



WRAPAROUND MILWAUKEE PROVIDER NETWORK SERVICE DESCRIPTION LIST



2011 Provider Application
Attachment 1

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

NOTE:

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

Service Name	Service Description	Network Set Rate	Billing Unit
AODA Assessment Synthesis Code: 5001 National Code: H2012 <div style="background-color: #cccccc; padding: 2px;">Credential</div>	Initial assessment to evaluate the need for AODA treatment services. <div style="background-color: #cccccc; padding: 5px;"> AODA outpatient clinic license and: -Clinical Substance Abuse Counselor Certification or above OR -MS Degree with documented 3,000+ hours of work experience preferably in a setting dealing with AODA issues OR -Ph.D., utilizing recognized AODA assessment tools. All providers of service must have a National Provider Identifier (NPI). </div>	25.00	Quarter Hour
AODA Group Counseling Synthesis Code: 5121 National Code: H0005 <div style="background-color: #cccccc; padding: 2px;">Credential</div>	NOTE: APPLICATIONS ACCEPTED FOR ACTIVE-ONGOING GROUPS ONLY. AODA Group counseling provided in a Community Substance Abuse Services Clinic (CSAS) or a certified Outpatient Mental Health Clinic under DHS 75 guidelines. A description of the group identifying the target population, objective of the group, and days/times the group meets must be included in the application to provide this service. <div style="background-color: #cccccc; padding: 5px;"> AODA outpatient clinic license and: -Substance Abuse Counselor Certification or above -Substance Abuse Counselor-In-Training certification with clinical supervisor authorization to provide counseling after one of the following requirements has been met: -The substance abuse counselor-in-training has completed 1000 hours of supervised training or supervised work experience in the core functions verified by the agency Clinical Supervisor -If an RADC I (credentialed by the WCB) converted to the substance abuse counselor-in-training, the credential holder may practice substance use disorder counseling after providing proof to their clinical supervisor that within the previous 5 years they have completed 100 hours of specialized education by March 1, 2007 in any combination of the performance domains listed in s. RL 166.03. </div>	8.00	Quarter Hour

Service Name Service ID	ServiceDescription	Network Set Rate	Billing Unit
	All providers of service must have a National Provider Identifier (NPI).		
AODA Individual/Family Counseling	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.	16.00	Quarter Hour
Synthesis Code: 5101 National Code: H0022			
Credential	AODA outpatient clinic license and: -Substance Abuse Counselor Certification or above -Substance Abuse Counselor-In-Training certification with clinical supervisor authorization to provide counseling after one of the following requirements has been met: -The substance abuse counselor-in-training has completed 1000 hours of supervised training or supervised work experience in the core functions verified by the agency Clinical Supervisor -If an RADC I (credentialed by the WCB) converted to the substance abuse counselor-in-training, the credential holder may practice substance use disorder counseling after providing proof to their clinical supervisor that within the previous 5 years they have completed 100 hours of specialized education by March 1, 2007 in any combination of the performance domains listed in s. RL 166.03. All providers of service must have a National Provider Identifier (NPI).		
AODA Lab and Medical Services	Random urine surveillance and other substance abuse screening and monitoring by an approved lab.	1.00	Dollar
Synthesis Code: 5103 National Code: H0003			
Credential	Laboratory certification and per unit rate.		
Assessments-M.D.	Psychiatric and/or Medical assessment of a child or adolescent and their family performed by a licensed Psychiatrist (M.D.) and/or other Medical Physician (M.D.) with recommendations for treatment. A psychiatric report of specific findings (with five axis diagnoses) must be submitted to the Care Coordinator within 30 days of the appointment.	200.00	Session
Synthesis Code: 5000A National Code: 90801			
Credential	M.D. License. Effective 1/1/2007, providers of this services must have a National Provider Identifier (NPI).		
Group Counseling and Therapy	NOTE: APPLICATIONS ACCEPTED FOR ACTIVE-ONGOING GROUPS ONLY. Goal directed face-to-face psychotherapeutic intervention with the child/family member(s) and/or other	8.00	Quarter Hour

Service Name Service ID	ServiceDescription	Network Set Rate	Billing Unit
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Synthesis Code: 5120
National Code: 90853

caregivers who are treated at the same time in a certified outpatient mental health setting. Focus is on improved peer relationships, communication skills, anger control, improved problem-solving skills, etc. A description of the group identifying the target population, objective of the group, and days/times the group meets must be included in the application to provide this service.

Credential

Group Therapy services can be provided by following qualified psychotherapists:

(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

(2) Music, Art, Dance Therapist with Wisconsin Psychotherapy License

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

- 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 Group Therapy services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).

In-Home Case Aide

Synthesis Code: 5161
National Code: S9484

The In-Home Case Aide is always the second person on a two-person team. A Medicaid reimbursable Lead Therapist (see code 5160) must supervise the Case Aide. (The Case Aide and Lead Therapist must be from the same agency).

30.00 Hour

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

Credential

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

Service Name	Service Description	Network Set Rate	Billing Unit
Service ID	<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>DOCUMENTATION REQUIREMENTS Copy of the individual's degree. Proof of experience must be documented in one or more letters of reference supporting the supervised experience or a resume with written corroboration of prior experience by current employer.</p>		
<p>In-Home Lead Medicaid</p> <p>Synthesis Code: 5160</p> <p>National Code: S9584</p>	<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). 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.)</p>	60.00	Hour
Credential	<p>In-Home Lead services can be provided by:</p> <p>(1) <input type="checkbox"/> Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic.</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Licensed Clinical Social Worker • <input type="checkbox"/> Licensed Marriage and Family Therapist • <input type="checkbox"/> Licensed Professional Counselor • <input type="checkbox"/> Licensed Psychologist • <input type="checkbox"/> Psychiatrist <p>(2) <input type="checkbox"/> Music, Art, Dance Therapist with Wisconsin Psychotherapy License</p> <p>(3) <input type="checkbox"/> Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Practitioner with a status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of 		

Service Name Service ID	ServiceDescription	Network Set Rate	Billing Unit
	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).		
Individual/Family Therapy-Office	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.	16.00	Quarter Hour
Synthesis Code: 5100 National Code: H0022			
Credential	Individual/Family Therapy services can be provided by the following qualified psychotherapists: (1) <input type="checkbox"/> Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic. • <input type="checkbox"/> Licensed Clinical Social Worker • <input type="checkbox"/> Licensed Marriage and Family Therapist • <input type="checkbox"/> Licensed Professional Counselor (2) <input type="checkbox"/> Music, Art, Dance Therapist with Wisconsin Psychotherapy License (3) <input type="checkbox"/> Other Qualified Professionals in a Certified Outpatient Psychotherapy Clinic • <input type="checkbox"/> 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 Individual/Family Therapy services must also satisfactorily complete the Wraparound Milwaukee Practitioner credentialing process and have a National Provider Identifier (NPI).		
Psychiatric Review/Meds	Prescription monitoring and evaluation of medication on an outpatient basis by a licensed Psychiatrist. These sessions are usually brief reviews and medication monitoring (with no more than minimal psychotherapy, generally 15 to 30 minutes).	80.00	Session
Synthesis Code: 5050 National Code: 90862			
Credential	M.D. License in the application process. Effective 1/1/2007, providers of this services must have a National Provider Identifier (NPI)		
Psychiatric Review/Meds-with Therapy	Prescription monitoring on an outpatient basis by a licensed Psychiatrist, including medical evaluation and medication management services, with interactive, insight-oriented or supportive psychotherapy (generally 30 minutes or more).	150.00	Session
Synthesis Code: 5051 National Code: 90862			

Service Name Service ID	ServiceDescription	Network Set Rate	Billing Unit
Credential	M.D. License. Providers of this services must have a National Provider Identifier (NPI)		
Psychological Evaluation Services-Ph.D. Synthesis Code: 5180A National Code: 90801	Performed by a licensed psychologist. Requires a written report, including a DSM-IV diagnosis addressing all five axis and specific treatment recommendations. A psychological report of specific findings must be submitted to the Care Coordinator within 30 days of the appointment.	350.00	Evaluation
Credential	Wisconsin Psychologist License. Effective 1/1/2007, providers of this services must have a National Provider Identifier (NPI)		
Special Therapy Synthesis Code: 5130 National Code: H2033	Therapies, including art, dance, music, occupational therapy, including sensory integration therapy) or Equine Facilitated Experiential Learning (therapeutic horseback riding that promotes psycho-social healing and growth.	16.00	Quarter Hour
Credential	1) A Bachelor-degreed therapist with 1,000 hours of work experience and who possesses the required credentials/licenses; for dance, art and music therapy, must be certified, registered, or accredited; For OT, must be licensed in Wisconsin. If certified by the National Board for Certification in OT (NBCOT), attach copies of providers' certifications in the application process. 2) Masters-level licensed psychotherapist in one of above special therapies; or 3) BS/BA Degreed-individual with a minimum of 2,000 hours working with youth/families in which the focus of therapy may include promotion of social and/or work skills, community integration and/or recreational skill development, i.e. Recreation Therapist, Vocational Rehabilitation Therapist, etc. 4) Certified member of the North American Riding for the handicapped Association (NARHA) in connection with Equine Facilitated Experiential Learning. 5)Licensed Occupational Therapy Assistant under supervision of a licensed Occupational Therapist Documentation of experience and copies of certifications/registrations/accreditations/licenses must be provided, as applicable, in the application process in accordance with the foregoing. Providers of this service is licensed by the State of Wisconsin and must have a National Provider Identifier (NPI)		
Special Therapy-Group Synthesis Code: 5131 National Code: H2033	Therapies, including art, dance, music occupational therapy (including sensory integration therapy) or Equine Facilitated Experiential Learning (therapeutic horseback riding that promotes psycho-social healing and growth utilizing group process.	8.00	Quarter Hour
Credential	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		

Service Name	ServiceDescription	Network	Billing
Service ID		Set Rate	Unit
Specialized Academic Support Service Synthesis Code: 5568 National Code:	<p>be licensed in Wisconsin. If certified by the National Board for Certification in OT (NBCOT), attach copies of providers' certifications in the application process.</p> <p>2) Masters-level licensed psychotherapist in one of above special therapies; or</p> <p>3) BS/BA Degreeed-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.</p> <p>4) Certified member of the North American Riding for the handicapped Association (NARHA) in connection with Equine Facilitated Experiential Learning.</p> <p>5)Licensed Occupational Therapy Assistant under supervision of a licensed Occupational Therapist</p> <p>Documentation of experience and copies of certifications/registrations/accreditations/licenses must be provided, as applicable, in the application process in accordance with the foregoing.</p> <p>Providers of this services licensed by the State of Wisconsin must have a National Provider Identifier (NPI).</p> <p>This is an agency based, one-to-one service which must be identified in youth's Plan of Care in relation to an educational 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. 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. 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. Reports regarding the service recipient's accomplishments and continuing challenges shall be provided through monthly face-to-face meetings with the parent/caregiver and in the form of a brief written monthly report that is to be submitted to the parent/caregiver and Care Coordinator. The report shall include the following minimum content:</p> <p>1) <input type="checkbox"/> 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].</p> <p>2) <input type="checkbox"/> For each goal, a description of the strategies being used to meet the goal.</p> <p>3) <input type="checkbox"/> 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.</p>	55.00	Hour

Service Name	ServiceDescription	Network	Billing
Service ID	ServiceDescription	Set Rate	Unit
	<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 monthly and discharge report templates as well as testing instruments and/ or testing rationale/methodology for review and approval.</p> <p>Credential 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. Agency must employ more than one provider to avoid disruption in scheduled services.</p>		
<p>Tutor</p> <p>Synthesis Code: 5521</p> <p>National Code:</p>	<p>A Tutor provides after school assistance with academic school assignments when the child has identified remedial needs and is below grade level. This must be documented as an academic/ educational need in the Plan of Care under the "Education Domain" for Wraparound and in the Safety Service plan for Safenow. A Tutor provides a one to one service that cannot be provided to more than one child at a time.</p> <p>Agencies providing Tutor services must comply with all requirements set forth in the Fee-for Service Agreement, the required Criminal Background checks (the CIB – email address:https://wi-recordcheck.org.), and valid Drivers's licenses (Department of Motor Vehicle driving abstract by call 608-266-2353) for all individuals employed to provide tutor Services prior to performing the service. If transporting children, a consent form signed by the parent /legal guardian must be in the case file at the agency.</p> <p>Agencies must have General Liability Insurance as required in the Fee-for Service Agreement. Individual providers transporting clients, must have necessary automobile insurance and a copy must be in the employee's file.</p> <p>A completed log must be signed by parent/legal guardian and care coordinator for Wraparound (not Safety Service Manager for Safenow), to verify delivery of services and be kept in the case file at the agency as documentation and for auditing. (Refer to Provider Bulletin 4-03.)</p> <p>Credential 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 the Integrated Provider Network prior to providing services. 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>	22.00	Hour

Service Name	ServiceDescription	Network	Billing
Service ID	ServiceDescription	Set Rate	Unit
	Agencies must submit their training curriculum outlining the 15 hours of training for approval by the Provider Network when applying for this service. A minimum of 15 hours training is required of all staff prior to service provision. A copy of the 15-hour training verification form verifying this training and a resume must be submitted to the Provider Network and a copy maintained in the agency employee file.		
