activity associated with the development of the employer's capacity to provide "natural supports" to aid the Service Recipient in job retention (natural supports are employer resources/personnel who can offer job training, support, mentoring and encouragement to the new employee).</li> <li>-Obtaining and completing job applications.</li> <li>-Accompanying the Service Recipient to job interviews.</li> </ul> | 700.00       | 700.00       | Total        |

| Service Name / ID                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| -Service Recipient specific pre-employment counseling and advocacy services. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| Credentials:                                                                 | Agency must have a written plan for the provision of the service including: assessment, training, job development, job placement and follow-up services. The Agency must identify expectations and participation requirements for the program, the criteria by which they will be measured, as well as participant conduct that could result in expulsion from the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
|                                                                              | Individual Direct Service Providers of this service must possess a High School Diploma or GED and must have a minimum three years work force experience and at least one year experience in providing same/similar type services;<br>OR<br>A Bachelor’s Degree in Business, Finance or Human Resources with at least one year work experience.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |              |              |
| 5630                                                                         | Employment Related Skill Training Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | 41           | Hour         |
|                                                                              | Employment Related Skill Training Services address youth’s emotional and mental health issues that pose a barrier to finding, securing, and keeping a job.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
|                                                                              | Services include completing employment and education assessments, assistance in accessing or participating in educational and employment related services, providing education about appropriate job related behaviors, assistance with job preparation activities and identifying and managing work related symptoms and behaviors that may compromise the recipient keeping a job and coordination with current therapy services being provided to ensure those services are effectively meeting the needs of youth related to functioning appropriately in the community. Services must reflect the Individual Placement and Support (IPS) Employment Approach, focusing on an integration of employment services and mental health treatment and incorporating Employment Related Skill Training Services worker to work with the Child and Family teams and address employment needs in the Plan of Care. Specific activities under Employment Related Skill Training include:                                                                       |              |              |              |
|                                                                              | <ul style="list-style-type: none"><li>• Provider will be part of the clinical treatment team to assess the educational and employment needs and skills of the youth, develop an employment plan with goals and strategies to move that youth toward competitive employment, arrange for needed job training and employment readiness, coordinate with schools and educational resources, identify and secure employers willing to hire the youth and provide continuous support to the youth once placed to ensure their mental health and emotional needs are continually addressed and to identify, manage, and alleviate work related symptoms and behaviors that affect their ability to maintain that job.</li><li>• Employment Specialists provide recipients on a one to one basis with support, coaching, resume development, interview training and on the job support all consistent with the recipients preferences. Services to coordinate with the youth’s school and academic history, needs and strengths will also be provided.</li></ul> |              |              |              |
|                                                                              | Direct, face to face and one to one services are billable, as well as collateral contacts, and job development/employment site development on behalf of a specific enrollee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Avg IPN<br>Rate | Billing Unit |
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|                      | <p>Non face to face time (including travel time) is billable but may not exceed the lesser of 8 hours per month or 20% of total time billed. Documentation time is not billable. Placement must occur within six months of initial date of service or services shall be discontinued.</p> <p>Providers of employment related skill training will work under the direction of a licensed mental health professional who reviews the youth's Plan of Care. In addition, Clinical supervision of the employment related skill training services worker must occur following all the guidelines that apply to clinical supervision of Crisis Stabilization/Supervision (see Wraparound Policy #036 Crisis Stabilization/Supervision Services-see Section B, pages 2-3)</p> <p>Documentation requirements:<br/> Provider Note entry in Synthesis, instructions at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.<br/> Wraparound Family Support Signature log, available at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Family-Support-Signature-Log-Att5.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Family-Support-Signature-Log-Att5.pdf</a>.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |              |
| H2017<br>U5          | Employ Related Skill Trng                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |              |
| <i>Credentials:</i>  | <p>Provider must meet the following minimum requirements prior to commencement of work for Wraparound: must be at least 18 years old, have at least a High School Diploma, and shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries. A copy of the training certificate from the agency verifying this training is to be submitted to the Provider Network at the time of the provider add request and a copy maintained in the agency employee file.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |              |
| H2017E-              | Employment-Related Skill Training-Ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support</p> <p>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those</p> | 21.43           | Hour         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <div>services are identified in the member's service plan.</div> <div><i>Credentials:</i> Must have a Bachelor's Degree. Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |              |
| H2017E- Employment-Related Skill Training-Ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5.36            |                 | Hour         |
| <div>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support</div> <div>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</div> |                 |                 |              |
| <div><i>Credentials:</i> Must have a Bachelor's Degree. Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |              |
| H2017E- Employment-Related Skill Training-Ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13.97           |                 | Hour         |
| <div>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support</div> <div>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</div> |                 |                 |              |
| <div><i>Credentials:</i> Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self identified mental disorder or substance abuse use disorder.</div>                                                                                                                                                                                                                                                     |                 |                 |              |
| H2017E- Employment-Related Skill Training-Ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3.49            |                 | Hour         |
| <div>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                 |              |

| Service Name / ID                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                             | include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
|                                             | <p>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</p> <p><i>Credentials:</i> Providers must have a Bachelors Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self identified mental disorder or substance abuse use disorder.</p>                                                                               |              |              |              |
| H2017E- Employment-Related Skill Training-M | <p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support</p> <p>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</p> <p><i>Credentials:</i> Must have a Master's Degree. Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice</p> | 32.14        |              | Hour         |
| H2017E- Employment-Related Skill Training-M | <p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10.00        |              | Hour         |

| Service Name / ID                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                              | work-related crises; and individual therapeutic support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
|                                              | <p>The CCS program does not cover time spent by the member working in a clubhouse.</p> <p>The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
| <i>Credentials:</i>                          | Must have a Master's Degree. Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| H2017E- Employment-Related Skill Training-Ot | <p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support</p> <p>The CCS program does not cover time spent by the member working in a clubhouse.</p> <p>The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</p> | 13.97        |              | Hour         |
| <i>Credentials:</i>                          | Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| H2017E- Employment-Related Skill Training-Ot | <p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support</p> <p>The CCS program does not cover time spent by the member working in a clubhouse.</p> <p>The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</p> | 3.49         |              | Hour         |
| <i>Credentials:</i>                          | Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Avg IPN<br>Rate | Billing Unit |
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| H2017E- Employment-Related Skill Training-Ph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | Hour         |
| <p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</p> <p>Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. Psychologists shall be licensed under ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.</p>      |                 |              |
| H2017E- Employment-Related Skill Training-Ph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3.49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Hour         |
| <p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</p> <p>Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. Psychologists shall be licensed under ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.</p> |                 |              |
| H2017E- Employment-Related Skill Training-Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Hour         |
| <p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education</p>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |              |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | <p>about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support</p> <p>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</p> <p><i>Credentials:</i> Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p>                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| H2017E-           | <p>Employment-Related Skill Training-Re</p> <p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: Employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support</p> <p>The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychological rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</p> <p><i>Credentials:</i> Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> | 13.97        |              | Hour         |
| 5509<br>T1023     | <p>Enrollment Screening</p> <p>Screening to determine appropriateness for a prog.</p> <p>Screening for enrollment into Wraparound, REACH or Project O-YEAH.</p> <p><i>Credentials:</i> Same as for care coordinators.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 300          | 300          | Evaluation   |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5131G<br>H2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Equine Therapy - Specialist<br>Wellness Mgt / Recovery | <p>This provider is part of a two person team, utilizing a model such as EGALA, to provide support with the horse/pony's reaction and actions to and from the client, offers support and feedback to the therapist regarding what occurred during the session to assist in building emotional growth and addressing treatment goals. This model is client centered and goal oriented. The client does not participate in riding during this service.</p> <p>Documentation requirements:<br/>The provider will keep a log at the agency and document the service time and presence as part of the therapy being provided by the therapist, noting any patterns or behaviors that horses are displaying that may or may not be significant. Any information that is specific to the youth should be added to the therapists notes as part of the youth's mental health record. Billing will be completed via Synthesis, no notes required in Synthesis for this service code.</p> | 71           |              | Hour         |
| <p><i>Credentials:</i></p> <ol style="list-style-type: none"> <li>1) Professional must have 6,000 hours (equals to approx. 3 years full-time work) experience hands-on work with horses.</li> <li>2) Professional must have completed at least 100 hours of continuing education in the horse profession. Some of this education needs to include topics covering: a)Ground work experience, b)Horse Psychology knowledge, c) ability to read horse body language/nonverbal communication.</li> <li>3) 40 hours of continued education listed in #2 must have been completed in the last 2 years.</li> </ol>                  |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
| 5131C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Equine Therapy-Individual                              | <p>Equine Facilitated Experiential Learning that promotes psycho-social healing and growth.</p> <p>Documentation requirements:<br/>Provider Note entry in Synthesis. Instructions for provider note entry at:<br/><a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 64           |              | Hour         |
| H2017<br>U5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Wellness Mgt / Recovery                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 78           |              |              |
| <p><i>Credentials:</i></p> <p>Providers of Equine Therapy must meet one or more of the following credentials:</p> <ol style="list-style-type: none"> <li>1. Wisconsin Licensed Practitioner <ol style="list-style-type: none"> <li>a. Licensed Clinical Social Worker</li> <li>b. Licensed Marriage and Family Therapist</li> <li>c. Licensed Professional Counselor</li> </ol> </li> <li>2. Master's level practitioner with degree in a mental health field</li> <li>3. Registered instructor with Professional Association of Therapeutic Horsemanship International (PATH) or equivalent riding certification.</li> </ol> |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |

| Service Name / ID                                                                                                                                                                            |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| Documentation of experience and copies of certifications/registrations/accreditations/licenses must be provided, as applicable, in the application process in accordance with the foregoing. |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| 5701<br>H0004                                                                                                                                                                                | Family Connections Groups<br>Behavioral health counseling & therapy            | <p>Family Connections Groups is an intervention program for youth age 10 and older and their parent/guardian. Sessions are offered for girls only, boys only and co-ed groups.</p> <p>Agencies offering this service must follow the curriculum established by the Council on Prevention and Education: Substances, Inc. (COPES) - Creating Lasting Family Connections. Youth and their parent/guardian attend parallel sessions once a week for 10 weeks, ending in an all-day interactive retreat. Program goals are to prevent youth from engaging in delinquent behaviors and to improve their response to conflict by strengthening family relationships.</p> <p>Session include training in the following areas:</p> <ul style="list-style-type: none"> <li>· social skills</li> <li>· refusal skills</li> <li>· increasing self-awareness</li> <li>· expression of feelings</li> <li>· interpersonal communication</li> <li>· self-disclosure</li> </ul> <p>Parent Modules (5 sessions each):</p> <p>Developing Positive Parental Influences</p> <p>Raising Resilient Youth</p> <p>Youth Modules (5 sessions each):</p> <p>Developing a Positive Response</p> <p>Developing Independence and Responsibility</p> <p>Joint Module</p> <p>Getting Real - Communications Training (day-long retreat)</p> | 35.00        |              | Hour         |
| <i>Credentials:</i>                                                                                                                                                                          |                                                                                | Agency staff must be certified by the Council on Prevention and Education Substances (COPES) as a Creating Lasting Family Connections Implementation Trainer. COPES training certificate must be submitted for each staff providing this service and maintained in the agency file.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5166<br>H0015                                                                                                                                                                                | Female Family Systems Intervention<br>Alcohol and/or drug svcs intensive outpt | Female Family Systems Intervention (FFSI) is an In-Home Program for girls between the ages of 13 and 18 who are living at home. This service is designed to help girls learn to avoid risky behaviors such as: sexual activities, usage of drugs or alcohol and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 35.00        |              | Hour         |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | <p>criminal activity.</p> <p>The program also helps girls and their parent/guardian learn to communicate more effectively. FFSI includes eight weeks of in-home services provided by an Intervention Specialist trained in FFSI. Youth have to be living at home to participate in the program.</p> <p>The program consists of five modules:</p> <ol style="list-style-type: none"> <li>1. Building Trust</li> <li>2. Family Structure and Communication (sessions 2 and 3)</li> <li>3. Risk Reduction (sessions 4 and 5)</li> <li>4. Building A Future</li> <li>5. Maintaining Strong Family Ties (sessions 7 and 8)</li> </ol> <p>Families who complete the program receive post program follow-up at 1, 4 and 9 months following completion of the program.</p> |              |              |              |
| H2019             | Therapeutic behavioral service, per 15 min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Credentials:      | <p>Intervention Specialist certified by the Medical College of Wisconsin and approved by Wraparound Milwaukee or Children's Court Services Network. Copies of certifications from the Medical College of Wisconsin shall be maintained at the agency.</p> <p>Bachelors degree or above in a healthcare or related field.</p> <p>Resume substantiating education and experience working with youth and families.</p> <p>Copies of Degree and resume must be submitted prior to approval in the Network.</p>                                                                                                                                                                                                                                                         |              |              |              |
| 5003              | FISS Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 180          | 180          | Evaluation   |
|                   | <p>Provider must provide both components of the service delivery model. This includes FISS Assessment/Service Referral and FISS services provision.</p> <p>FISS ASSESSMENT</p> <p>Provider shall provide the necessary staff to conduct thorough, comprehensive interviews with parents and or legal guardians, their adolescent and any other children living in the home. The assessment shall:</p> <ul style="list-style-type: none"> <li>•Identify the primary concerns faced by the parents/legal guardians, other caretaker(s) siblings or other children in the home, and their child;</li> <li>•To make efforts and document the efforts that were made to engage the family and adolescent participation in the assessment process; and</li> </ul>        |              |              |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>•Direct the parents/legal guardians and their child to appropriate service contractors, i.e. Bureau of Milwaukee Child Welfare, Milwaukee County Delinquency and Court Services Division, school system or other community-based resources, consistent with their unique needs and level of concerns.</p> <p>Parent(s) or legal guardians(s) and their adolescent will participate in the following steps to complete the responsibilities presented above:</p> <ul style="list-style-type: none"> <li>•Phone/Walk-in referral is received from parent(s) or legal guardian(s) and a thorough intake is completed.</li> <li>•FISS staff will conduct in-office assessments with parent(s) or legal guardian(s), and adolescent. Other children living in the home should be included whenever appropriate. Upon request and special family circumstances, home assessments will be conducted in home.</li> <li>•Based on the results of the assessment, referral for services is made based on the identified concerns.</li> <li>•Parent Resource and Advocacy Guide is issued to all parent(s) or legal guardian(s) participating in the program.</li> </ul> <p>This referral will be based on the information received from the assessment tool provided by the BMCW with input from the MCDCCSD.</p> <p>RECEIPT OF REFERRALS:</p> <p>Provider must ensure the provision of a single referral point is available by phone and/or to persons arriving at the office location. The FISS staff must be available to accept referrals from parents or legal guardians between the hour of 8:00 a.m., Monday through Friday, excluding weekends and holidays.</p> <p>During the referral, the FISS staff must ensure that the following responsibilities are performed:</p> <ul style="list-style-type: none"> <li>•Parents or legal guardians are informed of the FISS Access and Assessment process;</li> <li>•Preliminary family data is gathered, i.e. name, address, phone, contact numbers, members of the family unit, current service involvement;</li> <li>•BMCW and MCDCCSD service history and status is checked and verified, and;</li> <li>•FISS Assessment interviews are scheduled with the parents or legal guardians, any other adult caretaker(s), and the adolescent within one (1) working day of the referral. The referral source must be contacted in order to arrange the first assessment interview(s).</li> </ul> |                 |                 |              |

In cases where the family and/or child is currently receiving services with BMCW or with MCDCCSD, the FISS staff must ensure that the families are referred back to their assigned BMCW or MCDCCSD case manager or the supervisor of the assigned case manager of the respective service agency within the same working day of their referral to the FISS Unit. The FISS Provider must also ensure that the assigned case manager is informed of the parents’ or legal guardian’s referral to the FISS program within one (1) working day of their referral to the FISS Program.

ASSESSMENT and SERVICE REFERRAL:

The FISS assessment is a structured process to identify and analyze individual and family dynamics and environmental conditions contributing to concerns regarding an adolescent’s behavior and/or family functioning. This information includes, but is not limited to, the following areas:

- Identification of the parents’ or legal guardians’ and the adolescent’s primary concern(s);
- Description of the adolescent’s current behavior (e.g., frequency, duration, severity, family relationships and stability, and conflict resolution at home, school and in the community,) and the status of the family’s functioning including the functioning of siblings and/or other children in the home;
- Description of the parental role in responding and/or addressing the concerns regarding their adolescent, including approaches to discipline;
- Identification of specific interventions/services attempted to resolve the primary concern and the results of these attempt(s), and;
- Identification and review of service history including adult criminal history, CPS involvement, historical and/or current Juvenile Probation involvement, and Children’s Court history, Educational Assessment(s), and Mental Health and AODA services.

The FISS Unit must be available to assess families between the hours of 8:00 a.m. and 6:00 p.m., Monday through Friday, and between 9:00 a.m. and 12:00 p.m. on a minimum of two Saturdays per month, excluding holidays. The office will be closed for all legal State holidays.

The FISS Unit must have staff available to answer in-coming phone calls between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

It is estimated that it will take an average of up to four hours to complete and document all interviews, analyze the results of the interviews, determine the servicing

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>agency, provide referrals to the identified servicing agency with families, and documents the results. Supervisory consultation and approval is estimated to require an average of 30 minutes per assessment.</p> <p>ASSESSMENT INTERVIEW PROTOCOL:</p> <p>FISS assessment interviews will be carried out in the following sequence with the following family members:</p> <ul style="list-style-type: none"> <li>•Adolescent</li> <li>•Parent(s) or Legal Guardian(s)</li> <li>•Other Adult Caretaker(s), i.e. relative</li> <li>•Joint interview-Parent(s) or Legal Guardian(s), Caretakers and Adolescent</li> </ul> <p>SERVICE TRANSFER:</p> <p>FISS staff is responsible for providing services or transferring the family to appropriate service agencies based on the results of the assessment.</p> <p>If the family has been identified to have concerns which negatively affect child safety or present the risk of or new instances of child maltreatment, an immediate referral is to be made to the BMCW Access unit at 220-SAFE consistent with the established criteria Wis. Chapter 48.13.</p> <p>If the results of the assessment indicate that the concerns are primarily focused on the child and his or her behavior, consistent with established criteria Wis. Chapter 938.13, the child and his/her family are to be referred to the MCDCSD.</p> <p>If the results of the assessment indicate that the concerns are primarily focused on family dynamics, parent-child conflict, and communication issues, the family will receive FISS services.</p> <p>If the results indicate that the primary concern faced by the family and their adolescent related to the adolescent's failure to attend school, the family is to be referred to their school district for appropriate intervention.</p> <p>If the family and their adolescent are not appropriate for any of the above agencies, the FISS staff must identify and present to families specific resources and services within the community which will address the types and level of concerns presented by the family member.</p> |                 |                 |              |

For all types of referrals to any of the above agencies, transfer responsibilities include the following actions:

- Providing the parent(s) or legal guardian(s) with the contact person, number, and address of the designated service contractor/agency;
- Providing the designated service contractor (BMCW, MCDCCSD, or community agency) with all case record information within one (1) working day of the service referral, and;
- Participating in service transfer meetings as appropriate and necessary to assist the family and the service agency.

#### SUPERVISORY APPROVAL:

Provider must employ a full-time supervisor. The FISS supervisor must ensure the quality and timeliness of all Assessment and Service Determination responsibilities. Methods by which supervisory support and approval of services must include, but are not limited to:

- Supervisory review of all documentation to assess quality and timeliness of information-gathering, analysis and decision-making;
- Supervisory approval of all case decision-making and documentation as indicated by supervisor signature and date;
- Facilitation of weekly individual staff consultation to review case status, to address performance concerns, and to discuss and identify staff development needs, and;
- Facilitation of weekly case staffing meetings to examine common case scenarios, to review program status/procedural changes, to address staff development needs, and to support familiarity with local services and resources.

#### DOCUMENTATION:

The FISS Access and Assessment Unit must ensure that all documentation is completed in a timely manner, reflecting current case status, using the state eWISACWIS system and Synthesis system used by Wraparound Milwaukee and any additional written documentation required by DCF.

Case records, containing copies of all written documentation for families served by the FISS program must be retained in a secure but accessible central location. The FISS program staff must ensure that any BMCW, MCCC or MCDCCSD requests for case documentation or any automated data are provided by the FISS Access and

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>Assessment Unit to the requesting party within two working days of the request.</p> <p>FISS staff must ensure that all documentation and client information gathered and/or created remains confidential as required by law and applicable policy. Any of the above documentation or information, recorded in any required format, will be used solely for the purposes of intervening appropriately and effectively with parent(s) or legal guardian(s) and their children or for program administration or as otherwise allowed by law.</p> <p>PARENT RESOURCE AND ADVOCACY GUIDE:</p> <p>The FISS program is responsible for the development and maintenance of a resource, referral, and advocacy guide for parent(s) or legal guardian(s) and their adolescents. Services must include community-based formal and informal resources, agencies, contractors, etc. Contents of the guide, referred to as the Parent Resource and Advocacy Guide must include, but are not limited to, the following information.</p> <ul style="list-style-type: none"> <li>•Badger Care Plus Eligibility Requirements and Application Requirements</li> <li>•Kinship Care Information and Eligibility Requirements</li> <li>•Brochure presenting court expectations, process and sequence of events required in pro se cases</li> <li>•Neighborhood Association and Community Centers within Milwaukee County</li> <li>•Local youth social and peer resources</li> <li>•Youth and family recreational activities</li> <li>•Adolescent and family focused mental health assessment and counseling services</li> <li>•Adolescent and family focused alcohol and other drug abuse assessment and counseling services</li> <li>•Crisis intervention and crisis counseling programs</li> <li>•Parental support and education services</li> <li>•Adolescent recreational/social support programs</li> <li>•Independent living skills programming</li> <li>•Bureau of Milwaukee Child Welfare-central intake number</li> <li>•Milwaukee County Delinquency and Court Services Division- Central Intake Number</li> </ul> <p>FISS SERVICES COMPONENT:</p> <p>Provider must also provide FISS case management services to families determined to be appropriate for on-going services through the initial assessment. The services identified in a FISS service plan are designed to address the needs of the adolescent</p> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>and caregiver while preventing court involvement. The caregivers must be capable and available to address the needs identified in the FISS Intake Assessment. The FISS service program includes a comprehensive combination of clinical and supportive services designed to fit the particular needs of the adolescent. FISS services are interventions designed to address the emotional, behavioral and mental health needs of the adolescent while promoting family strength and stability and access to necessary long term supports.</p> <p>Service delivery is usually short-term, 3-4 months on average but may be longer depending on family needs.</p> <p>Services will occur primarily in the home. Emphasis will be placed on building on the family's strengths while seeking to control or stabilize those conditions, which threaten the family stability. Intervention strategies will always include establishing or increasing the family's linkage to other formal or informal support services in preparation for service termination.</p> <p>Service provision will be individualized to address the adolescent's unique needs and to best assist the family.</p> <p>The original services, which will be provided to any family, will be determined by the assessment, and will be identified by the FISS assessment worker. The case manager will modify subsequent and regular re-assessments of the family progress and the established services.</p> <p>Following is a list of the full range of core services which must be available to all families.</p> <ul style="list-style-type: none"> <li>•Conflict resolution - mediation</li> <li>•Parenting assistance - parental support</li> <li>•Social/emotional support</li> <li>•Basic home management</li> <li>•Routine/emergency alcohol/drug abuse services</li> <li>•Family crisis counseling</li> <li>•Routine/emergency mental health care</li> <li>•Transportation</li> <li>•Food/clothing/basic needs</li> <li>•Routine/emergency medical care</li> <li>•Child oriented activities, such as youth recreation programs, etc.</li> <li>•Independent living skills</li> </ul> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>Provider Network Services for FISS will be developed, implemented and maintained through the BHD-Wraparound Milwaukee Network. It is not the FISS assessment/services provider's responsibility to develop the network. However, it is their responsibility to help identify formal service providers for inclusion in the Network or for identification and accessing informal resources and services.</p> <p>FISS CASE MANAGEMENT:</p> <p>A key FISS service is the FISS case managers. Case Managers help facilitate development of the case plan, help identify additional service needs not included in the FISS assessment and making sure those services are provided to families. The service plan must consider information provided by the adolescent, the care giver and other family members during the assessment and any other case history on the family obtained by the Bureau.</p> <p>The caseload levels for FISS case managers are usually kept at 1:10 families. With an average caseload of 40-45 families per month, but sometimes as high as 60 families, the Provider must meet minimum staffing requirements but have flexibility to meet fluctuations in caseload to still be in close compliance with State's caseload standards.</p> <p>SRAFFING:</p> <p>Staffing for FISS assessment and FISS services provided by Provider shall be culturally diverse and dedicated to the provision of culturally competent services.</p> <p>Provider shall retain staff that demonstrate the following skills:</p> <ul style="list-style-type: none"> <li>•Ability to engage and establish rapport with clients</li> <li>•Have sound and effective interviewing and information skills</li> <li>•Good decision making skills</li> <li>•Have basic computer skills</li> <li>•Ability to attend and observe individual and familial interactions, dynamics and concerns to promote the family's ability to constructively resolve immediate crisis.</li> <li>•Knowledge of statutes, regulations and policies related to child welfare and juvenile justice</li> <li>•Knowledge of community resources/services</li> <li>•Knowledge of local service delivery systems</li> </ul> <p>The goal of FISS program intervention is that through the provision of specific</p> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>services:</p> <ol style="list-style-type: none"> <li>1.Negative adolescent behavior will be addressed</li> <li>2.The family will be stabilized</li> <li>3.Causes of concerns and negative behavior are understood and</li> <li>4.The Providers case managers will assist the family in developing linkages with formal, informal and natural resources and</li> <li>5.These services and supports will be provided and managed and help the family gain the confidence and ability to manage the adolescent behavior without further FISS service intervention.</li> </ol> <p>FISS intervention is short-term, time limited and will usually be limited to 3-4 months.</p> <p>Reassessment of the Service/Care Plan for FISS Services</p> <p>The primary functions of FISS assessment/services include continuous and rigorous monitoring of designated services for the adolescent and family, and regular re-assessment of the services to identify any changes in the conditions of the family which may negatively affect the family functioning and behavior of the adolescent.</p> <p>The purposes of the service re-assessment and plan modification are to:</p> <ul style="list-style-type: none"> <li>•Determine the degree to which the adolescent and family's efforts indicate actual control an understanding of the family dynamics and functioning, meaningful recognition of concerns, and productive use of the services provided by the Provider;</li> <li>•Comprehensively evaluate the family situation to begin to develop an understanding of why individual, familial and/or environmental concerns are present in order to determine what supports and resources would promote ongoing family stability and change allowing the family to manage following Provider intervention;</li> <li>•Involve the family in identifying its capacity for and role in addressing the adolescent's needs;</li> <li>•Establish a projected date for closure with the services program, and;</li> </ul> <p>The Provider must ensure that the case manager performs the following responsibilities associated with the implementation of the original Services plan within the timeframe indicated:</p> <ul style="list-style-type: none"> <li>•Within one (1) week (seven days) of the date of the finalization of the original services plan, the case manager, all service contractors, and the family will meet to</li> </ul> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>assess and discuss the implementation of the plan</p> <ul style="list-style-type: none"> <li>•Services re-assessments will be coordinated, conducted, and documented by the case manager.</li> <li>•The case manager will maintain a minimum of at least every two weeks (14 days) face-to-face contacts with the adolescent and family and will coordinate and direct the completion of reassessments monthly with the family and all services contractors to review the presence of any new concerns and assess the adequacy of the service plan;</li> <li>•The case manager will immediately coordinate, direct and document, as required by the BMCW, the completion of a re-assessment at any time the adolescent and family situation changes to suggest a concern (e.g., negative behavior in the home by adolescent, significant increase of stress in the home), and;</li> <li>•Based on the re-assessment, immediately determine what modifications, if any, must be made to the plan, including the types of services used, frequency of service provision, location of service provision, etc., to address adolescent behavior, stabilize family functioning, and develop linkages long-term to formal and informal resources and natural supports.</li> </ul> <p>CLOSURE OF FISS SERVICES:</p> <p>The Provider must ensure the development and implementation of a closure process, which is initiated in a consistent and responsible manner by the case managers. The closure process must include a final re-assessment and documentation of actual linkages of ongoing supports and resources, the date of closure, and the reasons for closure. The Provider must provide final approval to all closures advanced by the case managers.</p> <p>There may be families who participate in the entire FISS program in which service intervention may not provide the necessary and/or needed relief to the problems experienced by the adolescent. These families may require the involvement of the Milwaukee Children's Court System. Families requesting to file a pro se petition will be referred back to the Assessment unit for a re-assessment of the current issues. If court intervention is determined to be the most appropriate course for the family, the Bureau staff will file a petition with the District Attorney's office at the Milwaukee Children's Court Center.</p> <p>DOCUMENTATION RESPONSIBILITIES FOR FISS SERVICES:</p> <p>The Provider must ensure the timely and regular documentation of all contacts with the family, services reassessments, service plan modifications, and service provision, by the case manager. The Provider must ensure that all case managers and service</p> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>contractors document all contacts with a family, including the parties involved in the contact, the purpose of the contact, and the nature, content, and results of that contact. The Provider must ensure that the case manager collects this documentation from each services contractor in a timely manner, and maintains all documentation related to the family in a single case file.</p> <p>The Provider must ensure that all documentation is completed in a timely manner, as required by the DCF and by law, using the eWiSACWIS system and any additional written documentation formats and requirements.</p> <p>SPACE NEEDS:</p> <p>Services must be provided at a single site which is accessible to families and convenient to Wraparound Milwaukee for coordination with BHD Wraparound and REACH programs, mobile urgent treatment team and other services. Space must be available on weekends (Saturdays) and have sufficient waiting room space, phones, multiple offices for interviewing and for staff, access to computers, linkage with Synthesis and eWiSACWIS. It must be handicapped accessible and meet standards of American with Disability Standards.</p> <p>Provider must be able to furnish at least seven to eight BA/BS degree or MS or MSW staff with at least two years experience working with the target population of youth. Preferably at least one staff will be bilingual. Provider must be able to demonstrate the staff providing FISS services have the following knowledge and experience:</p> <ul style="list-style-type: none"> <li>a.Assessment and treatment skills working with youth with emotional and mental health needs</li> <li>b.Knowledge of solution focused, short-term treatment approaches to working with youth with emotional and behavioral challenges and their families</li> <li>c.Knowledge of wraparound philosophy and approaches including individualized, strength-based, family focused care</li> <li>d.Knowledge and experience in use of community resources</li> <li>e.Experience working with other child serving systems, i.e., child welfare, juvenile justice and education</li> <li>f.Knowledge of children’s court systems, child welfare statutes and policies</li> <li>g.Knowledge of case management and crisis intervention</li> </ul> <p>Unit of Payment – Unit of reimbursement will be daily rate for open FISS cases anticipated for 2013 to be \$23.00 per day per enrolled family case plus an estimated \$180.00 per FISS assessment based on maximum of 850 assessments per year.</p> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>Outcome Measures and/or Indicators that the Provider will be evaluated on:</p> <ol style="list-style-type: none"> <li>1.Results of Family Satisfaction Surveys – provider will be evaluated on 5 point scale using Wraparound Milwaukee and satisfaction survey tool and maintain at least a 4.2 rating on that tool.</li> <li>2.95% of FISS Assessments will be scheduled within one day of receiving the referral</li> <li>3.For 95% of FISS families who have been assessed, FISS staff will identify and present to the families specific resources and services within the community which will address the types and level of concerns presented by the family member.</li> <li>4.95% of Community Service Providers, Bureau of Milwaukee Child Welfare or Delinquency and Court Services will be provided with all case record information within one day of referral.</li> <li>5.The FISS Provider must develop a Parents Resource and Advocacy Guide and that guide of services and resources must be approved by the Bureau of Milwaukee Child Welfare and BHD Wraparound as Purchaser and kept updated and revised as needed.</li> <li>6.For 95% of cases assigned to FISS services unit, within one week (seven days) of the date of the finalization of the original FISS services plan, the case manager, all service contractors and the family will meet to assess and discuss the implementation of the plan.</li> <li>7.For 90% of all FISS service cases, the case manager will maintain a minimum of at least two face-to-face contacts per month with the adolescent and family.</li> <li>8.80% of all families referred to FISS will not be re-referred to the Bureau of Milwaukee Child Welfare or Children’s Court for services within six months of closure of a FISS services case.</li> </ol> <p><i>Credentials:</i> FISS Assessment providers must possess a Bachelor of Arts or Bachelor of Science degree in social work, psychology, nursing, occupational therapy or other human service field or Bachelor of Arts or Bachelor of Science degree in a related field with at least one year's experience in child Welfare, mental health, or juvenile justice. Experience in Case Management is also desirable.</p> |                 |                 |              |
| <div>5502A</div> <div>T2022</div> <div>FISS Case Management</div> <div>Case management</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 21              | 21              | Daily        |
| <p>STATE CONTRACTED SERVICE ONLY:</p> <p>Responsible for providing, coordinating and managing the provision of service and for insuring the completion of program requirement for each assigned family.</p> <p>Duties include:</p> <ol style="list-style-type: none"> <li>a. Meet with family to identify needs and assign the necessary providers. (The initial Assessment Worker creates the preliminary treatment plan and services.)</li> <li>b. Finalize the safety plan with the initial assessment worker.</li> <li>c. Direct the implementation of the necessary services as required and insure services are provided at the level and frequency identified in the safety plan.</li> <li>d. Maintain weekly face-to-face contact with the family and direct the completion of weekly child safety re-assessments with safety service providers.</li> <li>e. Make modifications to the safety plan as necessary and implement changes as</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                 |              |

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| <p>needed in services.</p> <p>f. Identify and analyze the causes of safety concerns and assist the family in developing linkages to services and resources.</p> <p>g. Contact the initial assessment worker if at any time the child is not deemed safe to determine the need and procedure for temporary removal of the child.</p> <p><i>Credentials:</i> Case Managers must possess a Bachelor of Arts or Bachelor of Science degree in social work, psychology, nursing, occupational therapy or other human service field or Bachelor of Arts or Bachelor of Science degree in a related field with at least one year's experience in child Welfare, mental health, or juvenile justice. Experience in Case Management is also desirable.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |              |              |              |
| 5902A<br>H2017<br>HQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fitness/Recreation for Mental Health - Wellness Mgt / Recovery |              | 25           | Hour         |
| <p>Fitness and Recreation for Mental Health services are individualized, clinically informed and focus on flexibility, agility, cardiovascular strength and body weight motions with a goal of increasing participants' physical health and sense of self-efficacy, as well as providing education and goal setting around diet and lifestyle.</p> <p>Group size shall not exceed 14 individuals.</p> <p>Fitness and Recreation services will be developed to reflect the needs and strategies identified in the Plan of Care.</p> <p>Clinical supervision of the Fitness and Recreation worker must occur following all the guidelines that apply to clinical supervision of Crisis Stabilization/Supervision (see Wraparound Policy #036 Crisis Stabilization/Supervision Services-see Section B, pages 2-3).</p> <p>Documentation requirements:<br/>Provider Note entry in Synthesis, instructions at:<br/><a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> <p><i>Credentials:</i> Fitness and Recreation provider must be least 18 years old, have at least a Bachelor's degree. All Providers will need to complete 30 hours of training within the first 90 days of their start date in the network. The training must include: recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, trauma informed care, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries.</p> <p>The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline.</p> |                                                                |              |              |              |
| 5902<br>H2017<br>U5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fitness/Recreation for Mental Health - Wellness Mgt / Recovery |              | 60           | Hour         |
| <p>Fitness and Recreation for Mental Health services are individualized, clinically informed and focus on flexibility, agility, cardiovascular strength and body weight motions with a goal of increasing participants' physical health and sense of self-efficacy, as well as providing education and goal setting around diet and lifestyle.</p> <p>Fitness and Recreation services will be developed to reflect the needs and strategies</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |              |              |              |

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|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>identified in the Plan of Care.</p> <p>Clinical supervision of the Fitness and Recreation worker must occur following all the guidelines that apply to clinical supervision of Crisis Stabilization/Supervision (see Wraparound Policy #036 Crisis Stabilization/Supervision Services-see Section B, pages 2-3).</p> <p>Documentation requirements:</p> <p>Provider Note entry in Synthesis, instructions at:</p> <p><a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> |              |              |              |
| <i>Credentials:</i> | <p>Fitness and Recreation provider must be least 18 years old, have at least a Bachelor's degree. All Providers will need to complete 30 hours of training within the first 90 days of their start date in the network. The training must include: recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, trauma informed care, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries.</p> <p>The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5390<br>H0042       | Foster Home Care<br>Foster Care, non-therapeutic, per diem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Foster homes are licensed and must meet State (HSS-56) guidelines. Foster home care is an alternative living situation for children who cannot live with their families. Foster home care provides a home environment with a daily living routine and supervision.</p> <p>Rates may vary based on intensity of needs. Supportive services through the Provider Network are available as needed. Rate is individualized and must be pre-authorized on a case-by-case basis before service is requested on the Service Authorization Request. (Refer to Wraparound Policy #19.)</p>                                                                           |              | 27.00        | Daily        |
| <i>Credentials:</i> | Foster Home License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5390A<br>H0042      | Foster Home Care-2nd Child<br>Foster Care, non-therapeutic, per diem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>Same as for Service Code 5390 -- This code is only used when a second child is in the same foster home but has a different rate than the first child.</p> <p>Aggie Hale, 11/9/11</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | 27.00        | Daily        |
| <i>Credentials:</i> | Same as for Service Code 5390.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5389<br>H1011       | Foster Home Maintenance<br>Family Assessment by Lic Beh Health Prof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Foster Home Maintenance is intended to provide maintenance for La Causa and Fresh Start licensed regular foster homes being utilized by Wraparound enrolled children. These agencies provide regular contact and support to foster parents to maintain licensing requirements and improve quality of care.</p>                                                                                                                                                                                                                                                                                                                                              |              | 42.50        | Hour         |
| <i>Credentials:</i> | Child Agency Placing License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |

| Service Name / ID |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5420<br>H0045     | Foster Home Pre-Placement Visit<br>Respite care not in the home, per day       | <p>Pre-placement visits are potentially overnight or short-term (5-7 days) in a licensed foster home. Pre-placement visits are to be used to get the youth acquainted with the potential foster home and to see if the family is a good match for the youth.</p> <p>The Foster Home or Treatment Foster Home licensing agency must approve this placement. This time can be used to help address any concerns the youth may have about the transition.</p> <p><i>Credentials:</i> Provider of this service must have a foster home license. Agency must have a Child Placing License.</p>                                                                                                                                                                                                                                                                                                            | 75           |              | Daily        |
| 5421<br>H0045     | Foster Home Pre-Placement Visit, Spec<br>Respite care not in the home, per day | <p>Pre-placement visits, specialized are potentially overnight or short-term (5-7 days) in a licensed foster home. Pre-placement visits are to be used to get the youth acquainted with the potential foster home and to see if the family is a good match for the youth. This time can be used to help address any concerns the youth may have about the transition.</p> <p>The Foster Home or Treatment Foster Home licensing agency must approve this placement. Youth placed under this “specialized” service are identified as having extraordinary needs. Because the needs are so high, the foster parent(s) should be licensed at a higher certification level in which they have been trained to handle such needs.</p> <p><i>Credentials:</i> Provider of this service must have a foster home license with a certification level of 4 or 5. Agency must have a Child Placing License.</p> | 100          |              | Daily        |
| 5120<br>H2019     | Group Counseling and Therapy<br>Therapeutic Behavioral Services                | <p>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.</p> <p>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. NOTE: APPLICATIONS ACCEPTED FOR ACTIVE-ONGOING GROUPS ONLY.</p>                                                                                                                                                                                                                                                                                                                  | 8.80         |              | Quarter Hour |
| 90853             | Group Psychotherapy                                                            | <p><i>Credentials:</i> Group Therapy services can be provided by following qualified psychotherapists:</p> <ul style="list-style-type: none"> <li>(1) Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic. <ul style="list-style-type: none"> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Marriage and Family Therapist</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <ul style="list-style-type: none"> <li>Licensed Professional Counselor</li> <li>Licensed Psychologist</li> <li>Psychiatrist</li> </ul> <p>(2) Music, Art, Dance Therapist with Wisconsin Psychotherapy License</p> <p>(3) Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic</p> <ul style="list-style-type: none"> <li>Practitioner with a status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health Services, Division of Quality Assurance (DHS, DQA).</li> </ul> <p>Providers of Group Therapy services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).</p>                                                                                                                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5120A<br>90853                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Group Counseling and Therapy-QTT<br>Group Psychotherapy                 | <p>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.</p> <p>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> <p>NOTE: in order for services rendered by the Qualified Treatment Trainee (QTT) to be reimbursable, a QTT with a graduate degree is required to be working toward full licensure.</p> <p>- APPLICATIONS ACCEPTED FOR ACTIVE-ONGOING GROUPS ONLY -</p> | 7.00         |              | Quarter Hour |
| <p><i>Credentials:</i> Services provided by Qualified Treatment Trainees with a Graduate Degree who are working toward full clinical licensure must meet the following criteria:</p> <ul style="list-style-type: none"> <li>Have a Graduate degree from an accredited institution with course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field.</li> <li>Have not yet completed the applicable supervised practice requirements described under ch. MPSW 4, 12, 16 or Psy 2, Wis. Admin. Code, as applicable.</li> </ul> <p>Providers of Individual/Family Therapy services must also satisfactorily complete the Wraparound Milwaukee Practitioner credentialing process and have a National Provider Identifier (NPI). It is also required that the QTT Supervisor have been credentialed with Wraparound Milwaukee at time of application.</p> |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5400<br>H0018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Group Home Care<br>Behavioral Health, short-term<br>resid, non-hospital | A licensed group home providing care and 24-hour supervision as an alternative living situation for children who temporarily cannot live with their families.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | 180.00       | Daily        |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>  | <p>A Group Home License under Wisconsin State Statutes 48.60-48.77 must be submitted in the application process, along with documentation from the State Bureau of Fiscal Services establishing the daily rate. Such documentation must also be attached to any increase in the daily rate to justify the rate increase.</p> <p>A description of the treatment/activities provided in the group home must be provided in the application process.</p> <p>All group homes in the Wraparound Provider Network must meet Wisconsin Medicaid requirements as a crisis stabilization provider regarding staffing, documentation and supervision.</p> <p>Group homes must have a staff member qualified under HFS 34.21 (3)(b) 1-8 available for consultation in person or by phone at all times the program is in operation.</p> <p>Group homes must document daily progress notes relevant to their provision of mental health crisis services.</p> <p>Group homes shall maintain accurate and current documentation of all staff members' qualifications, including copies of degrees, training certificates, licenses, etc. and shall verify that all staff meet the minimum requirements listed in HFS 34.21 (3)(b) 1-19. All other requirements relevant to hiring under caregiver law in Wisconsin apply. Supervision and training shall be provided as follows:</p> <ul style="list-style-type: none"> <li>a) Volunteers shall be supervised by an employee who qualifies under (3)(b) 1-8.</li> <li>b) Staff not qualified under (3)(b) 1-8, or who do not have 3000 hours of supervised clinical experience, shall receive a minimum of 1 hour of clinical supervision for every 30 hours of face-to-face emergency mental health services they provide.</li> <li>c) Staff qualified under (3)(b) 1-8 who have 3000 hours of supervised clinical experience shall participate in a minimum of 1 hour of peer clinical supervision for every 120 hours of face-to-face emergency mental health services they provide.</li> <li>d) Day to day clinical supervision and consultation shall be provided by a mental health professional qualified under (3)(b) 1-8.</li> <li>e) All clinical supervision shall be documented, and this documentation shall be maintained on site.</li> <li>f) Group homes shall provide program orientation for all new staff and volunteers. Staff with less than 6 months of experience shall complete a minimum of 40 hours of documented orientation during their first 3 months. Staff with 6 or more months of experience shall complete a minimum of 20 hours of documented orientation in the first 3 months. Volunteers shall complete a minimum of 40 hours of orientation before working directly with clients.</li> <li>g) Group homes shall provide a least 8 hours of training to regular staff, per year, and keep documentation of this training.</li> </ul> |                 |                 |              |
| 5403<br>S9484        | <p>Group Home Crisis Supervision<br/>Crisis Intervention MH services,<br/>per hour</p> <p>Clinical supervision of group home staff as required under HFS 34.21 (3)(b) 1-19. This supervision may include direct review, assessment and feedback regarding each program staff member's delivery of emergency mental health services.</p> <p>Clinical supervision is accomplished by one or more of the following means: 1) individual sessions with staff members to review cases and assess performance; 2) individual on-the-job observation of staff during which the supervisor assesses, teaches and gives advice regarding the staff member's performance; group meetings. All such supervision must be documented in writing in the form of an ongoing log, monthly summary, etc. This service is reimbursed separately only for group homes</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 70              |                 | Hour         |

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| <p>who must contract for this service with a clinician specifically to meet the HFS standards for crisis billing. Group homes with HFS-qualified MSW clinicians on staff are not reimbursed separately for this.</p> <p><i>Credentials:</i> The required credentials are a Masters level, 3000+ hour clinician with experience in working with DD and SED children.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5402<br>H0018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Group Home-Specialized Behavioral Health, short-term resid, non-hospital | Only for specialized needs: teens with babies, developmentally disabled or youth with cognitive impairments.                                                                                                                                                                                                            |              | 160.00       | Daily        |
| <p><i>Credentials:</i> A Group Home License under Wisconsin State Statutes 48.60-48.77 must be submitted in the application process, along with documentation from the State Bureau of Fiscal Services establishing the daily rate. Such documentation must also be attached to any increase in the daily rate to justify the rate increase.</p> <p>A description of the treatment/activities provided in the group home must be submitted in the application process.</p> <p>All group homes in the Wraparound Provider Network must meet Wisconsin Medicaid requirements as a crisis stabilization provider regarding staffing, documentation and supervision.</p> <p>Group homes must have a staff member qualified under HFS 34.21 (3)(b) 1-8 available for consultation in person or by phone at all times the program is in operation.</p> <p>Group homes must document daily progress notes relevant to their provision of mental health crisis services.</p> <p>Group homes shall maintain accurate and current documentation of all staff members' qualifications, including copies of degrees, training certificates, licenses, etc. and shall verify that all staff meet the minimum requirements listed in HFS 34.21 (3)(b) 1-19. All other requirements relevant to hiring under caregiver law in Wisconsin apply. Supervision and training shall be provided as follows:</p> <p>a) Volunteers shall be supervised by an employee who qualifies under (3)(b) 1-8.</p> <p>b) Staff not qualified under (3)(b) 1-8, or who do not have 3000 hours of supervised clinical experience, shall receive a minimum of 1 hour of clinical supervision for every 30 hours of face-to-face emergency mental health services they provide.</p> <p>c) Staff qualified under (3)(b) 1-8 who have 3000 hours of supervised clinical experience shall participate in a minimum of 1 hour of peer clinical supervision for every 120 hours of face-to-face emergency mental health services they provide.</p> <p>d) Day to day clinical supervision and consultation shall be provided by a mental health professional qualified under (3)(b) 1-8.</p> <p>e) All clinical supervision shall be documented, and this documentation shall be maintained on site.</p> <p>f) Group homes shall provide program orientation for all new staff and volunteers. Staff with less than 6 months of experience shall complete a minimum of 40 hours of documented orientation during their first 3 months. Staff with 6 or more months of experience shall complete a minimum of 20 hours of documented orientation in the first 3 months. Volunteers shall complete a minimum of 40 hours of orientation before working directly with clients.</p> <p>g) Group homes shall provide a least 8 hours of training to regular staff, per year, and keep documentation of this training.</p> |                                                                          |                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5120b<br>90853                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Group Therapy<br>Group Psychotherapy                                     | 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. |              | 8.00         | Hour         |
| <p><i>Credentials:</i> Group Therapy services can be provided by following qualified psychotherapists:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                                                                                                                                                                                                                                                         |              |              |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Avg IPN<br>Rate | Billing Unit |
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| 5206 Guided Academic Program (GAP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | Daily        |
| <p>The Guided Academic Program (GAP) is designed for youth that cannot attend school due to being suspended. GAP provides tutoring and/or homework assistance designed to help students meet state standards in one or more of the following core academic subjects: reading/language arts, mathematics, history and social studies, or science. A broad range of activities may be implemented based on participants' needs and interests. Participants also have an opportunity to participate in counseling and support sessions (in which the focus is not treatment). All participants of this program are monitored closely and must work on academic subjects while in attendance.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |              |
| <p>The goal of the Guided Academic Program is to support local school districts' efforts to improve assistance to students and broaden the base of support for education in a safe, constructive environment. As well as, to provide opportunities for relationship building and an enriching alternative for children and youth during school hours.</p>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |              |
| <p>Participants are not allowed to utilize the program more than twice in a school year, unless there are extenuating circumstances. Any requests for youth to be referred to the program more than twice will require approval from Wraparound Administration.</p>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |              |
| <p>This service can be provided as early as 7:30 am. Hours of attendance cannot exceed 7 hours/day.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |              |
| <p>Criteria for participation in the program:</p> <ul style="list-style-type: none"> <li>Care Coordinator has made all attempts to keep youth in school.</li> <li>Care Coordinator must contact Chris Shafer, Wraparound Educational Liaison or Ann Kelly-Kuehmichel, Wraparound Consultant prior to youth being able to attend.</li> <li>Homework and suspension letter must accompany participant.</li> <li>After the second request for youth to attend the program, the Care Coordinator must ensure that an IEP is in place or has requested an IEP meeting.</li> </ul>                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |              |
| <p>Documentation requirements:</p> <p>Daily progress notes are to be kept on file at the agency for each youth attending.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Agencies providing this service must employ teachers with current certification by the Department of Public Instruction of the State of Wisconsin in the appropriate academic area. Agencies with an onsite school may utilize Bachelor Degree staff under the oversight of a Special Education Teacher, but the Special Education Teacher providing the oversight must hold current DPI Certification. Current/valid teacher certifications must be submitted to the Wraparound Provider Network before services can be provided and must be kept on file at the agency.</p> |                 |              |

| Service Name / ID   |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5113B<br>90806      | Health and Behavior Consultation, Ong Individual psychotherapy, 45-50 minutes | This service is only provided by the Medical College of WI. A follow up consultation after the initial (5113A - Health and Behavior Initial Assessment) up to five sessions per month, for psychological services that address behavioral, social, and psychophysiological conditions in the treatment or management of patients diagnosed with physical health problems. Services shall assess and/or address patient adherence to medical treatment, symptom management, health promoting behaviors, health related risk-taking behaviors and/or overall adjustment to physical illness.   | 100.00       |              | Session      |
| <i>Credentials:</i> |                                                                               | Provider of this service must possess a current Wisconsin Psychologist license.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |
| 5113A<br>96101      | Health and Behavior Initial Assessment Psychological Testing                  | This service is only provided by the Medical College of WI. A one-time (per episode of care), one on one and face to face health-focused initial clinical assessment and/or consultation for psychological services that address behavioral, social, and psychophysiological conditions in the treatment or management of patients diagnosed with physical health problems. Services shall assess and/or address patient adherence to medical treatment, symptom management, health promoting behaviors, health related risk-taking behaviors and/or overall adjustment to physical illness. | 100.00       |              | Session      |
| <i>Credentials:</i> |                                                                               | Provider of this service must possess a current Wisconsin Psychologist License.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |
| 5020                | Health Clinic Appt                                                            | 3/9/15-Service being created solely to allow Nurse Practitioners to document their clinic contacts with youth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0            | 0            | Hour         |
| <i>Credentials:</i> |                                                                               | n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |              |
| 5132<br>H2028       | High Risk Counseling and Therapy Sex Offender Treatment Service               | Face-to-face psychotherapy for high risk and/or abuse-specific populations (an individual and/or family/caregiver) requiring skilled and sensitive interventions. Such high risk populations include, but are not limited to, youth with a history of sexual/physical abuse, victimization, eating disorders, sexual orientation and gender identity concerns and sexual behavior problems. Agencies wishing to provide the service must identify the target population at the time of application to provide the service.                                                                   | 22.00        |              | Quarter Hour |
| <i>Credentials:</i> |                                                                               | Applications to provide High Risk Counseling and Therapy are subject to review and approval by the Wraparound Milwaukee High Risk Management staff.                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |              |
|                     |                                                                               | Providers should have obtained a year of specialized work experience post full licensure. Qualified Psychotherapists must also provide supporting documentation (ie: resume; training certificates; etc.) that details any additional training and at least two years (full time equivalent) experience working with the target high risk population they have identified in their application to provide High Risk Counseling and Therapy services.                                                                                                                                         |              |              |              |
|                     |                                                                               | Licensing Requirement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                 | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>(1) Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic.</p> <ul style="list-style-type: none"> <li>Licensed Clinical Social Worker</li> <li>Licensed Marriage and Family Therapist</li> <li>Licensed Professional Counselor</li> </ul> <p>(2) Music, Art, Dance Therapist with Wisconsin Psychotherapy License</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                 |              |              |              |
| Providers of High Risk Counseling and Therapy services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                 |              |              |              |
| 5133<br>H0046                                                                                                                                                                                                                                                                                                                                               | High Risk Review/Consultation<br>Mental Health service, NOS                                                                                                                                                                                                                                                                                                                                                                                                                                                | Consultation done by licensed psychologists with youth identified as high risk.                                                                                                                                                                                                 | 19           |              | Session      |
| 5133a                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Youth identified as having behavior requiring specialized treatment and safety planning will be referred for High Risk Review Consultation, per Wraparound Policy #023, High Risk Youth Review.                                                                                 |              |              | Dollar       |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Billable consultation time is limited face to face time with Care Coordination staff as well as documentation time completing High Risk Consult form. Travel time and time spent in other activities is not billable.                                                           |              |              |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                         | State of Wisconsin licensed Psychologist.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                 |              |              |              |
| 5163<br>H2019                                                                                                                                                                                                                                                                                                                                               | Home-Based Behavioral Mgm-Lead<br>Therapeutic behavioral service,<br>per 15 min                                                                                                                                                                                                                                                                                                                                                                                                                            | This service is designed for children with a dual diagnosis of Developmental Disability and Serious Emotional Disorders, i. e. Autism, who present with behavioral challenges in their home, school and community and are at risk for Residential Care.                         | 77.00        |              | Hour         |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                         | The required credentials are a Masters level clinician with one year experience working with Developmentally Disabled clients. This clinician will assess needs of youth and family to develop a behavioral treatment plan in coordination with the Plan of Care and IEP and supervise the Behavioral Management Technician. Copies of Masters Degree and documentation of one year of experience working with the Developmentally Disabled population must be submitted prior to approval in the Network. |                                                                                                                                                                                                                                                                                 |              |              |              |
| 5163PHI<br>H2019                                                                                                                                                                                                                                                                                                                                            | Home-Based Behavioral Mgm-PhD<br>Therapeutic behavioral service,<br>per 15 min                                                                                                                                                                                                                                                                                                                                                                                                                             | This service is designed for children with a dual diagnosis of Developmental Disability and Serious Emotional Disorders, i.e. Autism, who present with behavioral challenges in their home, school and community and are at risk for Residential Care.                          | 110.00       |              | Hour         |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The Home Based Behavioral Management, PhD, will assess the needs of youth and family to develop a behavioral treatment plan in coordination with the Plan of Care and IEP and will supervise the Behavioral Management Team, including Lead, Tech, and/or Aide, as appropriate. |              |              |              |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The role of the Home Based Behavioral Management, PhD, will be for initial                                                                                                                                                                                                      |              |              |              |

| Service Name / ID   |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                     |                                                                                                                                                                                                                                                                                                                                                                                                        | assessment, development of a treatment plan, and monitoring the implementation of the plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              |
| <i>Credentials:</i> | The required credentials are a PhD level clinician with a minimum of five years of experience working with Developmentally Disabled clients. Copies of Degree and documentation of experience working with individuals with Developmental Disabilities must be submitted prior to approval in the Network.                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5164<br>H2019       | Home-Based Behavioral Mgm-Technic<br>Therapeutic behavioral service,<br>per 15 min                                                                                                                                                                                                                                                                                                                     | This service is designed for children with a dual diagnosis of Developmental Disability and Serious Emotional Disorders (i.e. Autism) who present with behavior challenges in their home, school and community and are at risk for Residential Care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 55.00        |              | Hour         |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                        | The behavioral management technician will be responsible for training the parent/s or caretaker (and possibly teacher/s at the child's school) on the use of specific behavioral approaches, to model these approaches and provide feedback and support on the application of the techniques (under the direction of the Lead Behavioral Management Staff Member).                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| <i>Credentials:</i> | The person providing this service must possess a BS degree in a Human Service field and at least six months experience working with Developmentally Disabled clients. This person must be supervised by the Clinical Lead (as described in Service Code 5163) and will be directly involved with the child and family in implementing the behavioral treatment plan in the home, school and community. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
|                     | Providers of this service must submit copies of a human service degree and verification of 6 months of experience working with the Developmentally Disabled population prior to approval in the Network.                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5595A<br>H2016      | Housing Assistance-Phase One<br>Comprehensive Comm. Support<br>Svcs, per diem                                                                                                                                                                                                                                                                                                                          | Assistance with locating, securing, and retaining affordable and safe housing, including obtaining or providing housing referral services, identifying relocation needs, mediating disputes with landlord, and other identified housing needs as needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 400          |              | Total        |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                        | Services must reflect individual needs and housing preferences and can be provided to older youth under 18 who have been approved for independent living, young adults over 18 seeking their first independent housing, or to the parent(s) or legal guardian(s) of an enrolled youth. Any client referred for this service must have an existing source of income. Payment is outcome based, with payment upon completion and documentation in Synthesis of each service milestone as follows: Phase I payable upon completion of Housing Assessment; Phase II payable upon Housing Acquisition; Phase III payable upon 90 days of Housing Retention. Providers are strongly encouraged to consider affordability guidelines as follows: Monthly rent should not exceed 50% of tenant's gross monthly income. |              |              |              |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                        | PHASE ONE - ASSESSMENT, must include the following:<br>1. An identification of housing preferences, including: property type, location, accessibility needs (as necessary), transportation access, proximity to employment or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Set IPN Rate                                                                                                                                                      | Avg IPN Rate | Billing Unit |
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| <p>school, roommate criteria, children, pets, etc.</p> <p>2. An identification of potential barriers to housing access and retention, such as credit history, legal history, lack of references, independent living needs, etc.</p> <p>3. An identification of financial and budgeting needs, including current and projected source(s) of income and personal expenses.</p> <p>4. If identified as a need, Phase I must include assistance with application to the Milwaukee County Rent Assistance program and City of Milwaukee Rent Assistance program for a Section 8 housing voucher, and with the City of Milwaukee Housing Authority for low income housing, as wait lists permit.</p> <p>5. If client's housing needs, preferences, and ability to pay do not meet affordability guidelines listed here, or are otherwise not viable, agency may end services and will be eligible for Phase I payment, or may continue services through Phases II and III with documentation of notification to client of risks associated with excessive housing costs.</p> <p>6. All follow up contacts with client, landlord, and collaterals are to be documented in the client file, using the Wraparound Housing Assistance Progress Report Log.</p> <p>Service Documentation – A milestone report must be completed in Synthesis and shall include the following elements:</p> <p>1. An identification of housing preferences, including: location, accessibility needs (as necessary), transportation access, proximity to employment or school, roommate preferences, etc.</p> <p>2. An identification of potential barriers to housing access and retention, such as credit history, legal history, lack of references, independent living needs, etc.</p> <p>3. An identification of financial and budgeting needs, including determination of all sources of income and expenses.</p> <p>In addition to Synthesis report, all follow up contacts with client, landlord, and collaterals are to be documented in the client file using the Wraparound Housing Assistance Progress Report Log.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                   |              |              |
| H2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                   |              |              |
| Credentials:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Agency - During the application process, agencies must show evidence of prior experience specific to the provision of this service. The Agency must have a written plan for the provision of the service to be submitted at the time of application, to include all materials used to verify housing quality.</p> <p>Direct Service Provider – provider must have a High School Diploma or G.E.D and a minimum of 6 months of prior work experience in the field. Provider must have a familiarity with basic lease agreements and knowledge of community housing resources and local housing market.</p> |                                                                                                                                                                   |              |              |
| 5595C<br>H2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Housing Assistance-Phase Three Comprehensive Comm. Support Svcs, per diem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Assistance with locating, securing, and retaining affordable and safe housing, including obtaining or providing housing referral services, identifying relocation | 700          | Total        |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | <p>needs, mediating disputes with landlord, and other identified housing needs as needed.</p> <p>Services must reflect individual needs and housing preferences and can be provided to older youth under 18 who have been approved for independent living, young adults over 18 seeking their first independent housing, or to the parent(s) or legal guardian(s) of an enrolled youth. Any client referred for this service must have an existing source of income. Payment is outcome based, with payment upon completion and documentation in Synthesis of each service milestone as follows: Phase I payable upon completion of Housing Assessment; Phase II payable upon Housing Acquisition; Phase III payable upon 90 days of Housing Retention. Providers are strongly encouraged to consider affordability guidelines as follows: Monthly rent should not exceed 50% of tenant's gross monthly income.</p> <p>PHASE THREE - RETENTION</p> <p>Follow up must occur for a minimum of ninety days from move in date and must include, at a minimum, weekly direct phone contact with enrollee, monthly home visit, and monthly direct phone contact with landlord, to identify any issues which may affect housing retention. All follow up contacts with client, landlord, and collaterals are to be documented in the client file, using the Wraparound Housing Assistance Progress Report Log.</p> <p>Service Documentation – A milestone report must be completed in Synthesis and shall include the following elements:</p> <p>After 90 days from move in date, Agency must obtain and retain in the client file a signed statement from the landlord verifying that the tenant is in good standing with his/her lease, has not violated any conditions of his/her lease, and is not under any lease stipulations or eviction proceedings.</p> <p>In addition to Synthesis report, all follow up contacts with client, landlord, and collaterals are to be documented in the client file using the Wraparound Housing Assistance Progress Report Log.</p> |              |              |              |
| H2016             | <p><i>Credentials:</i> Agency - During the application process, agencies must show evidence of prior experience specific to the provision of this service. The Agency must have a written plan for the provision of the service to be submitted at the time of application, to include all materials used to verify housing quality.</p> <p>Direct Service Provider – provider must have a High School Diploma or G.E.D and a minimum of 6 months of prior work experience in the field. Provider must have a familiarity with basic lease agreements and knowledge of community housing resources and local housing market.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |

| Service Name / ID |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5595B<br>H2016    | Housing Assistance-Phase Two Comprehensive Comm. Support Svcs, per diem | <p>Assistance with locating, securing, and retaining affordable and safe housing, including obtaining or providing housing referral services, identifying relocation needs, mediating disputes with landlord, and other identified housing needs as needed.</p> <p>Services must reflect individual needs and housing preferences and can be provided to older youth under 18 who have been approved for independent living, young adults over 18 seeking their first independent housing, or to the parent(s) or legal guardian(s) of an enrolled youth. Any client referred for this service must have an existing source of income. Payment is outcome based, with payment upon completion and documentation in Synthesis of each service milestone as follows: Phase I payable upon completion of Housing Assessment; Phase II payable upon Housing Acquisition; Phase III payable upon 90 days of Housing Retention. Providers are strongly encouraged to consider affordability guidelines as follows: Monthly rent should not exceed 50% of tenant's gross monthly income.</p> <p><b>PHASE TWO - ACQUISITION</b></p> <p>Housing must conform to Assessment needs and preferences. All housing units must be physically pre-inspected by Agency to verify that they are suitable for habitation, using the Department of Housing and Urban Development (HUD)'s Housing Quality Standards inspection form (<a href="http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11742.pdf">http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11742.pdf</a>), or a similar, pre-approved document.</p> <p>Agency may be eligible for Phase II payment if client declines more than one property which meets all Assessment criteria.</p> <p>All follow up contacts with client, landlord, and collaterals are to be documented in the client file, using the Wraparound Housing Assistance Progress Report Log.</p> <p>Service Documentation – A milestone report must be completed in Synthesis and shall include the following elements:</p> <ol style="list-style-type: none"> <li>1. Address of rental unit.</li> <li>2. Name, address, and telephone for landlord.</li> <li>3. Terms of lease, including rent amount.</li> <li>4. Date of lease signing, and move in date.</li> <li>5. Documentation of physical inspection of unit.</li> </ol> <p>In addition to Synthesis report, all follow up contacts with client, landlord, and</p> | 700          |              | Total        |

| Service Name / ID   |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                     |                                                                                    | collaterals are to be documented in the client file using the Wraparound Housing Assistance Progress Report Log. After 90 days from move in date, Agency must obtain and retain in the client file a signed statement from the landlord indicating that the tenant is in good standing with his/her lease, has not violated any conditions of his/her lease, and is not under any lease stipulations or eviction proceedings.                                                                                                                                                                         |              |              |              |
| H2015               |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
| <i>Credentials:</i> |                                                                                    | Agency - During the application process, agencies must show evidence of prior experience specific to the provision of this service. The Agency must have a written plan for the provision of the service to be submitted at the time of application, to include all materials used to verify housing quality.                                                                                                                                                                                                                                                                                         |              |              |              |
|                     |                                                                                    | Direct Service Provider – provider must have a High School Diploma or G.E.D and a minimum of 6 months of prior work experience in the field. Provider must have a familiarity with basic lease agreements and knowledge of community housing resources and local housing market.                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5167<br>H0022       | In-Home AODA/Substance Abuse Counseling<br>Alcohol and/or Drug Intervention<br>Svc | In Home individual/family counseling related to AODA/Substance Abuse issues provided through a clinic Certified under DHS 75 guidelines<br><br>( <a href="http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/75.pdf">http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/75.pdf</a> ), in addition to Wraparound Policy #025, In Home Therapy (Mental Health and Substance Abuse-AODA).<br><br>Documentation requirements: In addition to documentation guidelines described in Wraparound Policy #025, providers shall complete Monthly Team Support/Provider Progress report in Synthesis. | 66.00        |              | Hour         |
| <i>Credentials:</i> |                                                                                    | Clinic Certification and:<br><br>A clinical substance abuse counselor certificate granted by the Department of Safety and Professional services (DSPS), or<br><br>A substance abuse counselor certificate granted by DSPS, or<br><br>A substance abuse counselor-in-training certificate granted by DSPS.<br><br>MPSW 1.09 specialty under ch. 457, Stats., granted by DSPS ( <a href="http://docs.legis.wisconsin.gov/code/admin_code/mpsw/1/09">http://docs.legis.wisconsin.gov/code/admin_code/mpsw/1/09</a> )<br><br>All providers of service must have a National Provider Identifier (NPI).     |              |              |              |
| 5161<br>H2019       | In-Home Case Aide<br>Therapeutic behavioral service,<br>per 15 min                 | 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). The In-Home Case Aide is always the second                                                                                                                                                                                                                                                           | 33.00        |              | Hour         |

| Service Name / ID |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   |                                                            | <p>person on a two-person team. A Medicaid reimbursable Lead Therapist (see code 5160) must supervise the Case Aide.</p> <p>(The Case Aide and Lead Therapist must be from the same agency). 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.)</p> |              |              |              |
| H2033             | Multi-systemic therapy for juveniles                       | <p><b>CREDENTIALS</b></p> <p>The In-Home Aide must possess one of the following credentials:</p> <p>(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;</p> <p>or</p> <p>(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.</p> <p><b>DOCUMENTATION REQUIREMENTS</b></p> <p>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.</p>                                                                                                              |              |              |              |
| 5160<br>H2033     | In-Home Lead Medicaid Multi-systemic therapy for juveniles | <p>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).</p> <p>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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 78.00        |              | Hour         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Avg IPN<br>Rate | Billing Unit |
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| <p>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.)</p> <p>H2019 Therapeutic behavioral service,<br/>per 15 min</p>                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |              |
| <p><i>Credentials:</i> In-Home Lead services can be provided by:</p> <ul style="list-style-type: none"> <li>(1) Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic. <ul style="list-style-type: none"> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Marriage and Family Therapist</li> <li>• Licensed Professional Counselor</li> <li>• Licensed Psychologist</li> <li>• Psychiatrist</li> </ul> </li> <li>(2) Music, Art, Dance Therapist with Wisconsin Psychotherapy License</li> <li>(3) Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic <ul style="list-style-type: none"> <li>• Practitioner with a status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health Services, Division of Quality Assurance (DHS, DQA).</li> </ul> </li> </ul> <p>Providers of In-Home Medicaid Lead services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |              |
| <p>5160A<br/>H2019 In-Home Lead Medicaid (Parent/Careg Therapeutic behavioral</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>In Home Lead Medicaid, Parent/Caregiver is intensive time limited therapy for a parent/guardian of an enrolled youth. Services are provided in the client's home or in rare instances a community-based setting (i.e. when a neutral location is required). The purpose of this service is to address parent/guardian mental health needs, with a goal of improving both the relationship with the enrolled youth and overall family functioning.</p> <p>Identified needs, measurable goals and the intensity of treatment shall be consistent with the youth/family plan of care.</p> | 60              | Hour         |

| Service Name / ID |  |  | Set IPN Rate | Avg IPN Rate | Billing Unit |
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All provisions of Wraparound Policy #025, In Home Therapy, are applicable to 5160A.

*Credentials:*

In-Home Lead services can be provided by:

1. Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic.
  - o Licensed Clinical Social Worker
  - o Licensed Marriage and Family Therapist
  - o Licensed Professional Counselor
  - o Licensed Psychologist
  - o Psychiatrist
2. Music, Art, Dance Therapist with Wisconsin Psychotherapy License
3. Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic
  - o Practitioner with a status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health Services, Division of Quality Assurance (DHS, DQA).

Providers of In-Home Medicaid Lead services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).

|                |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |  |      |
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| 5160B<br>H2019 | In-Home Lead Medicaid.<br>Therapeutic behavioral service,<br>per 15 min | 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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 71 |  | Hour |
|                |                                                                         | 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.) |    |  |      |

*Credentials:*

In-Home Lead services can be provided by:

| Service Name / ID                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                                | (1) Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic. <ul style="list-style-type: none"><li>Licensed Clinical Social Worker</li><li>Licensed Marriage and Family Therapist</li><li>Licensed Professional Counselor</li><li>Licensed Psychologist</li><li>Psychiatrist</li></ul> (2) Music, Art, Dance Therapist with Wisconsin Psychotherapy License<br><br>(3) Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic <ul style="list-style-type: none"><li>Practitioner with a status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health Services, Division of Quality Assurance (DHS, DQA).</li></ul> Providers of In-Home Medicaid Lead services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).                                                                                                                                                                                                                                                                                                                                                    |              |              |              |
| H2017SC Indiv Skill Devt Enhance-Certified Pee | Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member’s service plan.<br>Services provided to minors should also focus on improving integration into an interaction with the minor’s family, school, community, and other social networks. Services include assisting the minor’s family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.<br>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting. | 3.49         |              | Hour         |
| Credentials:                                   | Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |              |              |
| H2017SC Indiv Skill Devt Enhance-Rehabilitatio | Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3.49         |              | Hour         |

| Service Name / ID                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                                | <p>care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |              |              |              |
| H2017SC- Indiv Skill Devt Enhancement-Assoc (C | <p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p><i>Credentials:</i> Providers must have an Associates Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.</p>                                                                                                                                                                                                   | 3.49         |              | Hour         |
| H2017S- Indiv Skill Devt Enhancement-Associa   | <p>Individual skill development and enhancement services include training in</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13.97        |              | Hour         |

| Service Name / ID                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                              | <p>communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice.</p>                                                                                                          |              |              |              |
| H2017S- Indiv Skill Devt Enhancement-Bachelo | <p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p><i>Credentials:</i> Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice.</p> | 21.43        |              | Hour         |
| H2017SC Indiv Skill Devt Enhancement-Bachelo | <p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5.36         |              | Hour         |

| Service<br>Name / ID                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                            | Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                 |              |
| H2017S- Indiv Skill Devt Enhancement-Certified | <p>care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> | 13.97           |                 | Hour         |
| <i>Credentials:</i>                            | Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.                                                                                                                                                                                                                                |                 |                 |              |
| H2017S- Indiv Skill Devt Enhancement-Masters   | <p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 32.14           |                 | Hour         |

| Service<br>Name / ID                         | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Avg IPN<br>Rate | Billing Unit |
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| <p>Credentials:</p>                          | <p>care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p>Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                   |                 |              |
| H2017SC Indiv Skill Devt Enhancement-Masters | <p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p>Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice.</p> |                 |              |
| H2017S- Indiv Skill Devt Enhancement-Other   | <p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |              |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | <p>plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| H2017SC           | <p>Indiv Skill Devt Enhancement-Other (C</p> <p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.</p> | 3.49         |              | Hour         |
| H2017S-           | <p>Indiv Skill Devt Enhancement-Ph.D</p> <p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 40.00        |              | Hour         |

| Service<br>Name / ID                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                           | <p>Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p>Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. Psychologists shall be licensed under ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 |              |
| H2017SC Indiv Skill Devt Enhancement-Ph.D (G  | <p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p> <p>Services provided to minors should also focus on improving integration into an interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.</p> | 10.00           |                 | Hour         |
| H2017S- Indiv Skill Devt Enhancement-Rehabili | <p>Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the members service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 13.97           |                 | Hour         |

| Service Name / ID                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                              | <p>Services provided to minors should also focus on improving integration into an interaction with the minor’s family, school, community, and other social networks. Services include assisting the minor’s family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |              |              |              |
| H2017PI Individual/Family Psychoeducation-As | <p>Psychoeducation services include:</p> <ul style="list-style-type: none"><li>•Providing education and information resources about the member’s mental health and/or substance abuse issues.</li><li>•Skills training</li><li>•Problem solving</li><li>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.</li><li>•Social and emotional support for dealing with mental health and/or substance abuse issues.</li></ul> <p>Psychoeducation may be provided individually or in a group setting to the member or the member’s family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p> <p>If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p>                                                                                                                                                                                                                                       | 3.49         |              | Hour         |

| Service Name / ID                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| H2017PI Individual/Family Psychoeducation-As | <p>Psychoeducation services include:</p> <ul style="list-style-type: none"><li>•Providing education and information resources about the member’s mental health and/or substance abuse issues.</li><li>•Skills training</li><li>•Problem solving</li><li>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.</li><li>•Social and emotional support for dealing with mental health and/or substance abuse issues.</li></ul> <p>Psychoeducation may be provided individually or in a group setting to the member or the member’s family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p> <p>If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p> | 13.97        |              | Hour         |
| Credentials:                                 | Provider must have an Associates Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. Other professionals shall have at least a bachelor’s degree in a relevant area of education or human services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |              |              |
| H2017PI Individual/Family Psychoeducation-Ba | <p>Psychoeducation services include:</p> <ul style="list-style-type: none"><li>•Providing education and information resources about the member’s mental health and/or substance abuse issues.</li><li>•Skills training</li><li>•Problem solving</li><li>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.</li><li>•Social and emotional support for dealing with mental health and/or substance abuse issues.</li></ul> <p>Psychoeducation may be provided individually or in a group setting to the member or the member’s family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 21.43        |              | Hour         |

| Service Name / ID                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| H2017PI                                                                                                                                                                  | <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor. If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5.36         |              |              |
| <i>Credentials:</i> Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| H2017PI                                                                                                                                                                  | Individual/Family Psychoeducation-Ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3.49         |              | Hour         |
| H2017PI                                                                                                                                                                  | <p>Psychoeducation services include:</p> <ul style="list-style-type: none"> <li>•Providing education and information resources about the member's mental health and/or substance abuse issues.</li> <li>•Skills training</li> <li>•Problem solving</li> <li>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.</li> <li>•Social and emotional support for dealing with mental health and/or substance abuse issues.</li> </ul> <p>Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor. If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p> | 13.97        |              |              |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>  | <p>issues.</p> <p>Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p> <p>If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p> <p>Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.</p> |                 |                 |              |
| H2017PI              | <p>Individual/Family Psychoeducation-Me</p> <p>Psychoeducation services include:</p> <ul style="list-style-type: none"> <li>•Providing education and information resources about the member's mental health and/or substance abuse issues.</li> <li>•Skills training</li> <li>•Problem solving</li> <li>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.</li> <li>•Social and emotional support for dealing with mental health and/or substance abuse issues.</li> </ul> <p>Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p> <p>If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p>                                                                                                                                                                                                  | 32.14           |                 | Hour         |
| H2017PI              | <p>Psychoeducation services include:</p> <p>Providing education and information resources about the member's mental health</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8.04            |                 |              |

| Service<br>Name / ID                          | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Avg IPN<br>Rate | Billing Unit |
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|                                               | <p>and/or substance abuse issues.</p> <ul style="list-style-type: none"> <li>•Skills training</li> <li>•Problem solving</li> <li>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.</li> <li>•Social and emotional support for dealing with mental health and/or substance abuse issues.</li> </ul> <p>Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p> <p>If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p> |                 |              |
| <i>Credentials:</i>                           | Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |              |
| H2017PI Individual/Family Psychoeducation-Otl | <p>Psychoeducation services include:</p> <ul style="list-style-type: none"> <li>•Providing education and information resources about the member's mental health and/or substance abuse issues.</li> <li>•Skills training</li> <li>•Problem solving</li> <li>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.</li> <li>•Social and emotional support for dealing with mental health and/or substance abuse issues.</li> </ul> <p>Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p>                                                                  |                 |              |
| H2017PI                                       | <p>Psychoeducation services include:</p> <ul style="list-style-type: none"> <li>•Providing education and information resources about the member's mental health</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |              |

| Service<br>Name / ID                          | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Avg IPN<br>Rate | Billing Unit |
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|                                               | <p>and/or substance abuse issues.</p> <ul style="list-style-type: none"> <li>•Skills training</li> <li>•Problem solving</li> <li>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.</li> <li>•Social and emotional support for dealing with mental health and/or substance abuse issues.</li> </ul> <p>Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p> <p>If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p>                                                                                                                            |                 |              |
| <i>Credentials:</i>                           | Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |              |
| H2017PI Individual/Family Psychoeducation-Ph. | <p>Psychoeducation services include:</p> <ul style="list-style-type: none"> <li>•Providing education and information resources about the member's mental health and/or substance abuse issues.</li> <li>•Skills training</li> <li>•Problem solving</li> <li>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.</li> <li>•Social and emotional support for dealing with mental health and/or substance abuse issues.</li> </ul> <p>Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p> <p>If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p> |                 |              |
|                                               | 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | Hour         |

| Service Name / ID                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| H2017PI Individual/Family Psychoeducation-Ph. | Psychoeducation services include:<br>•Providing education and information resources about the member’s mental health and/or substance abuse issues.<br>•Skills training<br>•Problem solving<br>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.<br>•Social and emotional support for dealing with mental health and/or substance abuse issues.<br><br>Psychoeducation may be provided individually or in a group setting to the member or the member’s family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.<br><br>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.<br><br>If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category. | 40.00        |              | Hour         |
| Credentials:                                  | Must be a Licensed Psychiatrist. Psychologists shall be licensed under ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| H2017PI Individual/Family Psychoeducation-Re  | Psychoeducation services include:<br>•Providing education and information resources about the member’s mental health and/or substance abuse issues.<br>•Skills training<br>•Problem solving<br>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.<br>•Social and emotional support for dealing with mental health and/or substance abuse issues.<br><br>Psychoeducation may be provided individually or in a group setting to the member or the member’s family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.<br><br>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the                                                                                                                                                                                                                                                                                                                                            | 13.97        |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate                                                                                                                                                                                                                                        | Avg IPN Rate | Billing Unit |
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| <p>member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p> <p>If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     |              |              |
| H2017PI                                                                                                                                                                                                                                                                                                                                           | <p>Psychoeducation services include:</p> <ul style="list-style-type: none"> <li>•Providing education and information resources about the member's mental health and/or substance abuse issues.</li> <li>•Skills training</li> <li>•Problem solving</li> <li>•Ongoing guidance about managing and coping with mental health and/or substance abuse issues.</li> <li>•Social and emotional support for dealing with mental health and/or substance abuse issues.</li> </ul> <p>Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy.</p> <p>Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.</p> <p>If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p> |                                                                                                                                                                                                                                                     | 3.49         |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                               | <p>Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |              |              |
| 5111A<br>H0004                                                                                                                                                                                                                                                                                                                                    | Individual/Family Therapy Lic. Psycho Behavioral health counseling & therapy, per 15 min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Goal directed, face-to-face psychotherapeutic intervention provided to an individual and/or family/caregivers. Services may be interactive or insight oriented and are provided by a licensed psychologist with a Ph.D. in an office-based setting. | 110.00       | Session      |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                               | <p>State of Wisconsin Psychologist License</p> <p>The clinician must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                     |              |              |

| Service Name / ID   |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                      | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5100<br>H0004       | Individual/Family Therapy-Office Behavioral health couns & therapy                                                                                                                                                                                                                                                                                                                      | Goal directed, face-to-face psychotherapeutic intervention provided to an individual and/or family/caregivers. Services may be interactive or insight oriented and are provided in an office-based setting.                                                                                                                          | 19.50        |              | Quarter Hour |
|                     | Behavioral health counseling & therapy, per 15 min                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| <i>Credentials:</i> | Individual/Family Therapy services can be provided by the following qualified psychotherapists:                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                      |              |              |              |
|                     | (1) Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                      |              |              |              |
|                     | <ul style="list-style-type: none"> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Marriage and Family Therapist</li> <li>• Licensed Professional Counselor</li> </ul>                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                      |              |              |              |
|                     | (2) Music, Art, Dance Therapist with Wisconsin Psychotherapy License                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                      |              |              |              |
|                     | (3) Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                      |              |              |              |
|                     | <ul style="list-style-type: none"> <li>• Practitioner with a status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health Services, Division of Quality Assurance (DHS, DQA).</li> </ul>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                      |              |              |              |
|                     | Providers of Individual/Family Therapy services must also satisfactorily complete the Wraparound Milwaukee Practitioner credentialing process and have a National Provider Identifier (NPI).                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5100QT<br>H0004     | Individual/Family Therapy-Office (QT) Behavioral health counseling & therapy, per 15 min                                                                                                                                                                                                                                                                                                | Goal directed, face-to-face psychotherapeutic intervention provided to an individual and/or family/caregivers. Services may be interactive or insight oriented and are provided in an office-based setting.                                                                                                                          | 14.25        |              | Quarter Hour |
|                     |                                                                                                                                                                                                                                                                                                                                                                                         | NOTE: in order for services rendered by the Qualified Treatment Trainee (QTT) to be reimbursable, a QTT with a graduate degree is required to be working toward full licensure.                                                                                                                                                      |              |              |              |
|                     |                                                                                                                                                                                                                                                                                                                                                                                         | All QTT services must conform with all requirements defined in ForwardHealth memo 2012-64 ( <a href="https://www.forwardhealth.wi.gov/kw/pdf/2012-64.pdf">https://www.forwardhealth.wi.gov/kw/pdf/2012-64.pdf</a> ), which includes the requirement that QTT providers are practicing in a licensed outpatient mental health clinic. |              |              |              |
| <i>Credentials:</i> | Services provided by Qualified Treatment Trainees with a Graduate Degree who are working toward full clinical licensure must meet the following criteria:                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                      |              |              |              |
|                     | <ul style="list-style-type: none"> <li>• Have a Graduate degree from an accredited institution with course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field.</li> <li>• Have not yet completed the applicable supervised practice requirements described under ch. MPSW 4, 12, 16 or Psy 2, Wis. Admin. Code, as</li> </ul> |                                                                                                                                                                                                                                                                                                                                      |              |              |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 |              |
| Providers of Individual/Family Therapy services must also satisfactorily complete the Wraparound Milwaukee Practitioner credentialing process and have a National Provider Identifier (NPI). It is also required that the QTT Supervisor have been credentialed with Wraparound Milwaukee at time of application.                                                                                                                                                                                                                                                                                                                                                          |                 |                 |              |
| 5522b<br>H2017<br>U5<br>Individual/Family Training and Support<br>Indiv Skill Dev/Enhanc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 37              | 37              | Hour         |
| <p>Services are to be provided to enrolled youth age 12 and older and/or parent/caregiver (if the caregiver is an adoptive resource or kinship care provider) and include specific skill development in communication, interpersonal skills, problem-solving, decision-making and other specific needs identified in the youth's Plan of Care.</p>                                                                                                                                                                                                                                                                                                                         |                 |                 |              |
| <p>All services shall have a goal of improving the child's integration into and interaction with the child's family, school and community network. This service encourages development of skills that support an independent lifestyle and promotes a sense of self-worth, setting and achieving goals, and demonstrating accountability. The modality in providing this service may include modeling, monitoring, mentoring, supervision and assisting. Services include training/teaching skills related to:</p>                                                                                                                                                         |                 |                 |              |
| <ul style="list-style-type: none"> <li>• personal care/hygiene,</li> <li>• shopping,</li> <li>• communication and use of communication tools (including accessing emergency services),</li> <li>• budgeting and money management,</li> <li>• parenting,</li> <li>• using public transportation,</li> <li>• medication management and storage,</li> <li>• accessing basic housing, employment, and health related resources,</li> <li>• accessing community resources,</li> <li>• socialization, leisure activities, and hobbies,</li> <li>• nutrition and meal planning/preparation, and</li> <li>• proper storage of food, household supplies, chemicals, etc.</li> </ul> |                 |                 |              |
| <p>Services may occur at the client's residence or at a provider agency facility.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                 |              |
| <p>Billable activities include direct, face to face contact with client, telephone contact with client, travel, and documentation time.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 |              |
| <p>Clinical supervision of the Individual/Family Training and Support Services worker must occur following all the guidelines that apply to clinical supervision of Crisis Stabilization/Supervision (see Wraparound Policy #036 Crisis Stabilization/Supervision Services-see Section B, pages 2-3)</p>                                                                                                                                                                                                                                                                                                                                                                   |                 |                 |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| Documentation must follow documentation guidelines as described in Wraparound policy #048 (currently entitled, "Parent Assistance" but to be renamed "Individual/Family Training and Support Services", particularly II(B), 4 "Synthesis Progress Notes" and 5 "Service verification log".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| <p><i>Credentials:</i> Minimum: Individual/Family Training and Support Services worker must be at least 18 years old, have at least a High School Diploma, and shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries.</p> <p>A copy of the training certificate from the agency verifying this training is to be submitted to the Provider Network at the time of the provider add request and a copy maintained in the agency employee file.</p> |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5603<br>T1013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Interpreter Services<br>Sign language or oral interpretive svcs | Interpretive services are provided to the child/family - may be bi-lingual, hearing impaired or other.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.00         |              | Dollar       |
| <p><i>Credentials:</i> Interpreters must be able to facilitate effective communication between clients in any setting. Interpreters are to have two agency letters of reference to be kept in their agency employee file and submitted to Wraparound via the add provider process.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5392<br>H0042                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Kinship Care<br>Foster care, non-therapeutic, per diem          | <p>Close relative providing alternative living situation for children who cannot reside in their parental home. The placement provides a structured, nurturing environment with a daily living routine and supervision.</p> <p>Application must be made with the Bureau of Child Welfare before Kinship funds are authorized by Wraparound. The Bureau of Child Welfare will perform the necessary investigative work and make the final determination of the family's eligibility for ongoing Kinship Care payments.</p>                                                                                                                                                                                                               | 7.35         |              | Daily        |
| <p><i>Credentials:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5055<br>H2017<br>U5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Med Management Support (Non-Prescri<br>Phys Health Monitor.     | <p>Medication Management for non-prescribers include: supporting the member in taking his or her medications; increasing the member's understanding of the benefits of medication and the symptoms it is treating, monitoring changes in the member's symptoms and tolerability of side effects.</p> <p>The provider would assist the team in brainstorming ways to properly store medications, assist the youth/family in utilizing storage/safety devices, such as a lockbox, or child-proof storage mechanisms. The provider would report to the team the success rate of the youth taking their medications as prescribed, to be documented in provider note. Providers of this service will communicate with the prescriber at</p> | 66           |              | Hour         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Avg IPN<br>Rate | Billing Unit |
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| <p><i>Credentials:</i></p> <p>Non-Prescribers</p> <p>Provider must be an LPN, at Minimum, or an RN, or an APNP (Advanced Practicing Nurse Practitioner).</p> <p>For CCS, any individual non-prescriber provider must meet requirements as outlined in DHS 36. 10. Non-prescriber must act within their scope of practice and submit documentation of service specific training. Providers must submit a copy of their resume, and degree/diploma/GED (minimum of HS Diploma/GED) and provide a copy of their license. Providers must complete required DHS 36 training orientation within 90 days of the start of provision of service.</p> <p>Must have 30 hours of training in Recovery Support Concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult/child vulnerability, and consumer confidentiality, during the past two years, prior to employment as a Network Provider.</p> <p>OR</p> <p>For CCS, the agency must provide and document at least 40 hours of documented orientation training within 3 months of beginning employment for each staff member who has less than 6 months experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.</p> <p>For CCS, provide at least 20 hours of documented orientation training within 3 months of beginning employment with the CCS for each staff member who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.</p> <p>Annually, all providers will participate in, at a minimum of 8 hours, in-service trainings related to the topics of current principles and methods of providing psychosocial rehabilitation services, presentations by community resource staff from other agencies, including consumer operated services; conferences or workshops. It can be a combination of these. The agency will maintain the records of these trainings.</p> | <p>least once a month, this may include attending a youth's scheduled appointment with their prescriber.</p> <p>The provider would provide service to children and young adults enrolled in Wraparound Milwaukee Programs and CCS. This would be in partnership with the parent/caregiver.</p>                                                                                                                                                                                                                                                                                            |                 |              |
| H2017M Medication Management-Adv. Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Medication Management services for prescribers include:</p> <ul style="list-style-type: none"> <li>•Diagnosing and specifying target symptoms.</li> <li>•Prescribing medication to alleviate the identified symptoms.</li> <li>•Monitoring changes in the member's symptoms and tolerability of side effects.</li> <li>•Reviewing data, including other medications, used to make medication decisions.</li> </ul> <p>Prescribers may also provide all services the non-prescribers can provide as noted below.</p> <p>Medication management services for non-prescribers include:</p> | 53.57           | Hour         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>•Supporting the member in taking his or her medications.</li> <li>•Increasing the member's understanding of the benefits of medication and the symptoms and tolerability of the side effects.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |              |
| <p>Must be a Licensed Registered Nurse.</p> <p>Providers described in DHS36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers must act within their scope of practice.</p> <p>Providers described in DHS36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice.</p> <p>Advanced practice nurse prescribers shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinic specialists in adult psychiatric and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under ch.441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to apply relevant theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate school of nursing from an approved college or university.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |              |
| H2017M Medication Management-Bachelors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 21.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | Hour         |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Medication management services for prescribers include: diagnosing and specifying target symptoms; prescribing medication to alleviate the identified symptoms; monitoring changes in the member's symptoms and tolerability of side effects; and reviewing data including other medications used to make medication decisions. Prescribers may also provide all services that non-prescribers can provide as noted below.</p> <p>Medication management for non-prescribers include: supporting the member in taking his or her medications; increasing the member's understanding of the benefits of medication and the symptoms it is treatment and monitoring changes in the member's symptoms and tolerability of side effects.</p> <p>Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code.</p> <p>All providers are required to be licensed/certified and acting within their scope of practice.</p>                                                                                                                                             |                 |              |
| H2017M Medication Management-Certified Peer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 13.97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | Hour         |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Medication Management services for prescribers include:</p> <ul style="list-style-type: none"> <li>•Diagnosing and specifying target symptoms.</li> <li>•Prescribing medication to alleviate the identified symptoms.</li> <li>•Monitoring changes in the member's symptoms and tolerability of side effects.</li> <li>•Reviewing data, including other medications, used to make medication decisions.</li> </ul> <p>Prescribers may also provide all services the non-prescribers can provide as noted below.</p> <p>Medication management services for non-prescribers include:</p> <ul style="list-style-type: none"> <li>•Supporting the member in taking his or her medications.</li> <li>•Increasing the member's understanding of the benefits of medication and the symptoms and tolerability of the side effects.</li> </ul> <p>Providers described in DHS36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers must act within their scope of practice.</p> <p>Providers described in DHS36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice.</p> |                 |              |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                      | <p>A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.</p>                                                                                                                                                                                                                                                                                                                                                 |                 |                 |              |
| H2017M               | Medication Management-M.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 53.57           |                 | Hour         |
|                      | <p>Medication management services for prescribers include: diagnosing and specifying target symptoms; prescribing medication to alleviate the identified symptoms; monitoring changes in the member's symptoms and tolerability of side effects; and reviewing data including other medications used to make medication decisions. Prescribers may also provide all services that non-prescribers can provide as noted below.</p> <p>Medication management for non-prescribers include: supporting the member in taking his or her medications; increasing the member's understanding of the benefits of medication and the symptoms it is treatment and monitoring changes in the member's symptoms and tolerability of side effects.</p>                                                                                                                                                                                        |                 |                 |              |
| <i>Credentials:</i>  | <p>Licensed Psychiatrists, Physicians and Psychiatric Residents. Providers described in DHS 36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers are required to be licensed/certified and acting within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                 |              |
| H2017M               | Medication Management-Masters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 32.14           |                 | Hour         |
|                      | <p>Medication Management services for prescribers include:</p> <ul style="list-style-type: none"> <li>•Diagnosing and specifying target symptoms.</li> <li>•Prescribing medication to alleviate the identified symptoms.</li> <li>•Monitoring changes in the member's symptoms and tolerability of side effects.</li> <li>•Reviewing data, including other medications, used to make medication decisions.</li> </ul> <p>Prescribers may also provide all services the non-prescribers can provide as noted below.</p> <p>Medication management services for non-prescribers include:</p> <ul style="list-style-type: none"> <li>•Supporting the member in taking his or her medications.</li> <li>•Increasing the member's understanding of the benefits of medication and the symptoms and tolerability of the side effects.</li> <li>•Monitoring changes in the member's symptoms and tolerability of side effects.</li> </ul> |                 |                 |              |
| <i>Credentials:</i>  | <p>Must have a Master's Degree.</p> <p>Providers described in DHS36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers must act within their scope of practice.</p> <p>Providers described in DHS 36.10(2)(g)1-22, Wis. Admin. Code.</p> <p>All providers are required to act within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                 |              |
| H2017M               | Medication Management-Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13.97           |                 | Hour         |
|                      | <p>Medication Management services for prescribers include:</p> <ul style="list-style-type: none"> <li>•Diagnosing and specifying target symptoms.</li> <li>•Prescribing medication to alleviate the identified symptoms.</li> <li>•Monitoring changes in the member's symptoms and tolerability of side effects.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                 |              |

| Service<br>Name / ID                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                         | <p>•Reviewing data, including other medications, used to make medication decisions.<br/>Prescribers may also provide all services the non-prescribers can provide as noted below.</p> <p>Medication management services for non-prescribers include:</p> <ul style="list-style-type: none"> <li>•Supporting the member in taking his or her medications.</li> <li>•Increasing the member's understanding of the benefits of medication and the symptoms and tolerability of the side effects.</li> </ul> <p>Providers described in DHS36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers must act within their scope of practice.</p> <p>Providers described in DHS36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.</p>                                                             |                 |                 |              |
| H2017M Medication Management-Ph.D.          | <p>Service Description: Medication Management services for prescribers include:</p> <ul style="list-style-type: none"> <li>•Diagnosing and specifying target symptoms.</li> <li>•Prescribing medication to alleviate the identified symptoms.</li> <li>•Monitoring changes in the member's symptoms and tolerability of side effects.</li> <li>•Reviewing data, including other medications, used to make medication decisions.</li> </ul> <p>Prescribers may also provide all services the non-prescribers can provide as noted below.</p> <p>Medication management services for non-prescribers include:</p> <ul style="list-style-type: none"> <li>•Supporting the member in taking his or her medications.</li> <li>•Increasing the member's understanding of the benefits of medication and the symptoms and tolerability of the side effects.</li> <li>•Monitoring changes in the member's symptoms and tolerability of side effects.</li> </ul> | 40.00           |                 | Hour         |
| <i>Credentials:</i>                         | <p>Providers described in DHS36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers must act within their scope of practice.</p> <p>Providers described in DHS36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice.</p> <p>Psychologists shall be licensed under ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.</p>                                                                                                                                                                                                                                                                                                                              |                 |                 |              |
| H2017M Medication Management-Rehabilitation | <p>Medication Management services for prescribers include:</p> <ul style="list-style-type: none"> <li>•Diagnosing and specifying target symptoms.</li> <li>•Prescribing medication to alleviate the identified symptoms.</li> <li>•Monitoring changes in the member's symptoms and tolerability of side effects.</li> <li>•Reviewing data, including other medications, used to make medication decisions.</li> </ul> <p>Prescribers may also provide all services the non-prescribers can provide as noted below.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13.97           |                 | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>Medication management services for non-prescribers include:</p> <ul style="list-style-type: none"> <li>•Supporting the member in taking his or her medications.</li> <li>•Increasing the member's understanding of the benefits of medication and the symptoms and tolerability of the side effects.</li> </ul> <p><i>Credentials:</i> Providers described in DHS36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers must act within their scope of practice. Providers described in DHS36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successful completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| 5524a<br>H2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mentoring<br>Community-based wrap services,<br>per 15 min | <p>A mentor is a person engaged to develop a one-on-one relationship and function as both a positive role model and advocate for a child or adolescent in his/her family system.</p> <p>Children should be matched with mentors based on their strengths, needs and interests. A mentor could be involved in a variety of activities with a child, with the focus including recreation, special school projects, social skills and peer relationship building, personal care/hygiene/exercise, etc. Direction, consultation and support are be provided by the Care Coordinator/Safety Service Manager. The time commitment would vary dependent upon the child's needs and program requirements.</p> <p><i>Credentials:</i> Provider must have at least one-year experience working with youth. A minimum of 15 hours of training is required of all staff prior to service. A 15-hour training curriculum must be submitted for approval by the IPN as part of the application process. Owners must show evidence of training/certification/ education specific to mentoring in the application process. A copy of the mentor's training certificate verifying this training must be submitted to the Provider Network upon the agency's request to add the mentor into Synthesis. A copy of the mentor's training certificate must be kept in his/her employee file.</p> | 22.00        |              | Hour         |
| 5303E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mentoring, Specialized                                    | <p>Specialized Mentoring is a mental health intervention provided in or outside of the youth's home, designed to evaluate, manage, monitor, stabilize and support the youth's well-being and enhance the capabilities of the youth's support system to identify, prevent and respond to a crisis consistent with what is reflected in the youth's individual Crisis/Safety Plan. The specialized mentor supports the youth and caregiver to execute the Plan of Care and the Crisis Plan. Specialized Mentoring provides comprehensive mentoring services for youth at risk for or victims of Commercial Sexual Exploitation and/or Domestic Sex Trafficking (CSE/DST). The specialized mentor serves as a role-model to provide community-based, individualized weekly mentoring service with a focus on building a healthy</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 32.50        |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>relationship with the enrolled youth to allow for positive youth growth and ongoing development. The specialized mentor helps the family and other supports (i.e. teacher) to recognize triggers and high-risk behaviors, models and teaches effective interventions to deescalate the crisis, and identifies and assists the youth in accessing community resources that will aide in the crisis intervention and/or stabilization. Specialized Mentoring is goal-oriented to structure sexual exploitation preventative interactions and activities to build protective factors. Specialized Mentors work in collaboration with the Child and Family Team, as part of the Wraparound process, to introduce sustainable community resources and facilitate the development of informal mentoring relationships.</p> <p>Specialized Mentoring follows all the guidelines in Wraparound Policy #036, Crisis Stabilization/Supervision, in addition to what is outlined within this service description.</p> <p>Training:</p> <p>Provider Agency responsible for facilitating all components. All providers are required to complete the Baseline Training portion prior to rendering services. This is in addition to the 40/20 hours required in the first 90 days under Wraparound Policy #036, Crisis Stabilization/Supervision.</p> <p>A) Baseline (18 Hours Total)</p> <ol style="list-style-type: none"> <li>1. Evidence-based mentoring (8 hours – Curriculum provided).</li> <li>2. Specialized Mentoring basics including goals of program, job expectations, program expectations/outcomes, Mentor Action Plan including goal setting and Synthesis documentation (4 hours - Curriculum provided).</li> <li>3. CSEC Basics – includes info on language, definition, kinds of involvement, how youth get involved, risk factors, indicators, trauma responses to being trafficked and local helpful resources (4 hours - Curriculum provided).</li> <li>4. LGBTQ Basics – centered on providing instruction in accurate terminology around sexual orientation and gender identity, advocacy skills, and information on the LGBTQ community and specific resources within the Milwaukee area (2 hours – community or agency resource to provide)</li> </ol> <p>B) In-Service – One, 2 hour per month for a total of 12 each year (24 Hours Total)</p> <ol style="list-style-type: none"> <li>1. Required: CSEC Continuing Education - CSEC Continuing Education - Six 2-hour in-services (12 hours total) going into specifics on Practicing youth friendly conversations on CSE, Building resilience and reducing risk, Stages of change and</li> </ol> |              |              |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>supporting change to reduce CSE risk, Reducing stigma/judgments and understanding family reactions, Supporting youth as a specialized mentor in team meetings, The system and community response to CSE (Curriculum provided).</p> <p>2. Required Topics/Content that must be addressed in one or more of the 6 other In-Services: Self-care, Motivational Interviewing basics/Youth positive conversation, LGBTQ basics, CSEC healthcare perspectives, and continuing training on emergency mental health services or other applicable emergency/crisis topics</p> <p>All mentors will continue to attend all in-services throughout their employment as a mentor.</p> <p>Oversight/Capacity Building:</p> <p>1. Verified Self-Care activity – Provider Agency responsible for facilitating no less than one time per month.</p> <p>2. Meeting with Wraparound Licensed Clinical Psychologist responsible for High Risk Youth – Provided by Wraparound Milwaukee: Provides helpful perspective as it relates to high risk population, care coordination and system response (1 time meeting per month per youth).</p> <p>Supervision:</p> <p>Provider Agency – Agency Supervisor meets individually with the mentor to allow for growth, development and problem-solving (1 hour per week, per mentor; separate from agency clinical supervision). Supervisor must have a basic understanding of CSEC and a commitment to learning more about this issue in the Milwaukee area, and nationally. They must maintain a commitment to supporting the mentor in their current role, take an interest in their professional development and have a thorough understanding of the mentor’s career goals. A safe space needs to be created, so that the mentor feels comfortable sharing concerns, and the Supervisor can also challenge the mentor in their professional growth. A document must be created by the agency to allow the Supervisor to track the discussion of each youth’s situation during their weekly meeting. This includes information on contact with the youth, family, care coordinator and other team members, as well as the mentor’s role as outlined in the Plan of Care and Crisis Plan. Progress on the Mentor Action Plan goals for each youth must also be discussed. This time can also be used to discussion any concerns related to service delivery, and agency administrative tasks. Supervisors must provide and document feedback related to follow-up needed within the next week. A copy of the Supervisor Form must be maintained by the Supervisor, and the mentor must also receive a copy. In addition to weekly supervisor, Supervisors must be available via</p> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>phone and/or email to respond to mentors' concerns in a timely manner as dictated by agency policy.</p> <p>Working with Youth - Initial Match Process:<br/>Referrals are initiated on the part of the care coordinator, entered into Synthesis, and then submitted for approval. Each referral is reviewed by the Wraparound Licensed Clinical Psychologist responsible for High Risk Youth for appropriateness. Upon approval, care coordinator is responsible for sending the referral to the agency.</p> <p>Upon receipt of the referral, the agency reviews the provided information within 24 hours and an appropriate mentor match occurs within 5 business days. The following factors must be taken into consideration, beyond any listed preferences from the youth and/or family: gender, age, race, ethnicity, language barriers, cultural identity, availability, interests, and past/lived experience.</p> <p>The agency mentor will then reach out to the care coordinator to arrange for an initial visit with the family to review agency and program specific consent forms. Both the youth and parent must sign the consent forms in order to services to begin.</p> <p>Mentor Action Plans: Completed within the first 30 days, and then, at minimum, every three months thereafter. Agency must have a tracking system in place to ensure consistency of completion. During Team Meeting, mentors should support the youth in discussing appropriate portion of their Mentor Action Plan, so that steps can be incorporated in to the Plan of Care around the Specialized Mentoring Service.</p> <p>Minimum contact requirements:<br/>-8 hours face-to-face mentoring per month (does not include other required contacts around Team Meetings, Court Hearings, Medical appointments, Detention visits, phone contacts)<br/>-Interactions with legal guardian to provide weekly updates, and task-shifting opportunities</p> <p>Termination/Transfer Process:<br/>Due to the history of trauma typically associated with youth who have been sexually exploited, termination of the mentoring relationship is very important. In the event of a mentor leaving the position, the Child and Family Team (including the mentor), and Supervisor will collaboratively determine if a replacement mentor would be appropriate.</p> <p>In either circumstance, the mentor must have a closure meeting with the mentee to</p> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Avg IPN<br>Rate | Billing Unit |
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| <p>review their relationship, the goals the mentee has attained and some of the meaningful experiences/aspects of the relationship the mentee will take away.</p> <p>In the event of a transition, the mentor must introduce the mentee to their new mentor in an effort to help with the transition and the creation a safe environment for that mentee with a new mentor. It is recommended that the transition occur over 1-2 weeks of community activities.</p> <p>All specialized mentors are encouraged to give a 4 week notice when leaving their position regardless of reason. This is to ensure that a proper transition is made for closure of services and re-matching to another mentor if appropriate.</p> <p>S9484 Crisis Intervention MH services,<br/>per hour</p> <p><i>Credentials:</i> Specialized Mentor Qualifications and Training:</p> <p>(1)high school diploma or equivalent and at least one year experience working with at-risk youth; Lived experience as a survivor of CSE/DST will be recognized as meeting experience requirements.</p> <p>(2)Completion of Baseline Training</p> <p>Documentation Requirements</p> <p>Mentors are responsible for meeting all documentation requirement as described in Wraparound policy #036, Crisis Stabilization and Supervision. In regards to Billing, all time should be billed according to Wraparound policy #036, Crisis Stabilization and Supervision section II, N, #1 (a-g) – the area that denotes billing for “Stabilization” services.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |              |
| <p>5303F<br/>S9484 Mentoring, Specialized-BA/MA<br/>Crisis Intervention MH services,<br/>per hour</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Specialized Mentoring is a mental health intervention provided in or outside of the youth’s home, designed to evaluate, manage, monitor, stabilize and support the youth’s well-being and enhance the capabilities of the youth’s support system to identify, prevent and respond to a crisis consistent with what is reflected in the youth’s individual Crisis/Safety Plan. The specialized mentor supports the youth and caregiver to execute the Plan of Care and the Crisis Plan. Specialized Mentoring provides comprehensive mentoring services for youth at risk for or victims of Commercial Sexual Exploitation and/or Domestic Sex Trafficking (CSE/DST). The specialized mentor serves as a role-model to provide community-based, individualized weekly mentoring service with a focus on building a healthy relationship with the enrolled youth to allow for positive youth growth and ongoing development. The specialized mentor helps the family and other supports (i.e. teacher) to recognize triggers and high-risk behaviors, models and teaches effective interventions to deescalate the crisis, and identifies and assists the youth in accessing community resources that will aide in the crisis intervention and/or stabilization.</p> | 45.00           | 45.00        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | Hour         |

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| <p>Specialized Mentoring is goal-oriented to structure sexual exploitation preventative interactions and activities to build protective factors. Specialized Mentors work in collaboration with the Child and Family Team, as part of the Wraparound process, to introduce sustainable community resources and facilitate the development of informal mentoring relationships.</p> <p>Specialized Mentoring follows all the guidelines in Wraparound Policy #036, Crisis Stabilization/Supervision, in addition to what is outlined within this service description.</p> <p>Training:</p> <p>Provider Agency responsible for facilitating all components. All providers are required to complete the Baseline Training portion prior to rendering services. This is in addition to the 40/20 hours required in the first 90 days under Wraparound Policy #036, Crisis Stabilization/Supervision.</p> <p>A) Baseline (18 Hours Total)</p> <ol style="list-style-type: none"> <li>1. Evidence-based mentoring (8 hours – Curriculum provided).</li> <li>2. Specialized Mentoring basics including goals of program, job expectations, program expectations/outcomes, Mentor Action Plan including goal setting and Synthesis documentation (4 hours - Curriculum provided).</li> <li>3. CSEC Basics – includes info on language, definition, kinds of involvement, how youth get involved, risk factors, indicators, trauma responses to being trafficked and local helpful resources (4 hours - Curriculum provided).</li> <li>4. LGBTQ Basics – centered on providing instruction in accurate terminology around sexual orientation and gender identity, advocacy skills, and information on the LGBTQ community and specific resources within the Milwaukee area (2 hours – community or agency resource to provide)</li> </ol> <p>B) In-Service – One, 2 hour per month for a total of 12 each year (24 Hours Total)</p> <ol style="list-style-type: none"> <li>1. Required: CSEC Continuing Education - CSEC Continuing Education - Six 2-hour in-services (12 hours total) going into specifics on Practicing youth friendly conversations on CSE, Building resilience and reducing risk, Stages of change and supporting change to reduce CSE risk, Reducing stigma/judgments and understanding family reactions, Supporting youth as a specialized mentor in team meetings, The system and community response to CSE (Curriculum provided).</li> <li>2. Required Topics/Content that must be addressed in one or more of the 6 other</li> </ol> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>In-Services: Self-care, Motivational Interviewing basics/Youth positive conversation, LGBTQ basics, CSEC healthcare perspectives, and continuing training on emergency mental health services or other applicable emergency/crisis topics</p> <p>All mentors will continue to attend all in-services throughout their employment as a mentor.</p> <p>Oversight/Capacity Building:</p> <ol style="list-style-type: none"> <li>1. Verified Self-Care activity – Provider Agency responsible for facilitating no less than one time per month.</li> <li>2. Meeting with Wraparound Licensed Clinical Psychologist responsible for High Risk Youth – Provided by Wraparound Milwaukee: Provides helpful perspective as it relates to high risk population, care coordination and system response (1 time meeting per month per youth).</li> </ol> <p>Supervision:</p> <p>Provider Agency – Agency Supervisor meets individually with the mentor to allow for growth, development and problem-solving (1 hour per week, per mentor; separate from agency clinical supervision). Supervisor must have a basic understanding of CSEC and a commitment to learning more about this issue in the Milwaukee area, and nationally. They must maintain a commitment to supporting the mentor in their current role, take an interest in their professional development and have a thorough understanding of the mentor’s career goals. A safe space needs to be created, so that the mentor feels comfortable sharing concerns, and the Supervisor can also challenge the mentor in their professional growth. A document must be created by the agency to allow the Supervisor to track the discussion of each youth’s situation during their weekly meeting. This includes information on contact with the youth, family, care coordinator and other team members, as well as the mentor’s role as outlined in the Plan of Care and Crisis Plan. Progress on the Mentor Action Plan goals for each youth must also be discussed. This time can also be used to discussion any concerns related to service delivery, and agency administrative tasks. Supervisors must provide and document feedback related to follow-up needed within the next week. A copy of the Supervisor Form must be maintained by the Supervisor, and the mentor must also receive a copy. In addition to weekly supervisor, Supervisors must be available via phone and/or email to respond to mentors’ concerns in a timely manner as dictated by agency policy.</p> <p>Working with Youth - Initial Match Process:</p> <p>Referrals are initiated on the part of the care coordinator, entered into Synthesis, and</p> |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>then submitted for approval. Each referral is reviewed by the Wraparound Licensed Clinical Psychologist responsible for High Risk Youth for appropriateness. Upon approval, care coordinator is responsible for sending the referral to the agency.</p> <p>Upon receipt of the referral, the agency reviews the provided information within 24 hours and an appropriate mentor match occurs within 5 business days. The following factors must be taken into consideration, beyond any listed preferences from the youth and/or family: gender, age, race, ethnicity, language barriers, cultural identity, availability, interests, and past/lived experience.</p> <p>The agency mentor will then reach out to the care coordinator to arrange for an initial visit with the family to review agency and program specific consent forms. Both the youth and parent must sign the consent forms in order to services to begin.</p> <p>Mentor Action Plans: Completed within the first 30 days, and then, at minimum, every three months thereafter. Agency must have a tracking system in place to ensure consistency of completion. During Team Meeting, mentors should support the youth in discussing appropriate portion of their Mentor Action Plan, so that steps can be incorporated in to the Plan of Care around the Specialized Mentoring Service.</p> <p>Minimum contact requirements:</p> <ul style="list-style-type: none"> <li>-8 hours face-to-face mentoring per month (does not include other required contacts around Team Meetings, Court Hearings, Medical appointments, Detention visits, phone contacts)</li> <li>-Interactions with legal guardian to provide weekly updates, and task-shifting opportunities</li> </ul> <p>Termination/Transfer Process:</p> <p>Due to the history of trauma typically associated with youth who have been sexually exploited, termination of the mentoring relationship is very important. In the event of a mentor leaving the position, the Child and Family Team (including the mentor), and Supervisor will collaboratively determine if a replacement mentor would be appropriate.</p> <p>In either circumstance, the mentor must have a closure meeting with the mentee to review their relationship, the goals the mentee has attained and some of the meaningful experiences/aspects of the relationship the mentee will take away.</p> <p>In the event of a transition, the mentor must introduce the mentee to their new mentor in an effort to help with the transition and the creation a safe environment for that</p> |                 |                 |              |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | mentee with a new mentor. It is recommended that the transition occur over 1-2 weeks of community activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
|                   | All specialized mentors are encouraged to give a 4 week notice when leaving their position regardless of reason. This is to ensure that a proper transition is made for closure of services and re-matching to another mentor if appropriate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| Credentials:      | Specialized Mentor Qualifications:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
|                   | -College students or graduates with at least six month's experience working with at risk youth through internships, volunteer work, or paid experience. Lived experience as a survivor of CSE/DST will be recognized as meeting experience requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |              |
|                   | -Completion of Baseline Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
|                   | Documentation Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |              |
|                   | Mentors are responsible for meeting all documentation requirement as described in Wraparound policy #036, Crisis Stabilization and Supervision. In regards to Billing, all time should be billed according to Wraparound policy #036, Crisis Stabilization and Supervision section II, N, #1 (a-g) – the area that denotes billing for “Stabilization” services.                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |              |
| 5136              | MST - FIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 55.00        |              | Hour         |
|                   | Multi-Systemic Therapy Family Integrated Transitions (MST-FIT) is an intensive 6 month family and community-based treatment service that focuses on youth transitioning from facilities to home. The first two months of treatment works on transitional needs (mental and physical health, academic, housing, safety, support structure and monitoring, etc.) of youth and family to increase success of transition from facility to home. The next four months of treatment is focused on addressing all environmental systems that impact youth in their homes, with families, schools and teachers, neighborhoods and friends. The MST-FIT model with elements of dialectical behavior therapy (DBT), motivational interviewing (MI), and relapse prevention. |              |              |              |
| Credentials:      | Master's degree in a social or behavioral science field, minimum license of an Advanced Practice Social Worker (APSW), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor In Training (LPC-IT), Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
| 5004              | NMT Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 70           |              | Hour         |
|                   | The NMT assessment process examines both past and current experience and functioning. A review of the history of adverse experiences and relational health factors helps create an estimate of the timing and severity of developmental risk that may have influenced brain development.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |              |
|                   | NMT Assessment shall include a written report which includes test results from all measures used, a social trauma-exposure history and specific actionable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |              |

| Service Name / ID    |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                      |                                                                  | recommendations. Travel time is not billable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| <i>Credentials:</i>  |                                                                  | Must be trained and credentials in the NMT assessment process. State of Wisconsin Licensed Professional Counselor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5903A<br>H2017<br>HQ | Nutrition/Dietary Management Service:<br>Wellness Mgt / Recovery | <p>Nutrition/Dietary Management Services include the integration and application of principles of nutritional science, biochemistry, food science, physiology, food systems management, behavioral science and social science in order to achieve or maintain focus on the mental and physical health of an individual.</p> <p>Services include assessing the nutritional needs of an individual and the individual's family in determining available resources and constraints in meeting those nutritional needs; establishing priorities, goals and objectives that meet those nutritional needs and are consistent with available resources and constraints; providing nutrition counseling; or developing, implementing and managing nutritional care systems. Additionally, the services will support the individual and/or the individual's family in identifying symptoms of health needs and conditions in order to develop health monitoring and management skills.</p> <p>Nutrition/Dietary services will be developed to reflect the needs and strategies identified in the Plan of Care.</p> <p>Group size limited to 5 people.</p> <p>Documentation requirements:<br/>Provider Note entry in Synthesis, instructions at:<br/><a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> | 25           |              | Hour         |
| <i>Credentials:</i>  |                                                                  | <p>A bachelor's degree with some wellness/physical monitoring experience preferred. However, an individual with an associate degree in a behavioral health field and has clinical experience can be considered. All Providers will need to complete 30 hours of training within the first 90 days of their start date in the network. The training must include: recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, trauma informed care, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries.</p> <p>The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5903<br>H2017<br>U5  | Nutrition/Dietary Management Service:<br>Wellness Mgt / Recovery | <p>Nutrition/Dietary Management Services include the integration and application of principles of nutritional science, biochemistry, food science, physiology, food systems management, behavioral science and social science in order to achieve or maintain focus on the mental and physical health of an individual.</p> <p>Services include assessing the nutritional needs of an individual and the individual's</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 60           |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>family in determining available resources and constraints in meeting those nutritional needs; establishing priorities, goals and objectives that meet those nutritional needs and are consistent with available resources and constraints; providing nutrition counseling; or developing, implementing and managing nutritional care systems. Additionally, the services will support the individual and/or the individual's family in identifying symptoms of health needs and conditions in order to develop health monitoring and management skills.</p> <p>Documentation requirements:<br/> Provider Note entry in Synthesis, instructions at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> <p><i>Credentials:</i> A bachelor's degree with some wellness/physical monitoring experience preferred. However, an individual with an associate degree in a behavioral health field and has clinical experience can be considered. All Providers will need to complete 30 hours of training within the first 90 days of their start date in the network. The training must include: recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, trauma informed care, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries.</p> <p>The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline.</p> |                                                 |              |              |              |
| 5135A<br>H2017<br>U5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Occupational Therapy<br>Wellness Mgt / Recovery | 88.00        |              | Hour         |
| <p>Occupational Therapy services must be medically necessary and related to an identified need(s) on the youth's plan of care. Occupational Therapy services are designed to:</p> <ul style="list-style-type: none"> <li>•Meet functional needs associated with serious emotional disturbance experienced by the enrolled youth</li> <li>•Help achieve a specific goal(s) for the enrolled youth where there is a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time</li> <li>•Address the enrolled youth's sensory integration needs</li> </ul> <p>Services are delivered by an Occupational Therapist licensed by the State of Wisconsin.</p> <p>Occupational Therapy services include: assessment of the enrolled youth's abilities to engage in age appropriate activity and respond appropriately to environmental events. The Occupational Therapy intervention includes treatment services that focus on the youth behavioral and mental health related needs in the areas of sensory integration, interpersonal and cognitive skill development; youth and parent education regarding management of the youth's needs; collaboration with parents, teachers and other members of the child and family team.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>Services are generally provided in a clinic setting. Limited home based services for the purpose of assessment and family education may be reimbursed under this code. (Travel time is not reimbursable.)</p> <p>Documentation requirements:<br/> Provider Note entry in Synthesis. Instructions for provider note entry at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> <p>Occupational Therapy must be provided in accordance with a written treatment plan which is updated monthly or more often as needed.</p> <p>The enrolled youth's needs are to be re-evaluated on an ongoing basis, and documentation must address progress made toward identified treatment goals.</p> <p>The treatment goals and documentation of treatment results should specifically demonstrate that occupational therapy services are contributing to improvement in the enrolled youth's behavioral or mental health functioning at home, in the community or at school.</p> <p>CONTINUED AUTHORIZATION:<br/> Authorization for services is managed on a month to month basis with services provided on average 1 to 3 hours per week. Requests for continued service authorization are to be based on progress made toward the enrolled youth's identified treatment goals. A one month transition period is appropriate when maximum benefit from the service has been achieved.</p> <p><i>Credentials:</i> State of Wisconsin Occupational Therapist License<br/> National Provider Identifier</p> |                     |              |              |              |
| 5591                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | On The Job Training | 1000         | 1000         | Total        |
| <p>On the Job Training provides an opportunity for youth and family members to prepare for future employment through hands-on learning of hard and soft skills in a realistic, paid work environment.</p> <p>Service Components: On the Job Training (OJT) is a structured, time limited (30-120 days) service, which incorporates on the job evaluation, hard and soft skill training, and paid work experience performing meaningful (not contrived tasks or other "make work" activities) tasks. OJT is fundamentally work-oriented, but shall include formal and informal hard and soft skill training, as well as assessment. OJT may occur on or off site of the Provider and trainees shall be paid at minimum wage or higher and will be subject to all required payroll deductions. OJT shall build a credible work history by realistically reflecting the demands of regular, competitive employment, but will</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |              |              |              |

include intensive, structured supervision and feedback, with some accommodation for learning and trial and error. At monthly intervals, an evaluation of work performance will occur in Synthesis, to include a summary of:

1. Service Recipient hours scheduled, worked, and nature of work performed.
2. The Service Recipient’s reaction to the work environment and the overall experience.
3. Observations by the employer of the Service Recipient’s performance and interaction with other employees and the work environment.

On the Job Training will occur as follows:

On the Job Training-a combination of enrollee-paid work and classroom based hard and soft skill training to take place for a pre-approved period of time (30-120 days), rate, and schedule (number of hours). For enrollees who successfully complete this phase, a letter of recommendation must be obtained from the work site (not from an agency affiliated person, unless agency is OJT site). Service may conclude at this point.

If Provider facilitates employment of service recipient into a permanent position in a field related to training, provider shall receive an outcome-based payment of \$700 (conditions and reporting requirements follow Phase 3 of service code 5557, Employment Preparation and Placement) upon achieving the 60 day job retention milestone. Permanent employment at OJT site will qualify for the retention bonus, but time spent in OJT will not count toward the 60 day timeline.

The following services may not be provided concurrently with OJT:

- Employment Preparation and Placement (EPP)
- Independent Living Skills Training
- Life Skills Training, Individual and/or Group

Outcome: Service Recipients increase hard and soft skills. Service Recipients establish a positive, verifiable work reference. Service Recipients identify interests, abilities, limitations, and areas for improvement as they relate to their job search and career development.

H2017

Wellness Mgt / Recovery

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Credentials:

Agency:

During the application process, applicants must show evidence of training/experience/education specific to the provision of this service. This service requires a pre-approved curriculum which must be on file with and pre-approved by the Wraparound Milwaukee Provider Network, outlining:

- 1.A copy of assessment materials
- 2.The specific course of study

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>3.Timelines: week 1, week 2, etc.</p> <p>4.Scheduled number of hours per week and total for work, class/training, and face-to-face contact with Provider</p> <p>5.Specific hard (technical and job specific, i.e. keyboarding) and soft skills (generic and universal: i.e. communication) to be developed, and how they will be evaluated, to include copies of any pre/post testing, etc.</p> <p>6.Cost per participant</p> <p>7.Expectations and participation requirements for the program, including participant conduct that could result in expulsion from the program.</p> <p>Provider:</p> <p>Individual Providers of this service must possess a High School Diploma or GED and must have at minimum three years work force experience and at least one year experience in related field. Individual Direct Service Providers of this service shall be pre-approved by Wraparound and must comply with Policy #057, "Caregiver Background Checks".</p> <p>Reporting and Documentation Requirements:</p> <p>Synthesis: Monthly summary of activities engaged in, including:</p> <ol style="list-style-type: none"> <li>1.Hours scheduled/attended,</li> <li>2.Hours scheduled attended class/training time</li> <li>3.Dates and times of all face to face contact with Provider.</li> <li>4.Feedback from job supervisor</li> <li>5.For service recipients hired into permanent jobs, Synthesis reports documenting               <ol style="list-style-type: none"> <li>a) Employment verification/start of employment</li> <li>b) Employment retention</li> </ol> </li> </ol> <p>Rate: Program summary and rate to be approved by Wraparound prior to the start of services. Rate will be prorated for partial completion of Phase 1.</p> |                 |              |              |              |
| 5515B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Parent Coaching | 101          |              | Hour         |
| <p>Parent coaching is an individualized service to help parents/caregivers understand, respond to, and improve behaviors of an enrolled youth, based on needs identified in the youth/family's Plan of Care. This service is provided on a one on one basis with the parent/caregiver.</p> <p>The Parent Coaching service provides trauma-informed techniques using the Present Moment Parenting model to educate parents on the specific relationship between unwanted behavior and unexpressed feelings. Once those relationships are understood, parents learn how to approach the child in a way that heals him/her, rather than re-traumatizes them. The session-by-session curriculum is customized based on the needs and capacity of the individual parent/caregiver and child. Parenting techniques to be explored/addressed can include:</p> <ul style="list-style-type: none"> <li>• Heartfelt appreciation (which rewards the desired behavior) and encouragement</li> <li>• Understanding that all behavior is communication and uncovering what your child is trying to "tell you"</li> <li>• To foster increased attachment</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | Set IPN Rate                                                                                                                                                                                        | Avg IPN Rate | Billing Unit |
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| <ul style="list-style-type: none"> <li>Implementing family meetings</li> <li>Establishing effective rules</li> <li>Growing desired behaviors</li> <li>Implementing “do-overs” rather than punishing</li> <li>Staying in the present moment- letting go of fears over tomorrow or what happened yesterday</li> <li>Understanding the individual child and his/her challenges, i.e. autism, ADHD, ODD, sensory processing concerns, reactive attachment disorder, giftedness, etc.</li> <li>Communicating with children so the message gets through</li> <li>Appropriate use of consequences</li> <li>Handling pressure from other relatives, teachers, and friends</li> <li>Creating structure</li> </ul> <p>Services may be provided in the home, office, or community- based setting as identified by the Child and Family Team. Travel time for this service is allowable, up to one hour to and one hour from session. Billing travel time for no shows is allowable and follows the guidelines in Wraparound Policy #025, In Home Therapy. A Parent Coach may NOT be authorized to work with the youth/enrollee and his/her foster parents while the youth is in a foster home. The only exception to this would be if the foster home were a potential adoptive resource. A Parent Coach can be authorized while the youth is in out of home placement if the Parent Coach is bringing the biological family or adoptive resource/youth together to promote reunification.</p> <p>Documentation requirements- Parent Coach must complete:</p> <ul style="list-style-type: none"> <li>Provider Notes in Synthesis,</li> <li>Wraparound Milwaukee In-Home Session Log, and</li> <li>Case notes, per guidelines defined in Wraparound Policy 054, Provider Agency Responsibilities and Guidelines. Case note must also include type of contact (face to face; non-face to face, such as telephone or video/Skype contact; collateral)</li> </ul> <p><i>Credentials:</i> Parent Coaches must have formal training or certification specific to this service, have a minimum of a Bachelor’s Degree in a child-related human services field, and at least two years of related full time experience working with youth with serious emotional, behavioral, or mental health conditions.</p> |                                                                     |                                                                                                                                                                                                     |              |              |
| 5550A<br>T2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Parent Correctional Facility Visit<br>Non emerg transport, per trip | This service is designed to allow Wraparound Milwaukee enrolled youth to visit a parent who is currently incarcerated in a Wisconsin prison or correctional facility outside of the Milwaukee Area. |              |              |
| Visits to be held in the correctional facility general visiting or designated areas. Does not include visits to parents who are in segregation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                                                                                                                                     | 250          | Trip         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>Correctional facilities/institutions visited differ by Provider Agency.</p> <p>Integrity Family Services provides services to:</p> <ul style="list-style-type: none"> <li>·Waupun Correctional Institution</li> <li>·Dodge (Waupun) Correctional Institution</li> <li>·John Burke (Waupun) Correctional Institution</li> <li>·Fox Lake (Waupun) Correctional Institution</li> <li>·Green Bay Correctional Institute</li> <li>·Taycheedah Correctional Institution</li> <li>·Robert E. Ellsworth Correctional Institution</li> <li>·Racine Correctional Institution</li> </ul> <p>St. Rose Youth and Family Center provides services to:</p> <ul style="list-style-type: none"> <li>·John Burke (Waupun) Correctional Institution</li> <li>·Taycheedah Correctional Institution</li> <li>·Robert E. Ellsworth Correctional Institution</li> <li>·Racine Correctional Institution</li> <li>·Southern Oaks Girls School</li> </ul> <p>The service includes transportation of the Wraparound enrolled youth to and from the correctional facility and supervision of the youth during the entire time of the visit with their parent.</p> <p><i>Credentials:</i> Staff with prior experience working with Wraparound youth desired.</p> <p>Prior experience as a Crisis Stabilization provider for Wraparound Milwaukee or equivalent training.</p> <p>Valid Wisconsin Drivers License (Drivers Abstract on file with agency)</p> <p>Agencies must obtain 2 letters of reference regarding the provider's professional abilities. Reference letters are to be maintained in the employees file at the agency.</p> <p>Crisis training of 40 hours for staff with no prior crisis stabilization related experience or 20 hours for staff with 6 months of prior experience. Training must be completed prior to the provision of this service.</p> <ul style="list-style-type: none"> <li>·Training can include Crisis Prevention Intervention (CPI), Managing Aggressive Behavior (MAB) or a similar program along with other related in-service training; crisis intervention and de-escalation training in the following areas:</li> <li>·Crisis regulations.</li> <li>·Wraparound crisis intervention policies and procedures and</li> <li>·Specific requirements associated with this service.</li> <li>·Wisconsin state statutes and administrative rules related to patient rights and confidentiality of youth records.</li> </ul> |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <ul style="list-style-type: none"> <li>·Basic mental health intervention techniques applicable to crisis situations.</li> <li>·Techniques for assessing and responding to persons with emergency mental health needs who are experience a crisis or AODA related problems.</li> </ul>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| 5550C<br>T2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Parent Correctional Facility Visit-Orien<br>Non emerg transport, per trip                                                                                                                                                                                                                                                                   |              | 70           | Session      |
| Sole Provider: St. Rose Youth and Family Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| Use this service code to authorize payment for a ONE TIME ORIENTATION SESSION conducted with the youth referred for PARENT CORRECTIONAL FACILITY VISITATION - Service Code 5550A.                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| This code may only be authorized in conjunction with PARENT CORRECTIONAL FACILITY VISITATION - Service Code 5550A.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017P-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Peer Support-Bachelors                                                                                                                                                                                                                                                                                                                      |              | 21.43        | Hour         |
| Peer support services include a wide range of supports to assist the member and the member's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, certified Peer Specialists and members work as equal toward living in recovery. |                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Must have a Bachelor's Degree. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.<br>Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist as noted by the "‡" throughout the array.<br>All providers must act within their scope of practice |              |              |              |
| H2017P-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Peer Support-Certified Peer Specialist                                                                                                                                                                                                                                                                                                      |              | 13.97        | Hour         |
| Peer support services include a wide range of supports to assist the member and the member's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, certified Peer Specialists and members work as equal toward living in recovery. |                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.<br>Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist.                                                                                                                                  |              |              |              |
| H2017P-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Peer Support-Masters                                                                                                                                                                                                                                                                                                                        |              | 32.14        | Hour         |
| Peer support services include a wide range of supports to assist the member and the member's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity,                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |              |              |              |

| Service Name / ID                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                     | and without trauma. Through a mutually empowering relationship, certified Peer Specialists and members work as equal toward living in recovery.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| <i>Credentials:</i>                 | Must have a Master's Degree. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.<br>Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist as noted by the “‡” throughout the array.<br>All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                    |              |              |              |
| H2017P- Peer Support-Other          | Peer support services include a wide range of supports to assist the member and the member’s family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, certified Peer Specialists and members work as equal toward living in recovery.                                                                              | 13.97        |              | Hour         |
| <i>Credentials:</i>                 | Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.<br>Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist as noted by the “‡” throughout the array.<br>All providers must act within their scope of practice. Other professionals shall have at least a bachelor’s degree in a relevant area of education or human services.                                                                                                                                                                                                                                  |              |              |              |
| H2017P- Peer Support-Ph.D           | Peer support services include a wide range of supports to assist the member and the member’s family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, certified Peer Specialists and members work as equal toward living in recovery.                                                                              | 40.00        |              | Hour         |
| <i>Credentials:</i>                 | Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.<br>Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist as noted by the “‡” throughout the array.<br>All providers must act within their scope of practice. Psychologists shall be licensed under ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders. |              |              |              |
| H2017P- Peer Support-Rehabilitation | Peer support services include a wide range of supports to assist the member and the member’s family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, certified Peer Specialists and members work as equal toward living in recovery.                                                                              | 13.97        |              | Hour         |
| <i>Credentials:</i>                 | Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.<br>Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| All providers must act within their scope of practice.A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |              |              |              |
| 5091                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Permanency Services |              | 55           | Hour         |
| <p>Permanency Services reestablishes family connections by utilizing the evidence-informed Family Finding Model to find and engage relatives of children, with a goal of locating at least 40 relatives per child. Once family members are found, Permanency Services providers work to reestablish relationships, where appropriate, process grief and loss, and explore ways to establish lifelong connections with family and/or find a permanent family placement for the child. Permanency Services are tailored to meet the needs of children and youth of any age and every type of permanency plan. Permanency Services includes finding informal supports for achieving a timely, successful reunification; seeking out a permanent resource if reunification is no longer an option; decreasing isolation for youth in care to address behavioral issues; working to prevent older youth from lingering in care, aging out of care or aging out with few or no supports; and establishing support networks for teen/young parents.</p> <p>The Permanency Services Provider will participate in the Child and Family team to discuss the Permanency Services process, the child’s permanency status, desired outcomes, and progress and other updates. The Child and Family Team will define the role of the Permanency Services Provider within the parameters in the service description. The Permanency Services Provider will write an Initial Service Plan within 45 days, outlining the desired outcomes for Permanency Services and the discovery efforts, visits and contacts made up to that date. The Child and Family Team will receive a copy of the ISP.</p> <p>In order to ensure safety of the youth, the Permanency Services Provider will proactively work with family and like-kin individuals to complete background checks prior to the youth engaging with the individual, including public background checks minimally on all family members, and full background checks (including CPS, MPD, DOJ and DOT) if the person expresses an interest in having contact with the youth. The Permanency Services Provider will continue to engage interested relatives and work closely with the child’s team to integrate the family members into the child’s life.</p> <p>Billable activities include direct, face to face contact with the youth/family and non face-to-face activities including researching and contact with other family members and other potential connections (including travel time).</p> <p>Supervision is provided twice per month individually and once per month in a group based setting.</p> <p>Documentation Requirements:</p> |                     |              |              |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <div> <div></div> <div>Case note documentation per Wraparound Policy #054, Provider Agency Responsibilities and Guidelines, Wraparound Milwaukee In-Home Session Log, and monthly Synthesis Team Support/Provider Progress report.</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                 |              |
| <div> <div>Credentials:</div> <div> <p>Bachelor's degree in Social Work, or a related field; have training and minimum of one year prior experience in the out-of-home care field and working with families of diverse ethnic, cultural and socioeconomic backgrounds.</p> <p>Prior to approval to provide Permanency Services, Permanency Services provider will complete FF training curriculum. Documentation of training will be submitted with staff add request.</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                 |              |
| <div> <div>5090</div> <div> <div>Permanency Services, Intensive</div> <div> <p>Based on needs identified in the Child/Family's Plan of Care, Intensive Permanency Services (IPS) helps youth grieve and process loss of loved ones and re-establish family connections and relationships.</p> <p>This allows them to heal past trauma and move forward in healthy, stable ways. TPS reduces the effects of ACEs (Adverse Childhood Experiences) by mitigating the impacts of trauma on youth served. When this essential grief and loss work is successful, youth are again able to engage in developing stable adult relationships.</p> <p>IPS includes both one on one, face to face activities as well as the identification and cultivation of other sources of support, including location of family members and other important adults. The Intensive Permanence Specialist helps to connect and re-connect the youth to those they have loved and lost through multiple moves or out-of-home placements, including known and unknown family members. This is done through building relationships with the youth to determine who is important to them, conducting several activities with the youth which identify their sources of support, intensive records reviews, interviews with the youth and other family members, and diligent patient outreach to family and other important adults. The primary method used is the Family Search and Engagement Model by Mardith Louisell.</p> <p>IPS is a youth driven service. The youth determines if they will engage in the service, the pace that the service progresses, and is instrumental in determining the goals of the service.</p> <p>Goals of Intensive Permanency Services include:</p> <ul style="list-style-type: none"> <li>•Youth will increase the number of family members that they are connected to.</li> <li>•Youth will be reconnected to any existing siblings that they did not know they had.</li> <li>•Youth will improve the quality of the relationships with family members that they</li> </ul> </div> </div> </div> | 1250            |                 | Monthly      |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>thought had forgotten about them, or thought they did not want a relationship with them due to the nature of their removal from the family.</p> <ul style="list-style-type: none"> <li>•The opportunity to process life events in various formats (timelines, genograms, connectedness maps, etc.) allows the youth to cope with life events in a healthy manner and strengthens their relationships with the people around them.</li> <li>•Increased motivation to work towards life goals</li> </ul> <p>While the youth work with their Intensive Permanence Specialist to heal their relational traumas, the Intensive Permanence Specialist is also working with the youth to build their network of support.</p> <p>The IPS Specialist will participate in Child and Family Team meetings as requested. Contacts with collaterals may not displace or conflict with normal Child and Family Team functions and communication.</p> <p>Authorization, Billing, and Payment for 5090 is for a single unit of a bundled service with a single unit of \$1250/month.</p> <p>Documentation requirements-IPS Specialist must complete:</p> <ul style="list-style-type: none"> <li>-monthly Synthesis Team Support/Provider Progress report,</li> <li>-case notes which conform in content with Wraparound Policy #054, Provider Agency Responsibilities and Guidelines.</li> <li>-Wraparound Milwaukee In-Home Session Log.</li> </ul> <p>Supervision requirements-IPS Program Supervisor. The IPS Specialist will be supervised by a Master's Level clinician licensed in the State of Wisconsin. The Program Supervisor will have a minimum of five years post licensure working in the child welfare field. The Program Supervisor will have demonstrated leadership in program management, administration and supervision. The Program Supervisor will provide a minimum of four hours of supervision per month via individual and group supervision. Documentation that supervision occurred with the Intensive Trauma and Permanency Services Specialist must be present. This can be in the form of a brief note indicating the name of the Specialist, the date that supervision occurred, the length of the supervision session (i.e., one hour), and the content of the interaction/discussion (i.e., what youth(s) was/were discussed, interventions to be employed, strategies to consider). The Supervising Clinician must then sign and date the note with their full name and credentials. It is preferential that the Specialist who is engaging in the worker/clinician supervisory interaction also sign and date the clinical supervisors note as verification that the supervision took place.</p> |                 |                 |              |

| Service Name / ID   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <i>Credentials:</i> | Intensive Trauma and Permanency Services Specialist. The IPS Specialist will have Bachelors or Master's Degree in a human services field with a minimum of 3 years of post-graduate experience working in a child serving agency and will be licensed a licensed social worker in Wisconsin. The Specialist will be trained in and utilize Darla Henry's 3-5-7 Model and the Family Search and Engagement Model (FSE) authored by Maridith Louissel and Hunter College School of Social Work.                                                                                                                                                                                                  |              |              |              |
| H2017H              | Physical Health Monitoring-Bachelors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | 21.43        | Hour         |
|                     | <p>Physical Health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.</p> <p>Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills.</p>                                                                                                        |              |              |              |
| <i>Credentials:</i> | Must have a Bachelor's Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017H              | Physical Health Monitoring-Bachelors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | 21.43        | Hour         |
|                     | <p>Physical Health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.</p> <p>Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills.</p>                                                                                                        |              |              |              |
| <i>Credentials:</i> | Must have a Bachelor's Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017H              | Physical Health Monitoring-Certified P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | 13.97        | Quarter Hour |
|                     | <p>Physical Health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.</p> <p>Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills.</p>                                                                                                        |              |              |              |
| <i>Credentials:</i> | Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self identified mental disorder or substance abuse use disorder. |              |              |              |

| Service Name / ID                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| H2017H Physical Health Monitoring-Master (Gr | Physical Health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.<br>Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills. | 32.14        |              | Hour         |
| <i>Credentials:</i>                          | Must have a Master's Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017H Physical Health Monitoring-Masters    | Physical Health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.<br>Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills. | 32.14        |              | Hour         |
| <i>Credentials:</i>                          | Must have a Master's Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017H Physical Health Monitoring-Other      | Physical Health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.<br>Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills. | 13.97        |              | Quarter Hour |
| <i>Credentials:</i>                          | Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| H2017H Physical Health Monitoring-Ph.D.      | Physical Health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.<br>Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health                                   | 40.00        |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>monitoring and management skills.</p> <p><i>Credentials:</i> Providers must be a licensed Psychologist. Psychologists shall be licensed under ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |              |              |              |
| H2017H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Physical Health Monitoring-Rehabilitat                                         |              | 13.97        | Hour         |
| <p>Physical Health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.</p> <p>Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills.</p> <p><i>Credentials:</i> Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successful completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p>  |                                                                                |              |              |              |
| H2017H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Physical Health Monitoring-Rehabilitat                                         |              | 13.97        | Hour         |
| <p>Physical Health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks.</p> <p>Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills.</p> <p><i>Credentials:</i> Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code.* All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successful completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |                                                                                |              |              |              |
| 5313<br>S9485                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Placement Stabilization Center<br>Crisis Intervention MH services,<br>per diem |              | 162.00       | Daily        |
| <p>The purpose of the Placement Stabilization Center is to provide short-term placement for adolescents, ages 12-17, under a CHIPS order, who require temporary placement while steps for stabilizing placements are being explored.</p> <p>Placement stabilization centers are eight-bed group homes selected by and under</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>contract to the Bureau of Milwaukee Child Welfare. They provide a safe and nurturing living environment in which adolescents can be stabilized, monitored and assessed for the most appropriate placement for permanency of the adolescents. Services provided include emotional, behavioral and social assessments of the child's functioning in a group setting, day-to-day structured programming, providing necessary transportation to medical appointments, evaluations and to school and to facilitate visitation between the adolescent and family.</p> <p><i>Credentials:</i> All such placements must be approved and coordinated through the liaison for Lutheran Social Services, First Choice for Children (phone number 325-3175).</p> |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |              |              |
| 5221<br>H0046                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Professional Consultation<br>Mental Health service, NOS                | <p>A licensed Psychologist or Child Psychiatrist, considered to be an "expert" in their field, provides case consultation related to the treatment of a youth with complex diagnoses involving a developmental and/or a cognitive disorder.</p> <p>This service is authorized on a case by case bases upon the recommendation of a member of the Wraparound Management Team . The practitioner (not currently providing services to the enrollee/family) provides a “one time” consultation designed to offer guidance, education and recommendations to care coordinators and/or a Child and Family Team in situations where they are experiencing extreme difficulty identifying an appropriate course of intervention for a designed youth and their family.</p> <p><i>Credentials:</i> Licensed M.D. with a specialty in Child Psychiatry or a Licensed Clinical Psychologist considered to be an "expert" in their field, with expertise in the treatment of youth with complex mental health, cognitive and developmental needs.</p> | 100.00       |              | Hour         |
| 5355<br>99285                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Psych Hosp-ER Visit<br>Behavioral health screening to<br>determine adm | <p>Triage assessment in a psychiatric hospital setting to assess need for inpatient hospitalization.</p> <p>ER visit rate paid only on clients NOT admitted to the ospital -- if a client is hospitalized, this fee is covered as part of the first day of hospitalization.</p> <p><i>Credentials:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 255.00       |              | Session      |
| 5350<br>99223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Psychiatric Hospital<br>Hospital Care, per day                         | <p>Placement in an inpatient psychiatric hospital for assessment and treatment of children with severe emotional and mental health problems.</p> <p>These are children who are determined to be dangerous to themselves or others due to a mental illness and require hospitalization as the least restrictive alternative.</p> <p>Hospitalization should be short-term with the goal of returning the child to a home or community placement as soon as possible. This service must be pre-authorized by the Mobile Urgent Treatment Team for Wraparound youth.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 800.00       |              | Daily        |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5050<br>90862                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Psychiatric Review/Meds Pharmacologic mgmt              | Prescription monitoring and evaluation of medication on an outpatient basis by a licensed Psychiatrist or Certified Advanced Practice Nurse Prescriber. These sessions are usually brief reviews and medication monitoring (with no more than minimal psychotherapy, generally 15 to 30 minutes).                                                                                                                                                                                                                                                                                                                                                                    | 110.00       |              | Session      |
| <i>Credentials:</i> Licensed M.D. with a specialty in Psychiatry/Child Psychiatry OR Wisconsin Licensed Professional Nurse with Certification as advanced nurse practitioner in the State of Wisconsin with Psychiatry specialty and/or certification in Psychiatry/Mental Health from the American Nurse Credentials Center, experience and training in psychiatric practice and prescribing supervised by M.D., and who meet the certification guidelines in Wisconsin Chapter N8.   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| Effective 1/1/2007, providers of this services must have a National Provider Identifier (NPI)                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5051<br>90862                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Psychiatric Review/Meds-with Therapy Pharmacologic mgmt | Prescription monitoring on an outpatient basis by a licensed Psychiatrist or Certified Advanced Practice Nurse Prescriber, including medical evaluation and medication management services, with interactive, insight-oriented or supportive psychotherapy (generally 30 minutes or more).                                                                                                                                                                                                                                                                                                                                                                           | 206.25       |              | Session      |
| 90805,9<br>0807,90<br>811,908<br>13                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Medical Evaluation and Medication Management            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| <i>Credentials:</i> Licensed M.D. with a specialty in Psychiatry/Child Psychiatry OR Wisconsin Licensed Professional Nurse with Certification as advanced nurse practitioner in the State of Wisconsin with a Psychiatry specialty and/or certification in Psychiatry/Mental Health from the American Nurse Credentials Center, experience and training in psychiatric practice and prescribing supervised by M.D., and who meet the certification guidelines in Wisconsin Chapter N8. |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| Providers of this services must have a National Provider Identifier (NPI)                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5632H<br>H2017<br>HQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Psychoeducational Support Group-ART Psycho Educ Service | Aggression Replacement Training (ART) is a cognitive-behavioral intervention designed to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior.<br><br>ART program is designed to be delivered in a group format comprising of 30 hours. (Two ART certified providers must facilitate each group. Only lead facilitator will be authorized via SARS; co facilitators will be subject to Provider Add process, but will not be authorized individually in SARs. Provider notes for each session will be completed by lead and make reference to the co-facilitator for that session. | 35           |              | Hour         |

ART program is a multi-model intervention consisting of three components:

1. Skill Streaming - an intervention in which a 50-skill curriculum of prosocial behaviors is systematically taught to chronically aggressive adolescents.
2. Anger Control Training - primary objective is to teach youth to control and better manage their anger.
3. Moral Reasoning - cognitive intervention component of ART designed to enhance youths' sense of fairness and justice in the world and provide opportunities to discuss their responses to problem situations taking perspectives other than their own (perspective taking) into account that represent a higher level of moral understanding. Moral reasoning training promotes values that respect the rights of others and help youth want to use the interpersonal and anger management skills taught.

This is a professionally delivered treatment modality integrating therapeutic and educational interventions in groups of 2 to 10 people. Psychoeducation is delivered to increase the recipient of care’s information, knowledge, and skills about their mental health challenges. The following interventions are considered psychoeducational services when delivered as part of the recipient’s overall Plan of Care.

- Information provided to children/adolescents with severe emotional needs and their families about understanding diagnosis and treatment that will improve their participation in and effectiveness of their treatment plan
- Teaching children/adolescents and their families skills and techniques to reduce mental health symptoms and improve functioning
- Teaching the recipient of care self-advocacy and communication skills to better enable them to participate in their treatment and improved the effective delivery of other therapeutic services

Services will take place through participation with other recipients in group sessions. The need for this intervention shall be documented within the needs and strategies in the child’s Plan of Care.

Lessons in this program are intended to address the behavioral, affective, and cognitive components of aggressive and violent behavior. Incremental learning, reinforcement technique, and guided group discussion enhance skill acquisition and reinforce the lessons in the curriculum.

Clinical supervision of ART services worker must occur following all the guidelines that apply to clinical supervision of Crisis Stabilization/Supervision (see Wraparound

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                      | <p>Policy #036 Crisis Stabilization/Supervision Services-see Section B, pages 2-3), unless at least one member of the two person facilitation team is a clinician.</p> <p>Documentation requirements:<br/> Provider Note entry in Synthesis, instructions at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> <p><i>Credentials:</i> Provider credentials:</p> <ol style="list-style-type: none"> <li>1) Completion of the 10 hour Aggression Replacement Training.</li> <li>2) Lead facilitator of this service shall have at least a bachelor's degree in a relevant area of education or human services.</li> <li>3) Providers shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries.</li> </ol> <p>A copy of the training certificate from the agency verifying this training is to be submitted to the Provider Network at the time of the Provider Add Request and a copy maintained in the agency employee file.</p>                                                                                                                       |                 |                 |              |
| 5632C<br>H2017<br>HQ | <p>Psychoeducational Support Group-CSE<br/> Psycho Educ Service</p> <p>Psycho Educational Support Group-CSE/DST provides mentoring, prevention education, and advocacy to empower girls who have experienced, or are at risk of, commercial sexual exploitation (CSE) and/or domestic sexual trafficking (DST).</p> <p>This is a professionally delivered treatment modality integrating therapeutic and educational interventions in groups of 2 to 10 people. Psychoeducation is delivered to increase the recipient of care's information, knowledge, and skills about their mental health challenges. The following interventions are considered psychoeducational services when delivered as part of the recipient's overall Plan of Care.</p> <ul style="list-style-type: none"> <li>• Information provided to children/adolescents with severe emotional needs and their families about understanding diagnosis and treatment that will improve their participation in and effectiveness of their treatment plan</li> <li>• Teaching children/adolescents and their families skills and techniques to reduce mental health symptoms and improve functioning</li> <li>• Teaching the recipient of care self-advocacy and communication skills to better enable them to participate in their treatment and improved the effective delivery of other therapeutic services</li> </ul> <p>Services will take place through participation with other recipients in group sessions. The need for this intervention shall be documented within the needs and strategies in the child's Plan of Care.</p> | 21.44           |                 | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>Clinical supervision of the Psycho Educational services worker must occur following all the guidelines that apply to clinical supervision of Crisis Stabilization/Supervision (see Wraparound Policy #036 Crisis Stabilization/Supervision Services-see Section B, pages 2-3)</p> <p>Documentation requirements:<br/> Provider Note entry in Synthesis, instructions at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| <p><i>Credentials:</i> Providers of psycho-educational services are required to have the skills, training, education, and experience needed to perform these services and meet the following minimum requirements:</p> <p>1) Providers of this service shall have at least a bachelor's degree in a relevant area of education or human services.</p> <p>2) Providers shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries.</p> <p>A copy of the training certificate from the agency verifying this training is to be submitted to the Provider Network at the time of the Provider Add Request and a copy maintained in the agency employee file.</p> |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| 5180B<br>96101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Psychological Eval. Extended-Ph.D.<br>Psychological testing     | <p>Used in conjunction with 5180A, Evaluation Services, Ph.D. If a psychological evaluation will be of a more extensive nature than is customary, the case manager and provider may request an enhanced rate be paid for the evaluation, but this service must be prior authorized by the Director of the Children's Mobile Crisis Team (Wraparound Chief Psychologist). A psychological report on the specific findings must be submitted to the care coordinator within 30 days of the appointment.</p> <p>Authorization/approval process: Care Coordinator enters SAR for 5180 A and obtains approval from Director of the Children's Mobile Crisis Team via an enrollee demographics note, to include a not to exceed amount. Finance will enter 5180B SAR when invoiced, provided all necessary documentation is in place.</p> | 1.00         |              | Dollar       |
| <p><i>Credentials:</i> Wisconsin Psychologist License.</p> <p>Effective 1/1/2007, providers of this services must have a National Provider Identifier (NPI)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| 5180A<br>96101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Psychological Evaluation Services-Ph.I<br>Psychological testing | <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 440.00       |              | Evaluation   |

| Service Name / ID                                                                             |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5180A<br>90801                                                                                | Psychological Evaluation Services-Ph.I<br>Psychiatric diagnostic interview<br>exam | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                | 440.00       |              | Evaluation   |
| <i>Credentials:</i>                                                                           |                                                                                    | Wisconsin Psychologist License.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |              |
| Effective 1/1/2007, providers of this services must have a National Provider Identifier (NPI) |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |              |
| H2017T-                                                                                       | Psychotherapy-Bachelors                                                            | Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.<br>Psychotherapy may be provided in an individual or group setting.                                                                                                                                                                                                                                            | 21.43        |              | Hour         |
| <i>Credentials:</i>                                                                           |                                                                                    | Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017T-                                                                                       | Psychotherapy-Bachelors (Group)                                                    | Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.<br>Psychotherapy may be provided in an individual or group setting.                                                                                                                                                                                                                                            | 5.36         |              | Hour         |
| <i>Credentials:</i>                                                                           |                                                                                    | Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017T-                                                                                       | Psychotherapy-Certified Peer Specialist                                            | Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.<br>Psychotherapy may be provided in an individual or group setting.                                                                                                                                                                                                                                            | 13.97        |              | Hour         |
| <i>Credentials:</i>                                                                           |                                                                                    | Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder. |              |              |              |

| Service Name / ID                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| H2017T- Psychotherapy-Certified Peer Specialist | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.</p> | 3.49         |              | Hour         |
| H2017T- Psychotherapy-Masters                   | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p> <p><i>Credentials:</i> Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 32.14        |              | Hour         |
| H2017T- Psychotherapy-Masters (Group)           | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p> <p><i>Credentials:</i> Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8.04         |              | Hour         |
| H2017T- Psychotherapy-Other                     | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 13.97        |              | Hour         |

| Service Name / ID   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <i>Credentials:</i> | Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.                                                                                                                                                                                                                                  |              |              |              |
| H2017T              | Psychotherapy-Other (Group)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | 3.49         | Hour         |
|                     | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p>      |              |              |              |
| <i>Credentials:</i> | Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.                                                                                                                                                                                                                                  |              |              |              |
| H2017T              | Psychotherapy-Ph.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | 40.00        | Hour         |
|                     | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p>      |              |              |              |
| <i>Credentials:</i> | Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders. |              |              |              |
| H2017T              | Psychotherapy-Ph.D. (Group)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | 10.00        | Hour         |
|                     | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p>      |              |              |              |
| <i>Credentials:</i> | Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders. |              |              |              |
| H2017T              | Psychotherapy-QTT1 (Group)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | 8.04         | Hour         |
|                     | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and</p>                                                                                                                                                                             |              |              |              |

| Service Name / ID                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                    | understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
|                                    | Psychotherapy may be provided in an individual or group setting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
| Credentials:                       | QTT Clinical Student Form along with other supporting documentation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |              |              |
|                                    | Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* Qualified treatment trainees can only work with DHS 35, Wis. Admin. Code, certified outpatient mental health clinics. Type I QTTs are defined in DHS 35.03(17m)(a), Wis. Admin. Code, as "A graduate student who is enrolled in an accredited institution in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field." Type 1 QTTs are covered under CCS provider type DHS 36.10(2)(g)22, Wis. Admin. Code, which is for clinical students. Services rendered by Type I QTTs are only billable if the QTT is working through a DHS 35, Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services. For the purposes of CCS, all clinical students are required to be Type I QTTs.                               |              |              |              |
| H2017T- Psychotherapy-QTT2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 32.14        |              | Hour         |
|                                    | Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
|                                    | Psychotherapy may be provided in an individual or group setting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
| Credentials:                       | Providers must submit a copy of their diploma or transcript and resume along with other supporting documentation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
|                                    | Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* Type 2 QTTs are defined in DHS 35.03 (17m) (b), Wis. Admin. Code, as "A person with a graduate degree from an accredited institution and course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field who has not yet completed the applicable practice requirements described under ch. MPSW 4,12, or 16, or Psy 2 as applicable." Type II QTTs are covered under CCS provider type DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified social workers, Certified advance social workers, and certified independent social workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services. |              |              |              |
| H2017T- Psychotherapy-QTT2 (Group) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8.04         |              | Daily        |
|                                    | Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
|                                    | Psychotherapy may be provided in an individual or group setting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
| Credentials:                       | Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice. Type 2 QTTs are defined in DHS 35.03 (17m) (b), Wis. Admin. Code, as "A person with a graduate degree from an accredited institution and course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field who has not yet completed the applicable practice requirements described under ch. MPSW 4,12, or 16, or Psy 2 as applicable." Type II QTTs are covered under CCS provider type DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified social workers, Certified advance social workers, and certified independent social                                                                                                                |              |              |              |

| Service<br>Name / ID                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                 |              |
| H2017T- Psychotherapy-Rehabilitation                                                                                                                                                               | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p>                                                                                                                                                                                                                                                                                                                                                        | 13.97           |                 | Hour         |
| <i>Credentials:</i>                                                                                                                                                                                | <p>Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successful completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |                 |                 |              |
| H2017T- Psychotherapy-Rehabilitation (Group)                                                                                                                                                       | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p> <p>Psychotherapy may be provided in an individual or group setting.</p>                                                                                                                                                                                                                                                                                                                                                        | 3.49            |                 | Hour         |
| <i>Credentials:</i>                                                                                                                                                                                | <p>Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successful completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |                 |                 |              |
| H2017T- Psychotherapy-QTT1                                                                                                                                                                         | <p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                | 32.14           |                 | Hour         |
| <i>Credentials:</i>                                                                                                                                                                                | <p>Psychotherapy may be provided in an individual or group setting.</p> <p>Providers must submit a copy of their diploma or transcript, resume and QTT Clinical Student Form along with other supporting documentation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                 |              |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Avg IPN Rate | Billing Unit |
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|                   | Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* Qualified treatment trainees can only work with DHS 35, Wis. Admin. Code, certified outpatient mental health clinics. Type I QTTs are defined in DHS 35.03(17m)(a), Wis. Admin. Code, as “A graduate student who is enrolled in an accredited institution in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field.” Type 1 QTTs are covered under CCS provider type DHS 36.10(2)(g)22, Wis. Admin. Code, which is for clinical students. Services rendered by Type I QTTs are only billable if the QTT is working through a DHS 35, Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services. For the purposes of CCS, all clinical students are required to be Type I QTTs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |              |
| 5526<br>H2022     | Recreation Programming-Full Day<br>Community-based wrap services,<br>per diem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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.<br><br>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.<br><br>NOTE: Transportation may NOT be used 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. | 60.00        | Daily        |
|                   | Community-based wraparound service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |              |
| Credentials:      | 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.<br><br>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.<br><br>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.<br><br>The agency rate is to be identified at the time of application.<br>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.).<br><br>A program description is to be included in the application process. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |              |

| Service Name / ID   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5527<br>H2022       | Recreation Programming-Half Day<br>Community-based wrap services,<br>per diem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <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.</p> <p>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> |              | 35.00        | Daily        |
|                     | Community-based wraparound service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| <i>Credentials:</i> | <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> <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> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| 5596                | Rent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3/29/18-Currently used solely for Rent at Journey House for O-YEAH participants.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              | Dollar       |
| <i>Credentials:</i> | Signed agreement with Wraparound.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| 5340<br>T2048       | Residential Care Center for Children &<br>Behavioral health, long term<br>residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Placement in a licensed Residential Care Center for children with severe emotional, behavioral or mental health problems.</p> <p>Placements may be made for 30 days or less with a goal of crisis stabilization and/or evaluation/ assessment before returning home or to a foster parent. Placements may be made for longer periods over 30 days when a child needs more intensive supervision or treatment. As of 1/1/99, all residential care placements must be</p>                                                                    |              | 261.83       | Daily        |

| Service Name / ID                                                                                                                                                                                                                                                       |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>pre-authorized by Wraparound; pre-authorization periods vary, but may be no longer than 90 days. All residential care placements must be reviewed at least every 90 days. (Refer to Wraparound Policy #004.)</p> <p><i>Credentials:</i> Residential Care License</p> |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5345<br>T2048                                                                                                                                                                                                                                                           | Residential Care-Specialized Behavioral health, long term residential          | <p>Short-term (up to 90 days), highly specialized and intensive program (i.e. developmentally disabled child with severe behavior challenges requiring one-on-one intervention; a SED child with severe, high risk or harmful behaviors requiring close staff supervision and monitoring).</p> <p>This service must be prior authorized. (Refer to Wraparound Policy #004.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | 288.31       | Daily        |
| <p><i>Credentials:</i> Residential Care License</p>                                                                                                                                                                                                                     |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5345B<br>T2048                                                                                                                                                                                                                                                          | Residential Care-Specialized LSS Path Behavioral health, long term residential |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              | Daily        |
| <p><i>Credentials:</i></p>                                                                                                                                                                                                                                              |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5346<br>T2048                                                                                                                                                                                                                                                           | Residential Care-Type II Behavioral health, long term residential              | A residential treatment facility certified to accept delinquent youth per Wisconsin State Statute 938.34 (4d). This service needs to be prior-authorized.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | 410.43       | Daily        |
| <p><i>Credentials:</i> Residential Care License.</p>                                                                                                                                                                                                                    |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| 5411<br>H0045                                                                                                                                                                                                                                                           | Respite, Foster care<br>Respite care not in the home, per day                  | <p>Overnight or short-term care (14-30 days) in a licensed foster home. The Foster Home or Treatment Foster Home licensing agency must approve this placement. Respite may not be used as a placement option if the child has no placement.</p> <p>Respite should be regularly scheduled as determined by the Child and Family Team and reflected in the Plan of Care or Treatment Plan. Respite for an emergency should be documented in the Crisis Plan in the Plan of Care or Treatment Plan. For pre placement visits, use code 5420, Foster Home, Pre-Placement visit.</p> <p>Care Coordinators or Case Managers placing children must make sure there is an up-to-date Foster Care License, have written consent by the parent/legal guardian, and change of placement. Care Coordinators and Case Managers must monitor this placement and coordinate child's return to their home.</p> |              | 75.00        | Daily        |
| <p><i>Credentials:</i> Foster Care License</p> <p>Wraparound will now allow youth to go to respite placements of individuals that have been pre-screened by the foster home licensing agency; or</p>                                                                    |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |

| Service Name / ID                                                                                                                                |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| pre-foster parents that are in the process of getting their 500 hours that have been screened and are being monitored by the foster care agency. |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5410<br>T1005                                                                                                                                    | Respite, Hourly<br>Respite care svcs, up to 15 min                                                                                                                                                                                        | Temporary care, not to exceed eight hours per day, required to relieve the principal caregiver of the stress in taking care of child or for other reasons that help sustain the family structure or meet the needs of the child.<br><br>Hourly respite should be a regularly scheduled need as determined by the Child and Family Team and reflected in the Plan of Care or Treatment Plan. Hourly respite for an emergency should also be documented in the crisis plan in the Plan of Care or Treatment Plan. Hourly respite may be provided in the child's home, respite provider's home, or in an agency setting by a qualified provider. The parent/legal guardian must provide signed consent for hourly respite. | 10.00        |              | Hour         |
| S5150                                                                                                                                            | Unskilled respite care,<br>non-hospice                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Credentials:                                                                                                                                     | 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). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5412<br>H0045                                                                                                                                    | Respite, Residential<br>Respite care services, not in the home                                                                                                                                                                            | Overnight respite care in a licensed residential care center for children and youth shall not exceed 9 days per episode.<br><br>If there is a need for an extension, care managers must contact their Wraparound Liaison.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | 105.00       | Daily        |
|                                                                                                                                                  | Respite care not in the home, per day                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Credentials:                                                                                                                                     | Child Placing Agency License or Residential Care License                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5415<br>H0045                                                                                                                                    | Respite-Crisis-FOCUS<br>Respite care not in the home, per day                                                                                                                                                                             | Overnight respite care in a licensed residential care center for children and youth shall not exceed 9 days per episode.<br><br>If there is a need for an extension, care managers must contact their Wraparound Liaison. Service includes youth in a crisis. Only for the FOCUS Program.                                                                                                                                                                                                                                                                                                                                                                                                                               | 205          |              | Daily        |
| Credentials:                                                                                                                                     | Child Placing Agency License or Residential Care License                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5150<br>H2019                                                                                                                                    | School/Community Based Mental Health<br>Therapeutic behavioral services, per 15 minutes                                                                                                                                                   | School/Community Based Mental Health Services is a therapeutically based intervention which incorporates individual/family therapy and school linkages with a goal of improving school and family functioning for youth with serious emotional, behavioral, and mental health needs. Services are provided primarily in the school,                                                                                                                                                                                                                                                                                                                                                                                     | 78.00        |              | Hour         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>but may also occur in the client's home, an inpatient clinic (for services when school is not in session), or in rare instances a community-based setting (i.e. when a neutral location is required).</p> <p>Milwaukee Public Schools is only allowing this service at the following schools:</p> <p>Pierce Elementary<br/> Greater Holy Temple<br/> Dr. M.L. King Elem.<br/> Keefe Ave.<br/> Audubon<br/> Cross Trainers<br/> Forest Home<br/> Kagel<br/> Westside Academy<br/> Hopkins-Lloyd<br/> Next Door Foundation<br/> Bethune Academy<br/> St. Catherine<br/> Sherman<br/> Benjamin Franklin<br/> O.W. Holmes<br/> Thoreau<br/> Milwaukee College Prep (Lloyd St. Campus)</p> <p>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. In addition, youth served may be at imminent risk of suspension or expulsion from school, at risk of being removed from a mainstream classroom setting, already removed from a mainstream classroom setting, or require this service as an alternative to continued seclusion from normalized school settings. All services provided must be directly or indirectly related to the client's emotional/ behavioral needs and how they affect school functioning and classroom behavior. Services may also include behavior training and feedback to the family as it relates to healthy school and family functioning. Services that are primarily social or recreational are not reimbursable (notwithstanding that appropriate clinical interventions such as play therapy may be employed). Identified needs, measurable goals and the format and intensity of treatment shall be consistent with the youth/family Plan of Care.</p> |                 |                 |              |

| Service<br>Name / ID | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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While the SCBMHS Provider is not intended to be the only provider addressing the clinical mental health needs of the child and family, they shall be the primary behavioral health provider of counseling and therapy services and shall be principally focused on addressing youth and family mental health needs as they impact on school functioning and classroom stability.

Services will be provided in a manner that minimizes school disruption and attendance, and therapeutic sessions shall occur during times identified by the Child and Family Team. Services will include collaborative work with school staff (i.e., teacher, guidance counselor, and other support personnel) to strengthen their capacity to meet the emotional and mental health needs of enrolled youth through improved communication, consistency of goals and interventions, and broader support of the student, family, and school staff.

Non face-to-face activities are allowable at a rate of up to, but not exceeding, a 1:1 ratio of individual therapy/face-to-face activities to coaching/collateral contact and other activities in which the child is not present. Non face-to-face activities are limited to: client specific team building and planning with school administration and staff to create effective collaboration between mental health providers, Wraparound, school, and families; observation and evaluation of student; engaging parents and school staff in the creation and implementation of strategies to meet student and parent needs in the classroom; training and in-classroom coaching to model positive behavior management for teachers in the context of a specific child; other collateral contacts on a very limited basis which support the needs identified in the Plan of Care and which do not displace or conflict with the customary scope of the Child and Family Team process.

The School/Community Based Mental Health Services Provider will work with the Care Coordinator to encourage the participation of additional school staff in the Child and Family Team process, with a goal of attendance at each team meeting by one school representative in addition to the SCBMHS Provider.

Travel time is can be billed per the parameters of Wraparound Policy #025, In Home Therapy.

*Credentials:* School/Community Based Mental Health Services can be provided by:

- 1) Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic
  - Licensed Clinical Social Worker
  - Licensed Marriage and Family Therapist
  - Licensed Professional Counselor
  - Licensed Psychologist
  - Psychiatrist

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>2) Music, Art, Dance Therapist with Wisconsin Psychotherapy License</p> <p>3) Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic</p> <ul style="list-style-type: none"> <li>Practitioner with a status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health Services, Division of Quality Assurance (DHS, DQA).</li> </ul> <p>Providers of School/Community Based Mental Health Services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
| H2017A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Screening and Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | 13.97        | Hour         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate. |              |              |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Screening and Assessment-APNP w Ps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 53.57        | Hour         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate. |              |              |              |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Providers must have a Bachelors Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. Advanced practice nurse prescribers shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinic specialists in adult psychiatric and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under ch.441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to apply relevant theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate       |              |              |              |

| Service Name / ID                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                               | school of nursing from an approved college or university.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
| H2017A· Screening and Assessment-Associate D  | Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate. | 13.97        |              | Hour         |
| <i>Credentials:</i>                           | Must have a Associate's Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017A· Screening and Assessment-Bachelors    | Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate. | 21.43        |              | Hour         |
| <i>Credentials:</i>                           | Providers must have a Bachelors Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| H2017A· Screening and Assessment-Certified Pe | Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate. | 13.97        |              | Hour         |

| Service<br>Name / ID                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                     | Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self identified mental disorder or substance abuse use disorder.                                                                                                                                                                                                                                  |                 |                 |              |
| H2017A Screening and Assessment-Masters | Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate. | 32.14           |                 | Hour         |
| <i>Credentials:</i>                     | Providers must have a Masters Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                 |              |
| H2017A Screening and Assessment-Ph.D.   | Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate. | 40.00           |                 | Hour         |
| <i>Credentials:</i>                     | Providers must be a licensed Psychologist. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                 |              |
| H2017A Screening and Assessment-QTTI    | Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 32.14           |                 | Hour         |

| Service<br>Name / ID                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                          | <p>the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate.</p> <p>Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. Comprehensive Community Services covers services rendered by two types of qualified treatment trainees (QTTs). Qualified treatment trainees can only work with DHS 35, Wis. Admin. Code, certified outpatient mental health clinics. Type 1 QTTs are defined in DHS 35.03 (17m) (a), Wis. Admin Code, as "A graduate student who is enrolled in an accredited institution in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field." Type 1 QTTs are covered under CCS provider type DHS 36.10 (2)(g)22, Wis. Admin. Code, which is for clinical students. Services rendered by Type 1 QTTs are only billable if the QTT is working through a DHS 35, Wis. Admin Code, certified clinic that is contracted by the CCS program to provide services. For purposes of CCS, all clinical students must be Type 1 QTTs.</p> |                 |                 |              |
| H2017A Screening and Assessment-QTT2         | <p>Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 32.14           |                 | Hour         |
| <i>Credentials:</i>                          | <p>Providers must have a Bachelors Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. Type 2 QTTs are defined in DHS 35.03 (17m) (b), Wis. Admin. Code, as "A person with a graduate degree from an accredited institution and course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field who has not yet completed the applicable practice requirements described under ch. MPSW 4,12, or 16, or Psy 2 as applicable." Type II QTTs are covered under CCS provider type DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified social workers, Certified advance social workers, and certified independent social workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                 |              |
| H2017A Screening and Assessment-Registered T | <p>Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 21.43           |                 | Hour         |

| Service<br>Name / ID                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                           | <p>needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate.</p> <p>Providers must be a licensed Registered Nurse. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a current license as a registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a Master's Degree from a national league for nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advanced practice psychiatric mental health nursing practice consist with American Nurses Association scope and standards for advanced psychiatric nursing practice in mental health nursing from a graduate school of nursing accredited by the national league for nursing.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 |              |
| H2017A/ Screening and Assessment-Rehabilitati | <p>Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyles of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate.</p> <p><i>Credentials:</i> Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> | 13.97           |                 | Hour         |
| H2017F/ Service Facilitation-Ancillary-APNP   | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 53.57           |                 | Hour         |

| Service Name / ID   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                     | the assessed needs of the minor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |              |              |
| <i>Credentials:</i> | Advanced Practice Nurse Prescriber with Psychiatric Specialty. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |              |
| H2017F/             | Service Facilitation-Ancillary-Associate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 13.97        |              | Hour         |
|                     | Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services. |              |              |              |
|                     | Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.                                                                                                                                                                                                                                                                                                                                        |              |              |              |
| <i>Credentials:</i> | Must have an Associates Degree in a relevant field of study. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |              |              |
| H2017F/             | Service Facilitation-Ancillary-Bachelor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 21.43        |              | Hour         |
|                     | Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services. |              |              |              |
|                     | Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.                                                                                                                                                                                                                                                                                                                                        |              |              |              |
| <i>Credentials:</i> | Must have a Bachelor's Degree in a relevant field of study. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017F/             | Service Facilitation-Ancillary-Masters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 32.14        |              | Hour         |
|                     | Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent                                                                                                                                                                                                         |              |              |              |

| Service<br>Name / ID                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                             | Must have a Master's Degree in a relevant field of study. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                 |              |
| H2017F/ Service Facilitation-Ancillary-MD       | <p>functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> | 53.57           |                 | Hour         |
| <i>Credentials:</i>                             | Licensed Medical Doctor/Psychiatrist. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |              |
| H2017F/ Service Facilitation-Ancillary-Peer Spe | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13.97           |                 | Hour         |

| Service<br>Name / ID                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                         | Certified Peer Specialist. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                 |              |
| H2017F/ Service Facilitation-Ancillary-PhD  | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> | 40.00           |                 | Hour         |
| <i>Credentials:</i>                         | Licensed Psychologist. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                 |              |
| H2017F/ Service Facilitation-Ancillary-QTT1 | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> | 32.14           |                 | Hour         |
| <i>Credentials:</i>                         | Provider must be a graduate student who is enrolled in an accredited institution in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field." Type 1 QTTs are covered under CCS provider type DHS 36.10(2)(g)22, Wis. Admin. Code, which is for clinical students. Services rendered by Type I QTTs are only billable if the QTT is working through a DHS 35, Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services. For the purposes of CCS, all clinical students are required to be Type I QTTs.                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |              |
| H2017F/ Service Facilitation-Ancillary-QTT2 | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 32.14           |                 | Hour         |

| Service<br>Name / ID                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                             | <p>manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Provider must have a graduate degree from an accredited institution and course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.</p>                               |                 |                 |              |
| H2017F- Service Facilitation-Ancillary-Rehab    | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p>  | 13.97           |                 | Hour         |
| <i>Credentials:</i>                             | <p>Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. Must follow credentialing requirements of Rehabilitation Worker and addendum to be submitted.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |              |
| H2017F- Service Facilitations-Advanced Practice | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitations for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> | 53.57           |                 | Hour         |

| Service<br>Name / ID                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                           | <p>Service facilitation includes coordinating a member's crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34, Wis. Admin Code, certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p> <p>Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. Advanced practice nurse prescribers shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinic specialists in adult psychiatric and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under ch.441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to apply relevant theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate school of nursing from an approved college or university.</p>              |                 |                 |              |
| H2017F- Service Facilitations-Associate       | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitations for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a member's crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34, Wis. Admin Code, certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p> | 13.97           |                 | Hour         |
| <i>Credentials:</i>                           | <p>Must have an Associate's Degree. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                 |              |
| H2017F- Service Facilitations-Bachelor Degree | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 21.43           |                 | Hour         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>Service facilitations for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a member's crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34, Wis. Admin Code, certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p> <p><i>Credentials:</i> Must have a Bachelor's Degree. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.</p> |                 |                 |              |
| <p>H2017F- Service Facilitations-Certified Peer Spe</p> <p><i>Credentials:</i> Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self identified mental disorder or substance abuse use disorder.</p>                  | <p>13.97</p>    |                 | <p>Hour</p>  |
| <p>H2017F- Service Facilitations-Master Degree</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>32.14</p>    |                 | <p>Hour</p>  |

| Service<br>Name / ID                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                                     | <p>manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitations for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a member's crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34, Wis. Admin Code, certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p> <p><i>Credentials:</i> Must have a Master's Degree. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                 |              |
| H2017F- Service Facilitations-Ph.D. | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitations for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a member's crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34, Wis. Admin Code, certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p> <p><i>Credentials:</i> Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. Psychologists shall be licensed under ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.</p> | 40.00           |                 | Hour         |
| H2017F- Service Facilitations-QTT1  | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 32.14           |                 | Hour         |

| Service<br>Name / ID               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                                    | <p>each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitations for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a member's crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34, Wis. Admin Code, certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p> <p><i>Credentials:</i> Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. Comprehensive Community Services covers services rendered by two types of qualified treatment trainees (QTTs). Qualified treatment trainees can only work with DHS 35, Wis. Admin. Code, certified outpatient mental health clinics. Type 1 QTTs are defined in DHS 35.03 (17m) (a), Wis. Admin Code, as "A graduate student who is enrolled in an accredited institution in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field." Type 1 QTTs are covered under CCS provider type DHS 36.10 (2)(g)22, Wis. Admin. Code, which is for clinical students. Services rendered by Type 1 QTTs are only billable if the QTT is working through a DHS 35, Wis. Admin Code, certified clinic that is contracted by the CCS program to provide services. For purposes of CCS, all clinical students must be Type 1 QTTs.</p> |                 |                 |              |
| H2017F- Service Facilitations-QTT2 | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitations for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a member's crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34, Wis. Admin Code, certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p> <p><i>Credentials:</i> Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. Type 2 QTTs are defined in DHS 35.03 (17m) (b), Wis. Admin. Code, as "A person with a graduate degree from an accredited institution and course work in psychology, counseling,</p>                                                                                                                                                                                                                                                                                                                                                                                                             | 32.14           |                 | Hour         |

| Service Name / ID                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                                 | marriage and family therapy, social work, nursing or a closely related field who has not yet completed the applicable practice requirements described under ch. MPSW 4,12, or 16, or Psy 2 as applicable.” Type II QTTs are covered under CCS provider type DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified social workers, Certified advance social workers, and certified independent social workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |              |
| H2017F- Service Facilitations-Registered Nurse  | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitations for minors includes advocating, and assisting the minor’s family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a member’s crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34, Wis. Admin Code, certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p> | 21.43        |              | Hour         |
| Credentials:                                    | Providers must be a licensed Registered Nurse. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a current license as a registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a Master’s Degree from a national league for nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advanced practice psychiatric mental health nursing practice consist with American Nurses Association scope and standards for advanced psychiatric nursing practice in mental health nursing from a graduate school of nursing accredited by the national league for nursing.                                                                                                                                                                                                                                                                   |              |              |              |
| H2017F- Service Facilitations-Rehabilitation Wo | <p>Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.</p> <p>Service facilitations for minors includes advocating, and assisting the minor’s family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly</p>                                                                                                                                                                                                                                                                                                                                                     | 13.97        |              | Hour         |

| Service<br>Name / ID                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                         | <p>related to the assessed needs of the minor.</p> <p>Service facilitation includes coordinating a member's crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34, Wis. Admin Code, certified programs.</p> <p>All services should be culturally, linguistically, and age (developmentally) appropriate.</p> <p>Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |                 |                 |              |
| H2017SI Service Planning-APNP w Psych Speci | <p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided.</p> <p>The service plan is based on the assessed needs of the member. It must include measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.</p> <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p>                                                               | 53.57           |                 | Daily        |
| <i>Credentials:</i>                         | <p>Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. Advanced practice nurse prescribers shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinic specialists in adult psychiatric and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under ch.441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to apply relevant theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate school of nursing from an approved college or university.</p>                                                                                                                                                                                                                          |                 |                 |              |
| H2017SI Service Planning-Associate Degree   | <p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided.</p> <p>The service plan is based on the assessed needs of the member. It must include</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13.97           |                 | Daily        |

| Service<br>Name / ID                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                             | Must have an Associates Degree. Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                 |              |
| H2017SI Service Planning-Bachelors              | <p>measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.</p> <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p> <p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided.</p> <p>The service plan is based on the assessed needs of the member. It must include measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.</p> <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p> | 21.43           |                 | Hour         |
| <i>Credentials:</i>                             | Must have a Bachelor's Degree. Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 |              |
| H2017SI Service Planning-Certified Peer Special | <p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided.</p> <p>The service plan is based on the assessed needs of the member. It must include measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13.97           |                 | Daily        |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.</p>                                                                                                                                                                                                                                               | 32.14           |                 | Hour         |
| <p>H2017SI Service Planning-Masters</p> <p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided.</p> <p>The service plan is based on the assessed needs of the member. It must include measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.</p> <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p> <p><i>Credentials:</i> Must have a Master's Degree. Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice.</p> |                 |                 |              |
| <p>H2017SI Service Planning-Ph.D.</p> <p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided.</p> <p>The service plan is based on the assessed needs of the member. It must include measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.</p> <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress</p>                                                                                                                                                                                                                                                                                                                                                                             | 40.00           |                 | Hour         |

| Service<br>Name / ID          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>           | <p>toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p> <p>Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                 |              |
| H2017SI Service Planning-QTT1 | <p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided.</p> <p>The service plan is based on the assessed needs of the member. It must include measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.</p> <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p> | 32.14           |                 | Daily        |
| <i>Credentials:</i>           | <p>Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. Comprehensive Community Services covers services rendered by two types of qualified treatment trainees (QTTs). Qualified treatment trainees can only work with DHS 35, Wis. Admin. Code, certified outpatient mental health clinics. Type 1 QTTs are defined in DHS 35.03 (17m) (a), Wis. Admin Code, as "A graduate student who is enrolled in an accredited institution in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field." Type 1 QTTs are covered under CCS provider type DHS 36.10 (2)(g)22, Wis. Admin. Code, which is for clinical students. Services rendered by Type 1 QTTs are only billable if the QTT is working through a DHS 35, Wis. Admin Code, certified clinic that is contracted by the CCS program to provide services. For purposes of CCS, all clinical students must be Type 1 QTTs.</p>                                                                                                                  |                 |                 |              |
| H2017SI Service Planning-QTT2 | <p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided.</p> <p>The service plan is based on the assessed needs of the member. It must include measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.</p>                                                                                                                                                                                                                                                                                                                                                                  | 32.14           |                 | Daily        |

| Service<br>Name / ID                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                            | <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p> <p>Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. Type 2 QTTs are defined in DHS 35.03 (17m) (b), Wis. Admin. Code, as “A person with a graduate degree from an accredited institution and course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field who has not yet completed the applicable practice requirements described under ch. MPSW 4,12, or 16, or Psy 2 as applicable.” Type II QTTs are covered under CCS provider type DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified social workers, Certified advance social workers, and certified independent social workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                 |              |
| H2017SI Service Planning-Rehabilitation Worker | <p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided.</p> <p>The service plan is based on the assessed needs of the member. It must include measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.</p> <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> | 13.97           |                 | Daily        |
| H2017SI Service Planning-RN                    | <p>Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided.</p> <p>The service plan is based on the assessed needs of the member. It must include measurable goals and the type and frequency of data that will be used to measure</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21.43           |                 | Daily        |

| Service Name / ID |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   |                                                                              | <p>progress toward the desired outcomes. It must be completed within 30 days of the members' application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator.</p> <p>The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a current license as a registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a Master's Degree from a national league for nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advanced practice psychiatric mental health nursing practice consist with American Nurses Association scope and standards for advanced psychiatric nursing practice in mental health nursing from a graduate school of nursing accredited by the national league for nursing.</p> |              |              |              |
| 5305<br>H0045     | Shelter Care (Boys)<br>Respite care not in the home, per day                 | State-licensed facility for the temporary care and placement of a Wraparound-enrolled boy (ages 12-18) under a CHIPS order. This is to be used for a youth who is in transition to a more permanent living situation, i.e. home, foster or group home, or residential care center. A Wraparound agency referral form must be completed and given to the shelter care facility for a child in placement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 75           |              | Daily        |
|                   | <i>Credentials:</i>                                                          | Shelter License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| 5306<br>H0045     | Shelter Care (Girls)<br>Respite care not in the home, per day                | State-licensed facility for the temporary care and placement of a Wraparound-enrolled girl (ages 12-18) under a CHIPS order. This is to be used for a youth who is in transition to a more permanent living situation, i.e. home, foster or group home, or residential care center. A Wraparound agency referral form must be completed and given to the shelter care facility for a child in placement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 75           |              | Daily        |
|                   | <i>Credentials:</i>                                                          | Shelter License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| 5304A<br>H0045    | Shelter Care / CRC Young Adults 18+<br>Respite care not in the home, per day | <p>Shelter Care via a Crisis Resource Center(CRC) provides the young adult care of a subacute psychiatric treatment/recovery center. The CRC is a community-based clinical treatment alternative to an emergency room, inpatient hospitalization and is step-down stabilization from acute inpatient hospitalization.</p> <p>Psychiatric, clinical and recovery services provided by the "Recovery Center" include:</p> <ul style="list-style-type: none"> <li>- Comprehensive interdisciplinary mental health assessment</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 450          |              | Daily        |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                      | <ul style="list-style-type: none"> <li>- Medication review &amp; medication education</li> <li>- Psychosocial assessment</li> <li>- Crisis Assessment, intervention &amp; resolution</li> <li>- Peer support</li> <li>- Individual counseling</li> <li>- Psychosocial group education</li> <li>- Nursing assessment</li> <li>- Psychiatry or advanced practice nurse professional assessment, consultation and medication prescribing</li> <li>- Family consultation as indicated</li> <li>- Discharge planning, which includes community linkage and the development of a Wellness Recovery Action Plan (WRAP)</li> </ul> |                 |                 |              |
|                      | <p>Admission criteria</p> <ul style="list-style-type: none"> <li>•Individuals must be 18 years of age or older</li> <li>•Individuals must be experiencing psychiatric symptoms</li> <li>•Voluntary admission</li> <li>•Not a danger to themselves or others</li> <li>•Medically stable</li> </ul>                                                                                                                                                                                                                                                                                                                          |                 |                 |              |
|                      | <p>Locations:</p> <p>CRC North</p> <p>5409 West Villard Avenue</p> <p>Milwaukee, WI 53218</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                 |              |
|                      | <p>CRC South</p> <p>2057 South 14th Street</p> <p>Milwaukee, WI 53204</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                 |              |
|                      | Please note, prior authorization is needed via Brian McBride/Wrap Admin.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                 |              |
| Credentials:         | <p>The CRC qualifications include:</p> <ul style="list-style-type: none"> <li>-Must be a licensed Community Based Residential Facility (DHS 83)</li> <li>-Must be experienced with at least (5) years as a community based provider of non-institutional sub-acute psychiatric services.</li> <li>-DQA certification as an Outpatient Mental Health clinic (DHS 35)</li> <li>-Certified under DHS (34)</li> </ul>                                                                                                                                                                                                          |                 |                 |              |
|                      | <p>The CRC required staffing pattern is comprehensive, includes:</p> <ul style="list-style-type: none"> <li>-Medical Director</li> <li>-Director</li> <li>-Licensed Clinicians (LCSW/LPC)</li> <li>-Master Level Clinicians (3000 hours)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -Registered Nurses<br>-Peer Support Specialists<br>-Behavioral Health professionals | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| 5568A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Specialized Academic Support Service                                                | 55              |                 | Hour         |
| <p>This is a one-to-one service which must be identified in youth's Plan of Care in relation to an educational and/or school functioning need which can be reasonably achieved with focused, short term assistance. Specialized Academic Support is a time limited service not to exceed 90 days or 50 total hours of service, with an emphasis on the achievement of immediate outcomes which are linked to overall academic needs and/or school functioning. Services may be agency or community based as described in the Plan of Care.</p> <p>Youth with an Individualized Education Plan shall receive individualized academic support services that support the needs identified on the IEP. For youth without an IEP, Provider shall document the need for this service by identifying individual strengths, limitations, and special academic needs via individual testing and/or a formal diagnosis such as a Learning Disorder, Cognitive Disorder, Emotional Disorder or other DSM IV Diagnosis that adversely impacts in the youth's academic performance. An individualized support plan shall be developed and reviewed with the youth and family/Care Coordinator to identify the proposed measurable objectives for the service recipient to achieve short term academic goals. This plan shall identify specific learning objectives, their timeline for completion, and how they will be measured. Services shall focus on the basic areas of reading, writing, math, and study skills, and may also focus on behaviors or needs which impact on learning, study, and school functioning. Service intensity (hours per day, days per week) and duration will reflect individual needs. Pre/Post testing of youth shall be conducted initially and upon discharge or following 50 hours of service in order to document gains in a discharge report to be submitted to the family and Care Coordinator. Plans and progress shall reflect the following:</p> <ol style="list-style-type: none"> <li>1) Specific short term goals, expressed in terms of increases/decreases, by what amount, and how they are being measured. (e.g., perform 3rd grade level addition and subtraction with 75% accuracy, increasing from baseline of 50%, using [indicate measurement tool(s) if a standardized instrument, or attach if enrollee-specific].</li> <li>2) For each goal, a description of the strategies being used to meet the goal.</li> <li>3) For each goal, a description of the progress being made, to include revisions to the goal, if applicable. If goals are revised, a discussion of the rationale shall be included.</li> </ol> <p>Outcome goals must be related to the youth's immediate, short term academic needs and/or the youth's ability to manage academic requirements associated with a classroom setting such as taking tests, completing homework, etc.</p> <p>As part of the application process, agencies shall submit assessment, plan, and discharge report templates as well as testing instruments and/ or testing</p> |                                                                                     |                 |                 |              |
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| Service Name / ID   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                     | <p>rationale/methodology for review and approval.</p> <p>The Wraparound tutoring log (available as attachment 5 of the Wraparound Tutoring policy at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/07/Tutoring-Services.pdf">http://wraparoundmke.com/wp-content/uploads/2013/07/Tutoring-Services.pdf</a> must be used to document every episode of service.</p> <p>Documentation requirements:<br/>           Provider Note entry in Synthesis. Instructions for provider note entry at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> |              |              |              |
| H2021               | Community-based wrap services, per 15 min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| <i>Credentials:</i> | Agencies providing this service must employ teachers with current certification by the Department of Public Instruction of the State of Wisconsin in the appropriate academic area. Agencies with an onsite school may utilize Bachelor Degree staff under the oversight of a Special Education Teacher, but the Special Education Teacher providing the oversight must hold current DPI Certification. Current/valid teacher certifications must be submitted to the Wraparound Provider Network before services can be provided and must be kept on file at the agency.                                                                                                                                                                                |              |              |              |
| H2017S4             | Substance Abuse Treatment - Bachelors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | 21.43        | Hour         |
|                     | <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program.</p>                             |              |              |              |
| <i>Credentials:</i> | <p>Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"> <li>•Certified Substance Abuse Counselor.</li> <li>•Substance Abuse Counselor</li> <li>•Substance Abuse Counselor in training</li> <li>•MPSW 1.09 specialty.</li> </ul> <p>All providers must be licensed/certified and acting within their scope of practice.</p>                                                                                                                                                                                |              |              |              |
| H2017S4             | Substance Abuse Treatment - Bachelors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | 5.36         | Hour         |
|                     | <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine</p>                                                                                                                                                                                                                                                                    |              |              |              |

| Service Name / ID   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                     | <p>analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program.</p> <p><i>Credentials:</i> Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"><li>•Certified Substance Abuse Counselor.</li><li>•Substance Abuse Counselor</li><li>•Substance Abuse Counselor in training</li><li>•MPSW 1.09 specialty.</li></ul> <p>All providers must be licensed/certified and acting within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| H2017S <sub>1</sub> | <p>Substance Abuse Treatment - Cert Peer</p> <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"><li>•Certified Substance Abuse Counselor.</li><li>•Substance Abuse Counselor</li><li>•Substance Abuse Counselor in training</li><li>•MPSW 1.09 specialty.</li></ul> <p>All providers must be licensed/certified and acting within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.</p> | 3.49         |              | Hour         |
| H2017S <sub>2</sub> | <p>Substance Abuse Treatment - Cert Peer</p> <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13.97        |              | Hour         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"> <li>•Certified Substance Abuse Counselor.</li> <li>•Substance Abuse Counselor</li> <li>•Substance Abuse Counselor in training</li> <li>•MPSW 1.09 specialty.</li> </ul> <p>All providers must be licensed/certified and acting within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.</p>                                                                                  |                 |                 |              |
| <p>H2017S<del>4</del> Substance Abuse Treatment - Masters</p> <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program.</p> <p><i>Credentials:</i> Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"> <li>•Certified Substance Abuse Counselor.</li> <li>•Substance Abuse Counselor</li> <li>•Substance Abuse Counselor in training</li> <li>•MPSW 1.09 specialty.</li> </ul> <p>All providers must be licensed/certified and acting within their scope of practice.</p> | 32.14           |                 | Hour         |
| <p>H2017S<del>4</del> Substance Abuse Treatment - Masters (</p> <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8.04            |                 | Hour         |

| Service Name / ID   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                     | covered under Medicaid and BadgerCare Plus outside of the CCS program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |
| <i>Credentials:</i> | Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.<br>Substance abuse professionals include:<br>•Certified Substance Abuse Counselor.<br>•Substance Abuse Counselor<br>•Substance Abuse Counselor in training<br>•MPSW 1.09 specialty.<br>All providers must be licensed/certified and acting within their scope of practice.                                                                                                                                                                                                                               |              |              |              |
| H2017S4             | Substance Abuse Treatment - Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 13.97        |              | Hour         |
|                     | Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program. |              |              |              |
| <i>Credentials:</i> | Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.<br>Substance abuse professionals include:<br>•Certified Substance Abuse Counselor.<br>•Substance Abuse Counselor<br>•Substance Abuse Counselor in training<br>•MPSW 1.09 specialty.<br>All providers must be licensed/certified and acting within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.                                                                                                                                             |              |              |              |
| H2017S4             | Substance Abuse Treatment - Other (Gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3.49         |              | Hour         |
|                     | Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program. |              |              |              |
| <i>Credentials:</i> | Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.<br>Substance abuse professionals include:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |

| Service Name / ID                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                               | <ul style="list-style-type: none"><li>•Certified Substance Abuse Counselor.</li><li>•Substance Abuse Counselor</li><li>•Substance Abuse Counselor in training</li><li>•MPSW 1.09 specialty.</li></ul> <p>All providers must be licensed/certified and acting within their scope of practice. Other professionals shall have at least a bachelor’s degree in a relevant area of education or human services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
| H2017S/ Substance Abuse Treatment - Ph.D.     | <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program.</p>                                                                                                                                                          | 40.00        |              | Hour         |
| Credentials:                                  | <p>Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"><li>•Certified Substance Abuse Counselor.</li><li>•Substance Abuse Counselor</li><li>•Substance Abuse Counselor in training</li><li>•MPSW 1.09 specialty.</li></ul> <p>All providers must be licensed/certified and acting within their scope of practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.</p> |              |              |              |
| H2017S/ Substance Abuse Treatment - Ph.D. (Gr | <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program.</p>                                                                                                                                                          | 10.00        |              | Hour         |
| Credentials:                                  | <p>Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"><li>•Certified Substance Abuse Counselor.</li><li>•Substance Abuse Counselor</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Avg IPN<br>Rate | Billing Unit |
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| <ul style="list-style-type: none"> <li>•Substance Abuse Counselor in training</li> <li>•MPSW 1.09 specialty.</li> </ul> <p>All providers must be licensed/certified and acting within their scope of practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |              |
| H2017S/ Substance Abuse Treatment - QTT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 32.14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | Hour         |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program.</p> <p>Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"> <li>• Certified Substance Abuse Counselor.</li> <li>• Substance Abuse Counselor</li> <li>• Substance Abuse Counselor in training</li> <li>• MPSW 1.09 specialty.</li> </ul> <p>All providers must be licensed/certified and acting within their scope of practice. Type 2 QTTs are defined in DHS 35.03 (17m) (b), Wis. Admin. Code, as “A person with a graduate degree from an accredited institution and course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field who has not yet completed the applicable practice requirements described under ch. MPSW 4,12, or 16, or Psy 2 as applicable.” Type II QTTs are covered under CCS provider type DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified social workers, Certified advance social workers, and certified independent social workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services.</p> |                 |              |
| H2017S/ Substance Abuse Treatment - QTT2 (G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | Daily        |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program.</p> <p>Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |              |

| Service Name / ID                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                                                            | <ul style="list-style-type: none"><li>• Certified Substance Abuse Counselor.</li><li>• Substance Abuse Counselor</li><li>• Substance Abuse Counselor in training</li><li>• MPSW 1.09 specialty.</li></ul> <p>All providers must be licensed/certified and acting within their scope of practice. Type 2 QTTs are defined in DHS 35.03 (17m) (b), Wis. Admin. Code, as “A person with a graduate degree from an accredited institution and course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field who has not yet completed the applicable practice requirements described under ch. MPSW 4,12, or 16, or Psy 2 as applicable.” Type II QTTs are covered under CCS provider type DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified social workers, Certified advance social workers, and certified independent social workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services.</p>                                                                                                                                |              |              |              |
| H2017S <sub>L</sub> Substance Abuse Treatment - Rehabilita | <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside of the CCS program.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13.97        |              | Hour         |
| Credentials:                                               | <p>Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"><li>•Certified Substance Abuse Counselor.</li><li>•Substance Abuse Counselor</li><li>•Substance Abuse Counselor in training</li><li>•MPSW 1.09 specialty.</li></ul> <p>All providers must be licensed/certified and acting within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |              |              |              |
| H2017S <sub>L</sub> Substance Abuse Treatment - Rehabilita | <p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services (opioid treatment programs). Some of these services may be</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3.49         |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>covered under Medicaid and BadgerCare Plus outside of the CCS program.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.</p> <p>Substance abuse professionals include:</p> <ul style="list-style-type: none"> <li>•Certified Substance Abuse Counselor.</li> <li>•Substance Abuse Counselor</li> <li>•Substance Abuse Counselor in training</li> <li>•MPSW 1.09 specialty.</li> </ul> <p>All providers must be licensed/certified and acting within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
| 5541<br>H0039                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Supervision/Observ. Service<br>Assertive community treatment<br>prog                | This service involves monitoring compliance with conditions of a court order including: school attendance, curfew or other court ordered conditions such as attendance at support groups or therapy sessions in order to maintain the client safely in the community. The frequency of this service varies, but may require seven day per week/daily monitoring. Contact may include morning wake-up visits, escorts to school or other court order identified appointments. Monitoring is by phone and face-to-face. Supervision/observation is designed to be short-term i.e.: 30 to 90 days. | 25.00        |              | Daily        |
| <p><i>Credentials:</i> High School Diploma or G.E.D.; Bachelor's Degree in a Human Services field is desirable.</p> <p>Supervision of providers must be provided by an individual with a Bachelor's Degree in a Human Service field and 2 years clinical experience, or an individual with a Master's Degree, in a Human Services field (submit copy of supervisor credentials with application).</p> <p>Provider Bulletin #2-03 provides detailed information about obtaining consent to transport clients and documentation requirements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
| NOTE: Do NOT need to submit copy of H.S. Diploma or G.E.D. Certificate to Wraparound (Maintain in agency file only.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
| 5541A<br>H2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Supervision/Observ. Service- Therapeu<br>Community-based wrap services,<br>per diem |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 110          |              | Daily        |
| <i>Credentials:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
| 5564A<br>H0043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Supported Indep Living-Phase I<br>Supported housing, per diem                       | Supported Independent Living - Phase I services may be used (though they are not required) as a preliminary placement for adolescents ages 17 to 18 as deemed appropriate by the Child and Family Team process for youth receiving Supported Independent Living.                                                                                                                                                                                                                                                                                                                                | Varies       |              | Daily        |

| Service Name / ID |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   |                                                                        | <p>“Phase I” is a 30 to 90 day temporary placement in a facility managed by or leased by the agency providing the service.</p> <p>Supported Independent Living - “Phase I” allows assessment and preliminary preparation of youth where there may be concern about the youth’s preparedness to move directly to a community-based independent living under service code 5564.</p> <p>This service requires daily contact with the youth. Full financial subsidies are provided for the youth in the areas of security deposits, utilities, transportation, food and laundry, and other spending money as appropriate. Skill development focuses on “hands on” opportunities in the areas of employment readiness, money management and budgeting, cooking, nutrition, health, meal preparation, shopping for groceries and other commodities, obtaining permanent housing, home management, and transportation.</p> <p>Appropriate change of placement protocols established by Wraparound Milwaukee, Children’s Court and/or the Bureau of Milwaukee Child Welfare including obtaining a court order prior to placement must be followed by the Care Coordinator, provider agency and youth.</p> <p><i>Credentials:</i> A Group Home License under Wisconsin State Statutes 48.60-48.77 must be submitted in the application process, along with documentation from the State Bureau of Fiscal Services establishing the daily rate.</p> <p>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.</p> <p>Staff are expected to have prior training and experience in providing independent living skills to this target population.</p> <p>A description of the program and credentials of the coordinator must be provided in the application process.</p> |              |              |              |
| 5564C<br>H0043    | Supported Indep Living-Youth and Parent<br>Supported housing, per diem | <p>Supported Independent Living - Youth and Parent is designed to maintain family unity while offering training and supervision for the youth and their parent in the area of independent living skills. The parent must be capable of managing an independent setting with minimal support services.</p> <p>This service is the same as Supported Independent Living (Service Code 5564), with modifications as outlined below.</p> <p>Provider agency staff assists with locating and securing affordable, well-maintained, community-based housing to include:</p> <ul style="list-style-type: none"> <li>-Negotiation and mediation with landlords related to rental agreements.</li> <li>-Payment of security deposit and rent while the family receives this service. The</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | varies       | 122.00       | Daily        |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                      | <p>provider will pay full payment for the first three to six months, with the parent being required to contribute one-half of the cost of the rent one month after securing employment.</p> <p>-Some set-up assistance through a \$200 start stipend to help purchase household items, table, beds, dressers, lamp, other furnishings. Additional assistance to be secured through other resources or funding sources available to the family.</p> <p>Financial assistance with the following while receiving this service:</p> <ul style="list-style-type: none"> <li>- Rent payment - \$650/month for a two bedroom apartment</li> <li>- Utility payments - \$200/month on budget plan</li> <li>- Telephone - \$50/month</li> <li>- Food/Miscellaneous - total expenditure of \$475 per month. Recommended allotment per category is: groceries/food \$300; miscellaneous (i.e.: household supplies, clothes and bus pass) \$175. Dollar amount spent for the combined categories of food/miscellaneous is flexible though food is the priority.</li> </ul> <p>This service also includes:</p> <ul style="list-style-type: none"> <li>-Approximately 10 hours per week of individualized life skills/home management training.</li> <li>-Curfew checks AM, PM, and weekend (combination of phone and face-to-face).</li> <li>-Assistance with locating job opportunities (if not provided through another service provider).</li> </ul> <p><b>ROLE OF THE WRAPAROUND CARE COORDINATOR:</b></p> <p>Liaison to the Supported Independent Living Program Coordinator. Develop an individualized Plan of Care addressing the independent living needs of the parent and youth. Coordinate and monitor the other needed services as identified in the Plan of Care i.e. educational and treatment services. Assist youth and parent with obtaining additional supports such as Food Stamps.</p> <p>Monitor progress and transitional planning for adolescent prior to being disenrolled.</p> <p>Coordinate services with Children's Court and/or Bureau of Milwaukee Child Welfare, other providers, and community supports.</p> <p>Wraparound Milwaukee Administration to approve initial placement and 1st month SAR entry with Care Coordinator to authorize monthly service via Turnaround SAR thereafter.</p> <p>Service may be authorized for maximum of one month prior to the family moving into</p> |                 |                 |              |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set IPN Rate                                                       | Avg IPN Rate | Billing Unit |
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| Credentials:      | <p>their own living quarters. Authorization for parent assistance, household management, daily living skills or life skills training at the same time this service is being authorized requires Wraparound administrative approval.</p> <p>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.</p> <p>Agency providers must possess a minimum of a High School diploma or equivalent with 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. Agency providers with bachelor's degree or above and at least 1 year of experience working with the target population are not required to have additional oversight.</p> <p>Staff is expected to have prior training and experience in providing independent living skills to the target population.</p> <p>Supervision can be demonstrated in routinely conducted review meetings (documented at least monthly) or co-signing of documentation related to client participation in programming.</p>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |              |              |
|                   | 5564B<br>H0043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Supported Indep Living-Youth w/Depe<br>Supported housing, per diem | 116.00       | Daily        |
|                   | <p>Youth referred for this service must be capable of managing in an independent setting with support services. This service is for female youth ages 17 to 18 with minor children who will be living with them in the their apartment.</p> <p>This service is the same as Supported Independently Living (Service Code 5564), with modifications associated as outlined below. Provider agency staff assist with locating and securing affordable, well-maintained, community-based housing to includes:</p> <ul style="list-style-type: none"> <li>-Negotiation and mediation with landlords related to rental agreements.</li> <li>-Payment of security deposit and rent while the youth receives this service. It is acceptable for the youth to have a roommate, however, minor child (or children) of youth must have a separate bedroom. The provider will pay full payment for the first three months, after which the adolescent will be asked to contribute one-half of the cost of the rent.</li> <li>-Some set-up accommodations including providing a bed and dresser for the Wraparound enrolled youth \$200 start up stipend.</li> <li>-Financial assistance with the following while receiving this service:</li> <li>-Utility payments up to \$200/month on budget plan</li> <li>-Food to \$200/month.</li> <li>-Telephone to \$50/month.</li> <li>-Diapers/baby supplies to \$100/month.</li> <li>-Clothes/misc. to \$75/month.</li> <li>-Transportation to \$64/month (bus passes).</li> </ul> <p>This services also includes:</p> <ul style="list-style-type: none"> <li>-Approximately 8 hours per week of individualized life skills training.</li> </ul> |                                                                    |              |              |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>-Daily house checks (combination of phone and face-to-face).<br/> -School checks (daily if needed).<br/> -Up to 8 hours per month life skills group.<br/> -Monitoring and assistance with doctor appointment for youth and minor child/children.</p> <p>Rate modification or repayment to Wraparound will be applied if the Bureau of Milwaukee Child Welfare assumes financial responsibility for services for the youth's minor child/children or if the parent/legal guardian of the adolescent contributes to expenses outlined above.</p> <p><b>ROLE OF THE WRAPAROUND CARE COORDINATOR:</b><br/> Liaison to the Supportive Independent Living Program Coordinator. Develop an individualized Plan of Care addressing the independent living needs of the adolescent Coordinate and monitor the other needed services as delineated in the Plan of Care i. e. educational and treatment services. Assist youth with obtaining additional supports such as Food Stamps and enrolling in WIC program.</p> <p>Monitor progress and transitional planning for adolescent prior to being disenrolled.</p> <p>Obtain Court and parent or legal guardian approval as required for the youth and dependent(s) placement.</p> <p>Coordinate with Bureau Worker regarding the youth's child/children including access to services such as day care, payment for formula, and diapers.</p> <p>Assist with accessing natural support services in the community</p> <p>Wraparound Milwaukee Administration to approve initial placement and 1st month SAR entry with Care Coordinator to authorize monthly service via Turnaround SAR thereafter.</p> <p>Service may be authorized for maximum of one month prior to the youth moving into their own living quarters. May not authorize daily living skills or life skills training at the same time this service is being authorized.</p> |              |              |              |

*Credentials:* 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.

Staff are expected to have prior training and experience in providing independent living skills to this target population.

| Service Name / ID                                                                                            |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| A description of the program and credentials of the coordinator must be provided in the application process. |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| 5564<br>H0043                                                                                                | Supported Independent Living<br>Supported housing, per diem | <p>To locate affordable, well-maintained, accessible community-based housing options for adolescents age 17 to 18 and to provide a range of services to support their successful transition to independent living.</p> <p>Children referred to this service must be capable of managing in an independent setting with support services to includes the following:</p> <ul style="list-style-type: none"> <li>- Negotiation and mediation with landlords related to rental agreements and payments. For affordability as well as security, it is desirable for adolescents referred to have roommates. This may not always be possible, but should be arranged whenever possible.</li> <li>- Payment of rent (and security deposit prior to moving) for duration of placement. It is expected that the provider will pay full payment for the first three months, after which the adolescent will be asked to contribute one-half of the cost of the rent (whenever possible). Assist with daily living skills, i.e., budgeting, household management, nutrition, safety skills in the community, vocational needs, personal hygiene, leisure activity, future housing, accessing community resources, etc.</li> <li>- Supervision through visits to the apartment with 24-hour coverage capability in case of emergencies related to the living situation.</li> </ul> <p>CRITERIA FOR PROGRAM</p> <ul style="list-style-type: none"> <li>- Age 17</li> <li>- Able to demonstrate emotional and behavioral stability and a level of self-sufficiency, i.e. taking medication, attending school, employed or close to employment and job readiness, motivation to living independently and plan for future, able to manage money and or willing to accept payee if needed.</li> <li>- Approved by the Court and parent or legal guardian with ongoing involvement with parent/legal guardian whenever possible.</li> <li>- If adolescent girl referred has her own child(ren), the Bureau of Milwaukee Child Welfare must coordinate services for the baby or young child. Parent/legal guardian for adolescent and baby must contribute to expenses whenever possible.</li> </ul> <p>ROLE OF OTHE WRAPAROUND CARE COORDINATOR:</p> <p>Liaison to the Supportive Independent Living Program Coordinator. Develop an individualized Plan of Care addressing the independent living needs of the adolescent</p> <p>Coordinate and monitor the other needed services as delineated in the Plan of Care i.</p> | Varies       | 79.00        | Daily        |

| Service Name / ID                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| e. educational and treatment services.                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Monitor progress and transitional planning for adolescent prior to being disenrolled.                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Coordinate with Bureau Worker when the adolescent has a baby or young child in their care to access services such as day care, formula, and diapers. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Assist with accessing natural support services in the community.                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| QUALIFICATIONS AND ROLE OF THE SUPPORTED INDEPENDENT LIVING PROGRAM                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| COORDINATOR:                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Supervise staff providing day to day assistance.                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Vocational and job coaching provided as identified in the Plan of Care.                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Communication and collaboration with Wraparound Care Coordinator, i.e. attend Plan of Care and Family Team Meetings.                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Monitor and document progress in independent living.                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Evaluate further independent living needs prior to disenrollment from Wraparound.                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| Credentials:                                                                                                                                         | 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.                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              |
|                                                                                                                                                      | Staff are expected to have prior training and experience in providing independent living skills to this target population.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |              |
| A description of the program and credentials of the coordinator must be provided in the application process.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
| 5510<br>T1017                                                                                                                                        | Targeted Case Mgmt / SAIL Service<br>Targeted case mgmt, per 15 min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12.00        |              | Quarter Hour |
|                                                                                                                                                      | Targeted Case Management Services are accessed through the Adult Community Services/SAIL Programs to assist youth and young adults (17 ½ and over) to transition into the adult behavioral health service system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
|                                                                                                                                                      | Targeted Case Management services are an adjunct service to care coordination designed to provide expert assessment and resource support to those youth over 17 ½ years of age with serious emotional and mental health needs (commonly referred to as Tier 3 youth). The Targeted Case Manager will assist the care coordinator and Child & Family Team to better understand and plan for the needs of these youth who are likely to need long-term support from the Adult Community Services Program. The Targeted Case Manager can specifically assist the care coordinator to help the young person obtain their social security card, apply for and/or retain their SSI, apply for |              |              |              |

| Service Name / ID   |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                     |                                                                        | Food Share and secure housing. The Targeted Case Manager will participate in the Child & Family Team meetings and will work with all Wraparound Programs as needed, including regular Wraparound, REACH, FOCUS, Project O'YEAH and the re-entry project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              |
|                     |                                                                        | Targeted Case Management services are only being purchased through Alternatives In Psychological Consultation at this current time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
|                     |                                                                        | The Targeted Case Manager will provide direct face-to-face contact only with enrolled youth and their families referred to them and approved by the SAIL program. The Targeted Case Manager will also provide phone consultation, collateral contact and other help needed to ensure the youth person makes the best possible transition into the Adult Community Services System.                                                                                                                                                                                                                                                                                                                                                          |              |              |              |
| <i>Credentials:</i> |                                                                        | The Targeted Case Manager must possess a BA/BS degree in Social Work, Psychology, Nursing, Occupational Therapy or a related human service field with case management in the adult behavioral health system experience preferred.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| 5576<br>T2003       | Taxi - American United Transportation<br>Non emerg transport, per trip | Transportation services provided by American United Transportation Group for destinations within 10 miles of the Milwaukee County limits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | Varies       | Dollar       |
|                     |                                                                        | Trips (rides) are arranged in advance by the Wraparound Milwaukee Care Coordinator or FISS Case Manager using the Wraparound Milwaukee Transportation Referral Form. Authorized rides (per the referral form and plan of care) may include: therapy appointments, doctor appointments, job interviews and other non-therapeutic appointments. Trips (rides) may be for one-way or round trip, single episode or repeat rides to the same destination. Once the ride has been set-up by the Care Coordinator or FISS Case Manager, the Service Recipient must accept the ride to the prescribed destination. American United Transportation Group will NOT accept a request from the Service Recipient to change the identified destination. |              |              |              |
|                     |                                                                        | For "Round Trip" rides, the Service Recipient or another responsible party at the point of origin for the return ride must contact American United Taxicab by phone to arrange for the return ride.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |              |
|                     |                                                                        | One time, "emergent" rides should be documented as such in a progress note.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
|                     |                                                                        | The rate paid to American United Transportation Group is per established City of Milwaukee Ordinances in effect at the time of the ride. Effective 6/1/18 the rates are as follows:<br>\$4.00 booking fee<br>\$2.50 per mile<br>\$0.75 extra passenger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | <p>Minimum \$12 ride including booking fee plus 3.2 miles</p> <p>Non-Ambulatory Wheel Chair:<br/>15% discount on our public rate (\$52.06 up to 10 miles) = \$44.25 minimum up to 10 miles, \$4.42 / mile after</p> <p><b>**No Shows**</b> current rate is \$5.00<br/>To audit the percentage of no shows each month the below tiered system will be implemented in Q4 for 2018:<br/>0% - 9.99% = \$5 fee<br/>10% - 14.99% = \$8.50 fee<br/>+15% = \$12 fee</p> <p>REQUEST FOR TAXICAB TO WAIT<br/>American United Transportation Group requires payment for the Taxicab if asked to wait for the Service Recipient (example: waiting at pharmacy for prescription to be filled). Wraparound Milwaukee WILL NOT AUTHORIZE REQUESTS FOR CABS TO WAIT for the Wraparound Milwaukee Service Recipient whether the Service Recipient remains in the taxicab or leaves the taxicab. If asked, the American United Taxicab driver will decline the request to wait. If the Wraparound Milwaukee Service Recipient leaves the taxicab – the driver will depart and end the ride.</p> <p>Only Wraparound Milwaukee Care Coordinators, FISS Case Managers and authorized Wraparound Finance staff may authorize a trip (ride) with American United Taxicab Service.</p> |              |              |              |

*Credentials:* Per established City of Milwaukee ordinance/requirements at the time that service is provided.

|                |                                                 |                                                                                                                                                                                                                                                                                                                                                                                          |      |      |      |
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| 5576A<br>T2003 | Taxi - No Show<br>Non emerg transport, per trip | <p>Payment to American United Transportation Group for client "No Show" - ride is dispatched but client is not there and taxi does not return for paid fair for the same ride that day.</p> <p>To audit the percentage of no shows each month the below tiered system will be implemented in Q4 for 2018:<br/>0% - 9.99% = \$5 fee<br/>10% - 14.99% = \$8.50 fee<br/>+15% = \$12 fee</p> | 5.00 | 5.00 | Trip |
|----------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|

*Credentials:* Per established City of Milwaukee ordinance/requirements at the time that service is provided.

| Service Name / ID   |                         |                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5576B               | Taxi - No Show (Tier 1) | <p>Payment to American United Transportation Group for client "No Show" - ride is dispatched but client is not there and taxi does not return for paid fair for the same ride that day.</p> <p>To audit the percentage of no shows each month the below tiered system will be implemented in Q4 for 2018:<br/> 0% - 9.99% = \$5 fee<br/> 10% - 14.99% = \$8.50 fee<br/> +15% = \$12 fee</p> | 5.00         | 5.00         | Trip         |
| <i>Credentials:</i> |                         | Per established City of Milwaukee ordinance/requirements at the time that service is provided.                                                                                                                                                                                                                                                                                              |              |              |              |
| 5576C               | Taxi - No Show (Tier 2) | <p>Payment to American United Transportation Group for client "No Show" - ride is dispatched but client is not there and taxi does not return for paid fair for the same ride that day.</p> <p>To audit the percentage of no shows each month the below tiered system will be implemented in Q4 for 2018:<br/> 0% - 9.99% = \$5 fee<br/> 10% - 14.99% = \$8.50 fee<br/> +15% = \$12 fee</p> | 8.50         | 8.50         | Trip         |
| <i>Credentials:</i> |                         | Per established City of Milwaukee ordinance/requirements at the time that service is provided.                                                                                                                                                                                                                                                                                              |              |              |              |
| 5576D               | Taxi - No Show (Tier 3) | <p>Payment to American United Transportation Group for client "No Show" - ride is dispatched but client is not there and taxi does not return for paid fair for the same ride that day.</p> <p>To audit the percentage of no shows each month the below tiered system will be implemented in Q4 for 2018:<br/> 0% - 9.99% = \$5 fee<br/> 10% - 14.99% = \$8.50 fee<br/> +15% = \$12 fee</p> | 12           | 12           | Trip         |
| <i>Credentials:</i> |                         | Per established City of Milwaukee ordinance/requirements at the time that service is provided.                                                                                                                                                                                                                                                                                              |              |              |              |

| Service Name / ID |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5506A<br>T1017    | Transitional Specialist Care Coordination<br>Targeted case mgmt, per 15 min | <p>Working within the Wraparound Milwaukee Program and Project O'YEAH, Healthy Transition's federal grant, a transitional specialist provides care coordination type services for youth and young adults, 16½ to 24 who have a serious emotional or mental health need and need mental health services and other support as they make the transition to adult hood.</p> <p>Types of services these youth and young adults need and may be provided or arranged by a transitional specialist includes: assessment, case management, community advocacy, access to mental health care, housing, employment, education or GED, independent living skills and other services and supports.</p> <p><i>Credentials:</i> Transitional Specialists must possess a BA/BS degree in Social Work, Sociology, Psychology, Nursing, Occupational Therapy or a related field with experience in Human Services work, preferably in case management.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 22           | 22           | Daily        |
| 5506<br>T1017     | Transitional Specialist-Care Coordination<br>Targeted case mgmt, per 15 min | <p>Working within the Wraparound Milwaukee Program and Project O'YEAH, Healthy Transition's federal grant, a transitional specialist provides care coordination type services for youth and young adults, 16½ to 24 who have a serious emotional or mental health need and need mental health services and other support as they make the transition to adult hood.</p> <p>Types of services these youth and young adults need and may be provided or arranged by a transitional specialist includes: assessment, case management, community advocacy, access to mental health care, housing, employment, education or GED, independent living skills and other services and supports.</p> <p>A Transitional specialist may provide consultation services to youth and the Child and Family Team while those youth, age 16½ or older are served by the regular Wraparound or REACH program. They may also link youth and young adults to the Project O'YEAH Club House program to receive support, participate in group and skill building activities and recreation. The transitional specialist also may link youth with severe mental health needs to the Adult Services or SAIL program.</p> <p>Transitional Specialists help the young adult to develop a "Futures Oriented" care plan using the Wraparound Transition to adult hood and "TIP" curriculums.</p> <p>Transitional Specialists also document all care planning activities required by Wraparound Milwaukee and Federal Grant on the required information system including Synthesis and National Outcome Measurement Scale (NOMS).</p> <p>Currently providers are limited to agencies designated to provide services to homeless youth (Pathfinders), youth transitioning out of foster care (Lad Lake) and St. Charles</p> | 19.50        |              | Daily        |

| Service Name / ID                                                                                                                                                                                                                                                                |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>Youth and Family Services.</p> <p><i>Credentials:</i> Transitional Specialists must possess a BA/BS degree in Social Work, Sociology, Psychology, Nursing, Occupational Therapy or a related field with experience in Human Services work, preferably in case management.</p> |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              |
| 5577<br>T2003                                                                                                                                                                                                                                                                    | Transportation<br>Non emerg transport, per trip         | <p>Transportation of Wraparound/FISS enrolled clients and families based on a referral for services for the Care Coordinator or Case Manager.</p> <p>Authorized trips (rides) (per the referral form and plan of care) may include: therapy appointments, doctor appointments, job interviews and other non-therapeutic appointments. Trips (rides) may be for one-way or round trip, single episode or repeat rides to the same destination. Once the ride has been set-up by the Care Coordinator or FISS Case Manager, the Service Recipient must accept the ride to the prescribed destination.</p> <p>Agencies providing transportation services must have an “emergency plan” policy that details the action/s the agency will follow in the event of an accident or if a youth/service recipient becomes ill while receiving services.</p> <p>Transportation providers must obtain clients/responsible adult signatures for all rides.</p> <p>Non-emergency transportation</p> <p><i>Credentials:</i> Valid State of Wisconsin Driver’s License</p> <p><i>Criteria:</i></p> <ol style="list-style-type: none"> <li>1. All transport drivers must have a valid Wisconsin driver’s license.</li> <li>2. A valid Commercial Driver’s License (Class C Minimum) is required for drivers of vehicles used to transport 15 or more passengers.</li> <li>3. An endorsement “S” on the driver’s license is required for school bus drivers.</li> <li>4. A Wisconsin Department of Transportation public driver record abstract that demonstrates a driving record free of serious traffic violations.</li> <li>5. A copy of a Vehicle Inspection Report for each vehicle used to transport clients. All vehicles must have a sticker with the current year verifying the vehicle inspection.</li> <li>6. Agency must comply with Caregiver Background Check and Insurance requirements as specified in the Wraparound Milwaukee Fee-for-Service Agreement in effect at the time the service is provided.</li> </ol> | 15.00        |              | Trip         |
| 5578<br>T2003                                                                                                                                                                                                                                                                    | Transportation Mileage<br>Non emerg transport, per trip | <p>Transportation Mileage is used by WRAPAROUND MILWAUKEE FINANCE STAFF to reimburse Transportation Providers for mileage associated with Transportation Services authorized under Code 5577 – Transportation where total mileage for the ride is 6.0 miles or more.</p> <p>Transportation Mileage payments are limited to rides within 20 miles of the Milwaukee County line. Rides to destinations that are more than 20 miles outside the Milwaukee County limits must be prior authorized by the Wraparound Milwaukee</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.75         |              | Miles        |

| Service Name / ID |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   |                                                                          | Finance Director. Care Coordinators are responsible for obtaining this authorization prior to submitting a referral for services.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
|                   |                                                                          | Transportation Mileage is reimbursed in tenths of a mile at the rate in effect at the time the service was provided. Wraparound will pay the rate for “loaded” miles (miles with passengers). Additional passenger costs are excluded                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
|                   |                                                                          | Wraparound will reimburse \$.55/mi (federal reimbursement rate) for “empty” (miles with no passengers).                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
|                   | Non-emergency transportation                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
|                   | Credentials:                                                             | Agency is authorized to provide Service Code 5577- Transportation and meets all requirements associated with Service Code 5577 – Transportation.                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5579<br>T2003     | Transportation-Additional Passenger<br>Non emerg transport, per trip     | Transportation Additional Passenger (Code 5579) is used by WRAPAROUND MILWAUKEE FINANCE STAFF to reimburse Transportation Providers where one or more additional passengers accompany the identified service recipient.                                                                                                                                                                                                                                                                                                                                                               | 10.00        |              | Each         |
|                   |                                                                          | Transportation Additional Passenger payments are made based on the Care Coordinator/Case Manager’s referral for Transportation (Code 5577) that identifies a total of 2 or more passengers and verification of the multiple passenger ride per the transportation log. NO ADDITIONAL mileage payments will be made for additional passengers.                                                                                                                                                                                                                                         |              |              |              |
|                   | Non-emergency transportation                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
|                   | Credentials:                                                             | Agency is authorized to provide Service Code 5577- Transportation and meets all requirements associated with Service Code 5577 – Transportation.                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| 5570<br>T2003     | Transportation-Non Network Provider<br>Non-emergency transportation      | For Wraparound & SafeNow: Transportation arranged by case managers and other non-transportation vendors in the Network for the purpose of transporting child and families to non-therapeutic sessions, parent support service activities, recreational activities, etc., as documented in the Plan of Care. Transportation may be provided by a family member or other person designated by the family. Transportation is arranged by the case manager in the pre-authorization process, and Wraparound Milwaukee/SafeNow reimburses the case management agency for the actual costs. | 1.00         |              | Total        |
|                   | Credentials:                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |              |
| 5311<br>S5145     | Treat. Foster Care (Agency)<br>Foster care, therapeutic, child, per diem | This service is for Wraparound Youth. Treatment Foster Care is provided by agencies which are licensed by the State to provide treatment foster care and meet Chapter 56 and Chapter 38 of the State Licensing Rules.                                                                                                                                                                                                                                                                                                                                                                 |              | 103.70       | Daily        |

As specified in Chapter 38.03 (27):

“Treatment Foster Care means a foster family-based and community-based approach to treatment for a child with physical, mental, medical, alcohol or other drug abuse, cognitive, intellectual, behavioral, developmental or similar problems which is designed to changed the behavior or ameliorate the condition which in whole or in part resulted in the child’s separation from his or her family. The approach utilizes specially selected and specially trained treatment foster parents who, as members of a treatment team, have shared responsibility for implementing the child’s treatment plan as the primary change agents in the treatment process.”

Among the responsibilities of the foster parent under HFS 38.06 that are of particular importance to Wraparound Milwaukee are:

- 1) Assuming primary responsibility for implementing in-home care and treatment strategies specified in the treatment plan.
- 2) Assisting and supporting a foster child in having appropriate and positive contact with his/her family.
- 3) Providing or arranging transportation for the child as deemed necessary by the child and family treatment team.
- 4) Cooperatively and consistently carrying out the Treatment Plan.
- 5) Participating in the evaluation of his/her performance on a regularly scheduled basis.

Responsibilities of the Provider treatment foster care agency and agency social service case manager in HFS 38.07 and HFS 38.10 of primary importance to Wraparound Milwaukee in purchasing this service are:

- Arranging for a minimum of one unit of respite care per month. One unit shall consist of no less than 8 or no more than 24 consecutive hours. It will be determined by the Treatment Foster Care Agency if these units can be accumulated.
- Providing or arranging for additional child care personnel during critical periods, such as after school or evenings.
- Advocating for the child with the staff of the child’s school (emphasis on public school programs).
- Ensuring in the case of a child with a severe emotional disturbance that in addition to any other professionals on the child and family team, that a clinical consultant is also assigned to the family. The social worker, social services case manager or other professional involved in the care may serve as the clinical

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Avg IPN<br>Rate | Billing Unit |
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| <p>consultant if the individual meets the requirements under HFS 38.03(8).</p> <ul style="list-style-type: none"> <li>- Contacting the foster parent at least twice monthly (one of the contacts must be face to face) for the purpose of assisting treatment foster parents in implementing treatment plans, assessing training needs of foster parents and providing skill training for specific problems encountered by the foster parents.</li> <li>- Personally seeing and interacting with the child at least twice per month in a variety of settings, i.e. home, school, community.</li> </ul> <p>Since Treatment Foster Homes are considered therapeutic settings and are required under HFS 38 to provide a range of services and supports, Wraparound Milwaukee will not as a rule authorize in-home therapy in the foster home for the foster parent and child, cover transportation costs for the child or fund after-school services for children in this setting. In-home therapy for the child and their biological parent(s) may be authorized for up to 90 days prior to reunification with the parent.</p> <p><i>Credentials:</i> Child Placing Agency License</p> <p>The treatment foster parents and/or the supervising Master's level provider must be available to the youth at all times. The treatment foster parents shall document daily contact notes relevant to their provision of mental health crisis services. The treatment foster care agency shall maintain accurate and current documentation of all staff members' qualifications, including copies of degrees, training certificates, licenses, etc., and shall verify that all treatment foster parents meet the minimum requirements listed in HFS 34.21 (3)(b) 1-19. All other requirements relevant to hiring under caregiver law in Wisconsin apply. Supervision and training shall be provided as follows:</p> <ol style="list-style-type: none"> <li>1. Medicaid requires that treatment foster parents with more than 6 months' experience providing care to a child with serious emotional and mental health disturbance have at least 20 hours of initial training and orientation within the first 3 months of foster parenting; those with less than 6 months require 40 hours of initial training within the first 3 months.</li> <li>2. Foster parents must also receive at least 8 hours of additional training per year. Documentation of all training must be maintained on site at the treatment foster care vendor agency.</li> <li>3. Treatment foster parents must receive one hour of weekly supervision by a Master's level provider. Agencies must maintain documentation of this supervision. The weekly supervision should include a review of how the treatment foster parents are implementing the child's crisis/safety plans and are effectively utilizing the plan.</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |              |
| <p>5311A<br/>S5145</p> <p>Treat. Foster Care (Agency) Youth w/D<br/>Foster care, therapeutic, child, per<br/>diem</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>This service is for Wraparound Youth with a dependent child or children that are placed with the youth in the treatment foster home.</p> <p>Among the responsibilities of the foster parent under HFS 38.06 that are of particular importance to Wraparound Milwaukee are:</p> <ol style="list-style-type: none"> <li>1) Assuming primary responsibility for implementing in-home care and treatment strategies specified in the treatment plan.</li> <li>2) Assisting and supporting a foster child/youth in having appropriate and positive contact with his/her family.</li> <li>3) Providing or arranging transportation for the youth and dependent child/children as</li> </ol> | 128.98          | Daily        |

deemed necessary by the Child and Family Treatment Team.  
 4) Cooperatively and consistently carrying out the Treatment Plan.  
 5) Participating in the evaluation of his/her performance on a regularly scheduled basis.

Responsibilities of the Provider/Treatment Foster Care Agency and agency social service case manager in HFS 38.07 and HFS 38.10 includes:  
 -Arranging for a minimum of 8 to 24 hours of respite care to the foster parent.  
 - Providing or arranging for additional childcare personnel during critical periods, such as after school or evenings.  
 - Advocating for the youth and dependent children with the staff of the youth/children’s school(s) (emphasis on public school programs).  
 - Ensuring in the case of a youth with a severe emotional disturbance that in addition to any other professionals on the Child and Family Team, that a clinical consultant is also assigned to the family.  
 - Contacting the foster parent at least twice monthly (one of the contacts must be face to face) for the purpose of assisting treatment foster parents in implementing treatment plans, assessing training needs of foster parents and providing skill training for specific problems encountered by the foster parents.  
 - Personally seeing and interacting with the youth at least twice per month in a variety of settings, i.e. home, school, community.

Since Treatment Foster Homes are considered therapeutic setting, Wraparound Milwaukee will not authorize in-home therapy in the foster home for the foster parent, cover transportation costs for the youth or fund after-school services for youth in this setting. In-home therapy for the youth and their biological parent(s) may be authorized for up to 90 days prior to reunification with the parent.

Credentials:

State of Wisconsin Child Placing Agency License

Licensed by the State to provide treatment foster care, the agency and it providers must meet the requirements set forth in State of Wisconsin Chapter HFS 56 "Foster Home Care for Children" and Chapter HFS 38 "Treatment Foster Care for Children".

The agency is responsible for providing up-to-date licenses for foster parents with which Wraparound youth are placed.

The treatment foster parents and/or the supervising Master’s level provider must be available to the youth at all times.  
 The treatment foster parents shall document daily contact notes relevant to their provision of mental health crisis services.  
 The treatment foster care agency shall maintain accurate and current documentation of all staff members’ qualifications, including copies of degrees, training certificates, licenses, etc., and shall verify that all treatment foster parents meet the minimum requirements listed in HFS 34.21 (3)(b) 1-19. All other requirements relevant to hiring under caregiver law in Wisconsin apply. Supervision and training shall be provided as follows:

1. Medicaid requires that treatment foster parents with more than 6 months’ experience providing care to a child with serious emotional and mental

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | <p>health disturbance have at least 20 hours of initial training and orientation within the first 3 months of foster parenting; those with less than 6 months require 40 hours of initial training within the first 3 months.</p> <p>2. Foster parents must also receive at least 8 hours of additional training per year. Documentation of all training must be maintained on site at the treatment foster care vendor agency.</p> <p>3. Treatment foster parents must receive one hour of weekly supervision by a Master's level provider. Agencies must maintain documentation of this supervision. The weekly supervision should include a review of how the treatment foster parents are implementing the child's crisis/safety plans and are effectively utilizing the plan.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              |
| 5311E<br>S5145    | Treat. Foster Care (Second Child)<br>Foster care, therapeutic, child, per diem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Same as for Service Code 5311 -- This code is only used when a second child is in the same foster home but has a different rate than the first child.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              | Daily        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10/14/16 ythao                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| Credentials:      | Same as 5311. ythao                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |              |
| 5504<br>T1017     | Treat. Foster Care-PFP<br>Targeted case mgmt, per 15 min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>The full time Professional Foster Parent (PFP), not employed outside the home, shall provide a transitional home devoted to the needs of only one youth with the ultimate goal of helping and supporting that youth to achieve permanency with their family.</p> <p>Duties and Responsibilities:</p> <ol style="list-style-type: none"> <li>1. Establish a caring, supportive, nurturing relationship with one youth.</li> <li>2. Provide therapeutic intervention and support designed to help youth re-connect with their Parent /Legal Guardian by task shifting and role modeling behavior that strengthen the bond between the youth and Parent/Legal Guardian.</li> <li>3. Help prepare youth to be independent, feel confident and possess the skills necessary to live in their home and community. Activities include supporting the youth to attend school, provide tutoring to improve school performance and help with vocational preparedness.</li> <li>4. Assume, in partnership with Parent/Legal Guardian, the role of an advocate for the youth including attending school, conferences, IEP meetings etc. Attends all court hearings with youth and family supporting them in the conditions of their current order.</li> <li>5. Maintain and encourage regular contact with the youth's Parent/Legal Guardian and include the Parent/Legal Guardian in recreational and other activities that keep them involved and connected with their child to support the ultimate transition home.</li> <li>6. As part of a Child and Family Team, assist in the development of an individualized Plan of Care based on identified Strengths, Needs, and Resources of child, including a Comprehensive 24-hour Crisis/Safety plan.</li> <li>7. Maintain minimum weekly required contact with Care Coordinator, Professional</li> </ol> | 162          | 198          | Daily        |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                      | <p>Foster Parent Coordinator, and Treatment Foster Care Specialist. Collaborate with the Care Coordinator to ensure weekly face to face contact between the youth and the Care Coordinator to take place in the Professional Foster Parent home.</p> <p>8. Maintain regular contact with necessary individuals that the youth may have involved in their life, including but not limited to the Division of Milwaukee Child Protective Services Workers, Human Service Workers, Legal Parties, and other Team Members identified as supports within the Plan of Care.</p> <p>9. Attend and provide transportation to all appointments in cooperation with the youth's Parent/Legal Guardian. Assure follow through on all recommendations and/or needed attention.</p> <p>10. Provide support, follow-ups, respite as needed to facilitate the transitional period to successfully reunify the child with their Parent/Legal Guardian. Includes a period of at least 30 days after re-unification to support youth's success in the family home.</p> <p>11. Provide respite and support to other youth placed in similar homes, participate in support groups as desired with other professionals in the program.</p> <p>12. Document attendance at Monthly Wraparound in-services and designated required Care Coordination training modules.</p> <p>13. Document weekly Progress Reports for youth in the home beginning the week of placement.</p> <p>14. Attendance at Bimonthly Professional Foster Parent Collaborative, to include information sharing that is established based on needs.</p> |                 |                 |              |
| <i>Credentials:</i>  | <p>Possesses a high school diploma or GED equivalent with at least two years' experience as a Foster Parent, Youth Worker, Mentor, Crisis Worker or related job with experience working with youth with serious emotional and mental health needs.</p> <p>1. Able to obtain a Level 4 Certification Specialized License by a Treatment Foster Care Agency as directed within DCF 56.</p> <p>2. Will keep all Licenses, Certifications and Insurance policies current and on file with the Foster Care Agency.</p> <p>3. Will be evaluated on a bi-annual basis within the first year of licensing unless circumstances suggest the need for a special evaluation.</p> <p>4. Be responsible for familiarizing themselves with the materials in the Treatment Foster Care Agency's manual and otherwise comply with all DCF 56 rules.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                 |              |
|                      | <p>Special Considerations</p> <p>Clarification of payments in special circumstances:</p> <p>1) The Professional Foster Parent (PFP) is paid in full for non-placement days, including temporary and permanent days such as detention, respite or group home, for 30 days after the child leaves the home.</p> <p>2) Pre-placement visits are not paid for.</p> <p>3) If a PFP provides respite care for another foster child in the home - whether the child is enrolled in Wraparound/REACH or the PFP program, the rate for the PFP is whatever the agency rate is where she is employed. (I.e., if the PFP is through LaCausa, the PFP would be paid La Causa's foster care respite rate).</p> <p>4) PFP Coordinator will facilitate quarterly Leadership Meetings, to include Licensing Agency leadership and designated Wraparound Manager.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                 |              |

| Service Name / ID |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| 5311D             | Treatment Foster Care - Rate Adjustme                                      | Used for making retroactive rate adjustments for youth in foster care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              | Dollar       |
| Credentials:      | Same as for 5311                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |              |
| 5311C<br>S5145    | Treatment Foster Care, Safe Home Foster care, therapeutic, child, per diem | <p>TFC SAFE HOMES are specially licensed Level 4 Certification Treatment Foster Homes which house females ages 13-17 who are believed or known to be involved in sex trafficking or other high risk sexual behavior and/or have chronic histories of running with other serious emotional and behavioral needs under a CHIPS and/or Delinquency Order.</p> <p>Placement in TFC SAFE HOMEs may also be approved/used in rare instances by the Mobile Urgent Treatment Team for up to five days for a girl with a mental health crisis.</p> <p>TFC SAFE HOMEs will be licensed for a minimum of 1 youth each. All placements will occur on an emergency/crisis basis as the objective behind these homes is to prevent youth from stays in Detention, Shelter or other facilities. Placements will occur on a short term basis of 30-60 days. TFC SAFE HOMEs will be used exclusively for Wraparound placements meeting these criteria, and will not accept other children/youth for placement from other purchasers. Placement alternatives must be immediately sought for youth placed in the SAFE HOME to ensure their stay is short term.</p> <p>This specialized type of treatment foster parent will be available 24 hours a day, 7 days a week and provide a nurturing, safe environment for girls to reside or return to if they also have been missing from care. Foster parents will provide crisis intervention services and youth in the home may be linked to a Crisis 1:1 stabilizer, mentor and other needed mental health services through the Wraparound Provider Network, as identified by the Child and Family Team.</p> <p>GOALS</p> <ul style="list-style-type: none"><li>• Provide a short-term (30-60 days) alternative to Detention, Shelter or Group Home placements for high risk girls</li><li>• Provide a safe environment for youth that will nurture them on their return from their runaway status and/or are at risk of sex trafficking or other high risk sexual behavior</li><li>• Reduce runaway and risky behaviors</li><li>• Provide immediate crisis intervention services that may include: Mentors, Crisis Stabilizers, Specialized Care Coordinators and other needed mental health services</li></ul> <p>FOSTER PARENT(S)</p> <ul style="list-style-type: none"><li>• Provide 24/7 availability for emergency placements</li><li>• Provide a nurturing, inviting, safe environment for the girls to help prevent runaway behaviors and to support them when they return from being on the run</li></ul> |              | Daily        |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <p>FINANCIAL</p> <ul style="list-style-type: none"> <li>• Payment will be authorized and made through Wraparound Milwaukee</li> <li>• A monthly payment of \$1200 per bed (\$40/day) will be made each month to offset costs of expected intervals of non attendance due to runaway status or in between placements. Otherwise, Wraparound's policy on payment for non-attendance days will be in effect<br/>(<a href="http://county.milwaukee.gov/ImageLibrary/Groups/cntyHHS/Wraparound/OOHPayments.pdf">http://county.milwaukee.gov/ImageLibrary/Groups/cntyHHS/Wraparound/OOHPayments.pdf</a>). A MONTHLY INVOICE FOR THIS PAYMENT NEEDS TO BE SUBMITTED TO THE ADMINISTRATIVE COORDINATOR OF FINANCE.</li> <li>• The State-Approved Daily Foster Care rate will be made for licensing maintenance and monitoring of the license when empty and when youth are placed as well as for the provision of treatment services-Provider will conduct an Initial Assessment within 72 hours of a youth being placed to immediately set up treatment goals/safety/crisis planning; will complete a full treatment plan if the youth is there for 30 days; the TFC Specialist will be in the home a minimum of 2x/week with phone calls on days opposite of that; the TFC Specialist will assist in placement planning; service planning; attend all court hearings/team meetings/medical appointments; the TFC Specialist will meet with each youth 2x/week minimum at the TFC SAFE HOME.</li> <li>• TFC SAFE HOME Treatment Foster Parents will receive a Foster Child Subsidy for each youth placed in their care to be determined by the Child and Adolescent Needs and Strengths (CANS) score and the team</li> <li>• A maximum of \$500 per month for the actual cost of Health/Dental Insurance Premium reimbursement. INVOICES FOR THIS PAYMENT MUST BE SUBMITTED TO THE ADMINISTRATIVE COORDINATOR OF FINANCE AS NEEDED.</li> </ul> <p>QUALIFICATIONS/SKILL SET/CREDENTIALING OF FOSTER PARENTS</p> <p>SPECIALIZED TREATMENT TEAM</p> <ul style="list-style-type: none"> <li>• TFC SAFE HOME Treatment Foster Parent</li> <li>• Treatment Foster Care Specialist</li> <li>• Specialized Crisis Stabilizer</li> <li>• Specialized Mentors</li> <li>• BMCW Family Care Workers</li> <li>• Wraparound Care Coordinator</li> <li>• Family Support Workers</li> </ul> <p>LICENSING AGENCY RESPONSIBILITIES</p> <ul style="list-style-type: none"> <li>• A Treatment Foster Care Specialist shall be assigned to this home to serve all of the youth entering care to provide for continuity of care</li> <li>• The TFC Specialist shall assist the TFC SAFE HOME TFC Parents in developing</li> </ul> |                 |                 |              |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                   | <p>an immediate safety plan/crisis plan for each youth entering the home</p> <ul style="list-style-type: none"> <li>The TFC Specialist and the TFC SAFE HOME TFC Parent shall complete an initial assessment of each youth entering care within 72 hours of the move in date</li> <li>The Initial Assessment shall identify needs for each foster youth entering the program that are specific to               <ol style="list-style-type: none"> <li>safety,</li> <li>self-esteem building,</li> <li>boundaries and</li> <li>resources</li> </ol> </li> <li>The TFC Specialist shall act as a catalyst to ensure that the youth's team is actively working towards a long-term plan for each youth to transition from the TFC SAFE HOME</li> <li>The TFC Specialist shall be responsible for completing a formal treatment plan for each youth in care whose placement extends beyond 30 days</li> <li>The TFC Specialist will do a face-to-face home visit 1x/week minimum with the TFC SAFE HOME TFC Parent</li> <li>The TFC Specialist will do a face-to-face home visit 1-2x/week with each foster youth</li> </ul> <p>TRAINING</p> <ul style="list-style-type: none"> <li>Training materials must submitted to Wraparound for review and approval prior to provision of service</li> </ul> <p>REFERRAL</p> <ul style="list-style-type: none"> <li>Referral/Authorization for placement in the TFC SAFE HOME will be made through Wraparound's Mobile Urgent Treatment Team (MUTT) or upon review by a screener/assessment worker for Wraparound Milwaukee (in collaboration with the TFC SAFE HOME TFC Specialist)</li> <li>Girls eligible for placement will include:               <ul style="list-style-type: none"> <li>Those girls, 13-17, who are currently enrolled in Wraparound Milwaukee under a CHIPS or Delinquency Order who require emergency placement in the TFC SAFE HOME as an alternative to placement in secure detention or a shelter care facility</li> <li>Those girls without current enrollment in Wraparound Milwaukee who are under a CHIPS or Delinquency Order and are assessed by MUTT or a Wraparound Screener and determined to meet SED eligibility and require emergency placement as an alternative to Detention/Shelter care</li> <li>Those girls who have high risk sexual behaviors and/or are known or believed to be involved with sex trafficking</li> <li>If the 2 beds are filled, youth will go on a waiting list for placement</li> </ul> </li> </ul> |              |              |              |
| Credentials:      | <p>TFC SAFE HOME Treatment Foster Parents:</p> <ul style="list-style-type: none"> <li>Will be licensed as a Level 4 Certification</li> <li>Must meet all of the requirements of DCF 56 Wisconsin Administrative Code Foster Home Care For Children and maintain compliance throughout licensure</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |              |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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|                      | <ul style="list-style-type: none"> <li>• Are not employees of La Causa, Inc.</li> <li>• Must be available for the child at all times. This includes 24/7 accessibility to the licensing agency and all other involved providers</li> <li>• Will be responsible for all of the transportation required for the children in their care unless otherwise arranged by the team members ahead of time</li> <li>• Will possess a nurturing, supportive quality as to engage with this high risk population to prevent further running or high risk behaviors</li> <li>• Will possess a non-judgmental view of youth who are engaged in highly sexualized and dangerous behaviors</li> <li>• Will be extremely flexible in terms of their time and have efficient time management skills</li> <li>• Will implement immediate safety plans for each youth in their care</li> <li>• Will be able to professionally network with the many providers involved with each of the youth placed in their care</li> <li>• Will be available and present for all court hearings, team meetings, mental health appointments and any meetings in regards to the foster youth</li> <li>• Possess a valid Wisconsin Driver's License with appropriate insurance</li> </ul><br><ul style="list-style-type: none"> <li>• TFC SAFE HOME TFC Parents will be trained on specific sex trafficking materials and resources within 90 days of approval to provide this service.</li> <li>• The TFC Specialist will be trained on specific sex trafficking material and resources within 90 days of approval to provide this service.</li> <li>• TFC SAFE HOMES Foster Parent(s) and associated TFC Specialist will participate in all Wraparound and provider ongoing training regarding high risk behaviors in female teens</li> </ul> |                 |                 |              |
| 5222A<br>H0032       | <p>Treatment Plan Meeting Attendance<br/>MH svc plan development by<br/>non-physician</p> <p>Reimbursement of treatment providers participating in treatment plan meetings related to the child's treatment plan, such as the child and Family Team meetings, Plan of Care meetings, school or day treatment staffings and other meetings. Attendance at such meetings for which reimbursement is sought must be for the purpose of discussing and providing consultation related to the treatment needs, strategies and goals as identified in the child's treatment plan.</p> <p>Providers of the following services are eligible to be reimbursed for attendance at treatment meetings:</p> <ol style="list-style-type: none"> <li>1. AODA Assessment (5001)</li> <li>2. Individual/Family Therapy-Office Based (5100)</li> <li>3. Individual Therapy-Ph.D.-Office Based (5111A)</li> <li>4. Substance Abuse Counseling &amp; Therapy (5101)</li> <li>5. Group Counseling &amp; Therapy (5120)</li> <li>6. AODA Group Counseling &amp; Therapy (5121)</li> <li>7. Special Therapy (5130)</li> <li>8. Special Therapy-Group (5131)</li> <li>9. Psychiatric Review/Meds (5050)</li> <li>10. Psychiatric Review/Meds-with Therapy (5051)</li> <li>11. Individual/Family Therapy-Office Based (QTT) (5100QTT)</li> </ol> <p>Only the above treatment providers will be reimbursed. Providers of other services may obtain reimbursement as delineated in the service descriptions, Policy and</p>                                                                                                                                                                                                                                                                                                            | 96.00           |                 | Session      |

| Service Name / ID                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| Procedure, or Provider Bulletin. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| <i>Credentials:</i>              | See Credential required for providers under the respective services eligible for reimbursement, i.e. 5001, 5050, 5051, 5100, 5111A, 5101, 5120, 5121, 5130 and 5131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| 5521a<br>H2021                   | Tutor<br>Community-based wrap services,<br>per 15 min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>A Tutor provides after school assistance with academic school assignments when the child has identified remedial needs and is below grade level.</p> <p>This must be documented as an academic/educational need in the Plan of Care under the "Education Domain". A Tutor provides a one to one service that cannot be provided to more than one child at a time.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 22.00        |              | Hour         |
| <i>Credentials:</i>              | <p>Requirements: Tutors are required to have knowledge of the subject matter and possess at least one year past experience in tutoring, teaching or other academic accomplishment. Tutors show evidence of experience/ training/ certification/ education specific to tutoring to be kept in their agency employee file and submitted to Wraparound prior to providing services.</p> <p>Evidence of experience/training/ certification/ education can be submitted in the form of resume and two reference letters from a past/current employer OR an actual teaching degree/degree in education or a letter from the agency director certifying the employee's prior experience as a tutor.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017W                           | Wellness Mgmt/Rcvy Supportive Svc-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10).</p> <p>Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p> | 5.36         |              | Hour         |
| <i>Credentials:</i>              | Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |              |
| H2017W                           | Wellness Mgmt/Rcvy Supportive Svc-C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3.49         |              | Hour         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Avg IPN<br>Rate | Billing Unit |
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| <p>and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10). Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p> <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |              |
| <p>H2017W Wellness Mgmt/Rcvy Supportive Svc-1</p> <p><i>Credentials:</i> Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10). Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p> | 8.04            | Hour         |

| Service<br>Name / ID                       | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Avg IPN<br>Rate | Billing Unit |
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| H2017W Wellness Mgmt/Rcvy Supportive Svc-C | 3.49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | Hour         |
|                                            | <p>Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10).</p> <p>Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p> |                 |              |
| <i>Credentials:</i>                        | <p>Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |              |
| H2017W Wellness Mgmt/Rcvy Supportive Svc-F | 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | Hour         |
|                                            | <p>Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10).</p> <p>Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p> |                 |              |
| <i>Credentials:</i>                        | <p>Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |              |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| disorders.<br>H2017W Wellness Mgmt/Rcvy Supportive Svc-F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3.49            |                 | Hour         |
| <p><i>Credentials:</i> Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.</p> |                 |                 |              |
| H2017W Wellness Mgmt/Recovery Supportive S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 40.00           |                 | Hour         |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| Credentials:      | <p>Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p> <p>Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |              |
| H2017W            | Wellness Mgmt/Recovery Supportive S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3.49         |              | Hour         |
| Credentials:      | <p>Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10).</p> <p>Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p> <p>Providers must have an Associates Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. Other professionals shall have at least a bachelor’s degree in a relevant area of education or human services.</p> |              |              |              |
| H2017W            | Wellness Mgmt/Recovery Supportive S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 13.97        |              | Hour         |

| Service Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| Credentials:      | appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. Other professionals shall have at least a bachelor’s degree in a relevant area of education or human services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |              |
| H2017W            | Wellness Mgmt/Recovery Supportive S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 21.43        |              | Hour         |
|                   | Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10). Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. |              |              |              |
| Credentials:      | Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |              |
| H2017W            | Wellness Mgmt/Recovery Supportive S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13.97        |              | Hour         |
|                   | Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10). Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care.                                                                                                                                                                      |              |              |              |

| Service<br>Name / ID                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set IPN<br>Rate | Avg IPN<br>Rate | Billing Unit |
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| <i>Credentials:</i>                        | <p>Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p> <p>Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                 |              |
| H2017W Wellness Mgmt/Recovery Supportive S | <p>Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.</p> <p>If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10).</p> <p>Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care.</p> <p>Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p> | 32.14           |                 | Hour         |
| <i>Credentials:</i>                        | Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                 |              |
| H2017W Wellness Mgmt/Recovery Supportive S | <p>Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.</p> <p>If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10).</p> <p>Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services</p>                                                                                                                                                                                                                                                                                                                                                  | 13.97           |                 | Hour         |

| Service Name / ID    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Set IPN Rate | Avg IPN Rate | Billing Unit |
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|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |              |
| <i>Credentials:</i>  | Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| H2017W               | Wellness Mgmt/Recovery Supportive S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation service array category (#10). Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. | 13.97        |              | Hour         |
| <i>Credentials:</i>  | Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *†. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |              |
| 5907A<br>H2017<br>HQ | Yoga / Meditation-Group<br>Wellness Mgt / Recovery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yoga is an individualized, clinically informed mental health service to assist participants in developing/increasing self-awareness and self-regulation/management strategies through movement, breath work, guided imagery, meditation, and related instruction and discussion and can be used:<br>1) As a complementary service strategy to empower participants to manage their mental health and/or substance abuse issues and maintain gains made through traditional clinical treatment, or<br>2) As an alternative service strategy, to help participants who are not ready/interested/appropriate for traditional clinical treatment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 25           |              | Hour         |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>Yoga services will be developed to reflect the needs and strategies identified in the Plan of Care.</p> <p>Group size limited to 14 people.</p> <p>Clinical supervision of the Yoga worker must occur following all the guidelines that apply to clinical supervision of Crisis Stabilization/Supervision (see Wraparound Policy #036 Crisis Stabilization/Supervision Services-see Section B, pages 2-3).</p> <p>Documentation requirements:<br/> Provider Note entry in Synthesis, instructions at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> <p><i>Credentials:</i> Registered Yoga Teacher (RYT) 200 or higher (see: <a href="https://www.yogaalliance.org/Credentialing/Credentials_for_Teachers">https://www.yogaalliance.org/Credentialing/Credentials_for_Teachers</a>). Yoga provider must be at least 18 years old, have at least a bachelor's degree, and shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, trauma informed care, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries.</p>                                                                                                                                                              |                                                         |              |              |              |
| 5907<br>H2017<br>U5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yoga / Meditation-Individual<br>Wellness Mgt / Recovery |              | 60           | Hour         |
| <p>Yoga is an individualized, clinically informed mental health service to assist participants in developing/increasing self-awareness and self-regulation/management strategies through movement, breath work, guided imagery, meditation, and related instruction and discussion and can be used:</p> <ol style="list-style-type: none"> <li>1) As a complementary service strategy to empower participants to manage their mental health and/or substance abuse issues and maintain gains made through traditional clinical treatment, or</li> <li>2) As an alternative service strategy, to help participants who are not ready/interested/appropriate for traditional clinical treatment.</li> </ol> <p>Yoga services will be developed to reflect the needs and strategies identified in the Plan of Care.</p> <p>Clinical supervision of the Yoga worker must occur following all the guidelines that apply to clinical supervision of Crisis Stabilization/Supervision (see Wraparound Policy #036 Crisis Stabilization/Supervision Services-see Section B, pages 2-3).</p> <p>Documentation requirements:<br/> Provider Note entry in Synthesis, instructions at:<br/> <a href="http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf">http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-InstructionsnonCrisisServices.pdf</a>.</p> <p><i>Credentials:</i> Registered Yoga Teacher (RYT) 200 or higher (see: <a href="https://www.yogaalliance.org/Credentialing/Credentials_for_Teachers">https://www.yogaalliance.org/Credentialing/Credentials_for_Teachers</a>). Yoga provider must be</p> |                                                         |              |              |              |

| Service Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Set IPN Rate | Avg IPN Rate | Billing Unit |
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| <p>least 18 years old, have at least a bachelor’s degree. All Providers will need to complete 30 hours of training within the first 90 days of their start date in the network. The training must include: recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, trauma informed care, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries.</p> <p>The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |              |
| 5800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Youth Peer Specialist Training(O-YEAH)</p> <p>The purpose of this service is to develop a peer specialist curriculum, and help recruit and train up to 15 young adults, ages 18-24, to provide peer specialist services for the Healthy Transitions Initiative (Project O'YEAH) and possibly for the Wraparound Milwaukee and REACH Programs.</p> <p>Youth Peer Specialists are young adults who have a serious emotional or mental health needs and are currently or have previously been served in the Healthy Transitions Initiative or Wraparound program. A youth peer specialist is not only a person who has lived the experience of a serious emotional or mental health need, but also has had formal training in the peer specialist model of mental health and related supports. They use their unique set of recovery/resiliency and mental health experience in the Healthy Transitions Initiative or Wraparound Milwaukee in combination with solid skills training to support peers who are facing similar challenges and issues.</p> <p>The goal of this service is to develop a curriculum to prepare young adults with the knowledge, skills and confidence to be peer specialists, including preparing them to take and pass the Wisconsin State Peer Specialist Certification examination. State certification is critical to them being eligible for third-party reimbursement from Medicaid.</p> <p>The curriculum should include topics related specifically to the defined population of young adults as well as curriculum materials that will be necessary for the peer specialist applicant to pass the certification exam. These required competencies will include:</p> <ul style="list-style-type: none"> <li>-Understanding recovery/resiliency</li> <li>-Understanding the positive and negative impact of life events such as sexuality, grief and loss, stigma and trauma</li> <li>-Understanding person-centered planning</li> <li>-Understanding empowerment and self-advocacy</li> <li>-Problem solving and conflict resolution techniques</li> <li>-Cultural awareness</li> <li>-Fundamental knowledge of the mental health and substance abuse systems in Wisconsin</li> </ul> | 750          |              | Each         |

| Service<br>Name / ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Set IPN<br>Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Avg IPN<br>Rate | Billing Unit   |
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| <p>-Fundamental knowledge of mental health conditions, treatments and services</p> <p>-Identifying and accessing community services and supports with emphasis on age appropriate services</p> <p>-Understanding and maintaining confidentiality and appropriate boundaries</p> <p>-Recognizing when to seek guidance and support for other peers</p> <p>-Working with other consumers in crisis and how to make referrals for crisis services</p> <p>-Knowing how to keep self and others safe during and after crisis</p> <p>-Working collaboratively in team</p> <p>-Listen and communicate clearly</p> <p>-Observe and recognize when to report behavior changes</p> <p>The provider of peer specialist training will involve young adults in the preparation and review of the curriculum content.</p> <p>Provider will develop a training schedule to teach curriculum and prepare young adults for certification that will be done locally and incorporate schedule of young adults who may be in school, jobs, etc. so that weekends and/or evening training maybe required. Required training will include availability of food, snacks and transportation (if required) for young adults. Proposed training for 2012 would take place in August/September 2012 and completed by September/October 2012. Materials (i.e. workbooks and handouts) for participants would be included in the provider's rates.</p> <p><i>Credentials:</i> Provider of this service must be a recognized Wisconsin certified Peer Specialist agency with experience in providing this service and must be recommended by the Wisconsin Department of Health – Bureau of Mental Health Services. For 2012, the State has recommended Grassroots Empowerment, Inc. to provide these services based on their knowledge of young adult population and involvement in the Healthy Transitions Initiative program.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                |
| <p>5704 Youth Relationship Building-A.S.A.P.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>As part of the Alternatives to Sexual Assault Program (A.S.A.P.), an eight-week module is provided to introduce youth referred to the program to the building blocks of healthy relationships. The module is based on a curriculum developed by an organization called Think Marriage.</p> <p>The relationship-building module is a part of the A.S.A.P. treatment program and the youth are required to attend.</p> <p>A.S.A.P. Healthy Relationships sessions will include the following topics:</p> <ul style="list-style-type: none"> <li>- Sexually Transmitted Disease</li> <li>- Adolescent Development and Relationships</li> <li>- Developing Friendships First</li> <li>- Dating as an Adolescent</li> <li>- Learning About Unhealthy Relationships</li> </ul> | <p>25</p>       | <p>Session</p> |

| Service<br>Name / ID |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Set IPN<br>Rate                                                                                                                                                                                    | Avg IPN<br>Rate | Billing Unit |
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|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>- How to Build a Healthy Relationship</li> <li>- Media, Pornography and Manipulation</li> <li>- Empowerment and Making Personal Positive Choices</li> </ul> |                 |              |
| H0025                | Behavioral Health Prevention<br>Education Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                    |                 |              |
| <i>Credentials:</i>  | Providers must have successfully completed Think Marriage training and maintain up-to-date participation in ongoing refresher trainings conducted by Think Marriage staff. All providers must have up-to-date background checks on file with the parent agency. Wraparound Milwaukee reserves the right to limit number of vendors providing this service to those directly trained by Think marriage and with review and final approval of all providers by the Wraparound Provider Network or other Wraparound Milwaukee designee. |                                                                                                                                                                                                    |                 |              |