

INTEGRATED PROVIDER NETWORK SERVICE DESCRIPTION LIST

Service Name / ID	1			Set IPN Rate	Avg IPN Rate	Billing Unit
5404 H0018			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
Credentia	ıls:	An Adult Family Home	License under DHS 88.3 and Wisconsin State Statutes 50.02 (2) and 50.033 (2).			
			's application should include a statement of the number and types of individuals they are willing to accept with mobility problems. The application should also include a description of the home, its location, the nem.			
			st 21 years of age and shall be physically, emotionally and mentally capable of providing care for resident sponsible, mature and of a reputable character and display the capacity to provide care to adult residents		t family	
		A Service provider mus	t be at least 18 years of age.			
	residents, residents rig include training in fire		service provider must complete 15 hours of training approved by the licensing agency related to health, s ts and treatment appropriate to residents served prior to or within 6 months after starting to provide care and first aid. The Licensee and each service provider must also attend a minimum of 8 hours of ongoing ng agency related to health, safety and welfare of the residents, residents rights and treatment appropriate the training.	The training training per ye	must ear that is	
			ntain a record for each resident of the home in a secure location of the home to prevent unauthorized acc per Wisconsin State Statutes , 252.15, 51.30, 146.83, or 42 CFR Part 2.	ess, and ensur	e	
5202		•	s in the Wraparound network must meet the Wisconsin Medicaid guidelines for staffing, documentation		on.	
5202 H2021	After Schoo Community services	ol Programs y-based wraparound	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.			

12021 Address School Programs To access the second programs must include social, concational and clusational activities. 12.00 Ifour 12021 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. Ifour or 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. Ifour or 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. 1200 Theorogram supervisor must be at least 12 years of age and have at least 12 years of experimere working with children and have completed at least 24 hours of thraining in cardiopulmonary resuccitation, recognition of and reporting of childhood datase and neglect, orientation to agency policies and procedures. Training in any of the above areas is acceptable with the appropriate supporting documentation. If the agency is the agency is a complete at least 18 years of age, have a valid driver's license and have at least one year of driving experimence. 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. If the agency is a second balance above areas is acceptable with the appropriate supporting documentation. 12020 Agency employment These care before or after school programs that offer supervision and structure for years. If the agency employment arest school program that offer supervision and attrivities.	Service Name / ID)			Set IPN Rate	Avg IPN Rate	Billing Unit
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5202A H2021 Afterschool Program Community-based wrap services, per 15 min These are before or after school programs that offer supervision and structure for youth. Programs must include social, recreational and educational activities. 25.60 Hour <i>Credentials:</i> 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. 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. 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. 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.			year of driving experienc	e. Agency employees must complete 24 hours of training as described above within 6 months of em			
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	Set IPN Rate	Avg IPN Rate	Billing Unit
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.	7.50		Quarter Hou
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).			
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.			
The Anger Management curriculum must include components that are designed to address the following elements: 1)awareness of one's own emotional and physical states when they are angry 2)the ability to understand the perspective of others 3)recognizing and using appropriate verbal and non-verbal communication skills 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.)			
 6)training in problem-solving skills and coping strategies including: identifying the problem generating alternative solutions considering the consequences of each solution selecting an effective response to the situation evaluating outcomes of that response identifying socially acceptable ways to release and manage aggression 7)basic relaxation techniques. 			
	 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. 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). 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. The Anger Management curriculum must include components that are designed to address the following elements: 1)awareness of one's own emotional and physical states when they are angry 2)the ability to understand the perspective of others 3)recognizing and using appropriate verbal and non-verbal communication skills 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.) 5)understanding	 7.50 8.61 8.61 8.61 8.61 9.62 9.61 9.61<td>Rate 7.50 7.50</td>	Rate 7.50 7.50

Service Name / ID				Set IPN Rate	Avg IPN Rate	Billing Unit
			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	Therapeu	tic behavioral services				
Credentia	ls:	degree, plus 2 years post	ents viders must have a BA/BS degree in Social Work, Psychology, Sociology, Criminal Justice or other t-degree experience in counseling youth or working in a program whose primary clientele are youth A Master's degree in the stated programs may substitute for the 2 years experience.	* *		
5001 H0001	AODA As Alcohol a	ssessment .nd/or drug assessment	Initial assessment to evaluate the need for AODA treatment services.	27.50		Quarter Hour
Credentia	els:	-MS Degree with docur preferably in a setting -Ph.D., utilizing recogn	license and: use Counselor Certification or above OR mented 3,000+ hours of work experience dealing with AODA issues OR nized AODA assessment tools. must have a National Provider Identifier (NPI).			
5121	AODA G	roup Counseling		8.80		Quarter Hour
H2017 HQ	weilness	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.			
			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.			
H0005		nd/or drug svcs; grp				
Credentia	couns. .ls:	-Substance Abuse Couns requirements has been m -The substance abuse c verified by the agency C -If an RADC I (credent disorder counseling after	selor Certification or above selor-In-Training certification with clinical supervisor authorization to provide counseling after one net: ounselor-in-training has completed 1000 hours of supervised training or supervised work experienc	e in the core function by practice substance	e use	

Service Name / ID)		Set IPN Rate	Avg IPN Rate	Billing Unit
	All providers of service m	ust have a National Provider Identifier (NPI).			
5356 Credentia	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
Creaenna	<i>us:</i>				
5101 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 Hou
Credentia	-Substance Abuse Counsel -Substance Abuse Counsel requirements has been met -The substance abuse cou verified by the agency Clin -If an RADC I (credentia disorder counseling after p education by March 1, 200	lor Certification or above lor-In-Training certification with clinical supervisor authorization to provide counseling after or t: inselor-in-training has completed 1000 hours of supervised training or supervised work experies nical Supervisor led by the WCB) converted to the substance abuse counselor-in-training, the credential holder r providing proof to their clinical supervisor that within the previous 5 years they have completed 07 in any combination of the performance domains listed in s. RL 166.03.	nce in the core funct	ce use	
5103 H0003	All providers of service m AODA Lab and Medical Services AODA, Lab Analysis	ust have a National Provider Identifier (NPI). Random urine surveillance and other substance abuse screening and monitoring by an approved lab.	1.00		Dollar
	Alcohol and/or drug screening, lab analysis				
Credentia	als: Laboratory certification and	nd per unit rate.			
5131F H2017 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.	32		Hour
		Documentation requirements: Provider Note entry in Synthesis. Instructions for provider note entry at: http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf.			
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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	 A Bachelor-degreed therapist with 1,000 hours of work experience and who possesses the required credentials/licenses; for dat therapy, must be certified, registered, or accredited; For OT, must be licensed in Wisconsin. If certified by the National Board for (NBCOT), attach copies of providers' certifications in the application process. Masters-level licensed psychotherapist in one of above special therapies; or BS/BA Degreed-individual with a minimum of 2,000 hours working with youth/families in which the focus of therapy may inc social and/or work skills, community integration and/or recreational skill development, i.e. Recreation Therapist, Vocational Reha etc. Registered instructor with Professional Association of Therapeutic Horsemanship International (PATH) or equivalent riding cert 5)Licensed Occupational Therapy Assistant under supervision of a licensed Occupational Therapist 	Certification	n in OT ion of	
	Documentation of experience and copies of certifications/registrations/accreditations/licenses must be provided, as applicable, in in accordance with the foregoing.	the application	on process	
5131E Art / Musi H2017 Wellness I U5	Providers of this services licensed by the State of Wisconsin must have a National Provider Identifier (NPI). c / Dance Therapy-Individua 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. Documentation requirements: Provider Note entry in Synthesis. Instructions for provider note entry at: http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf.	64		Hour
Credentials:	 A Bachelor-degreed therapist with 1,000 hours of work experience and who possesses the required credentials/licenses; for dat therapy, must be certified, registered, or accredited; For OT, must be licensed in Wisconsin. If certified by the National Board for (NBCOT), attach copies of providers' certifications in the application process. Masters-level licensed psychotherapist in one of above special therapies; or BS/BA Degreed-individual with a minimum of 2,000 hours working with youth/families in which the focus of therapy may ind social and/or work skills, community integration and/or recreational skill development, i.e. Recreation Therapist, Vocational Reha etc. Registered instructor with Professional Association of Therapeutic Horsemanship International (PATH) or equivalent riding certifications of a licensed Occupational Therapy Assistant under supervision of a licensed Occupational Therapist 	Certification clude promot: abilitation Th rtification.	n in OT ion of terapist,	
	in accordance with the foregoing. Providers of this service is licensed by the State of Wisconsin and must have a National Provider Identifier (NPI).			
5131A Arts Speci	alty - 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

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	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.			
	 serve as a positive role model and facilitator for youth. promote social competence, life skills and support resource for youth developing as artists and responsible community members. 			
	3.bridge youth to positive community resources (with a particular emphasis on their arts area).			
	4.Communication with HSW's and Agency staff appropriate to the interaction with youth is part of their responsibility.5.Enter notes on youth group engagement and progress in synthesis according to the			
	appropriate code Arts Specialty-Individual.			
Credentials:	 Must be 21 years of age. Bachelor's degree preferred, skill and professional experience in arts area required, minimum 1 year of experience working or facilitating capacity required. 	g with youth in	teaching	
	3. 15 hours of training documented prior to work as a Therapeutic Arts Specialist: Topics should include but are not limited to ethics and boundaries, motivational interviewing, mandated reporting, cultural relevance and basic case management. Owners a training/certification/ education specific to mentoring in the application process. A copy of the Therapeutic Arts training certificate werifying this training must be submitted to the Provider Network upon the agency's request to add the mentor into Synthesis. A Arts Specialist training certificate must be kept in his/her employee file.	must show evid cate (or equival	lence of ent)	
	Ongoing Continuing Education/Training Requirements:			
	Therapeutic Arts Specialists will complete 8 hours of continuing education training annually starting the 2nd year of employmer Therapeutic Arts Specialist participation in local training opportunities or bring in a trainer on a topic related to Trauma Inform Boundaries on an ongoing basis, where one-fourth of the training hours shall be in these topic areas. Additional topics for ongo solicited from the Therapeutic Arts Specialist based on their experiences (e.g. attachment issues). Documentation of continuing in the employee file and reviewed annually. (Therapeutic Arts Specialists will be supervised by Licensed Arts Therapists for all	ed Care and Et ing training wi education will services rende	hics and ll be be kept	
5000A Assessmer 90801 Psychiatri exam	nts-M.D. c diagnostic interview, 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.	275.00		Session
Credentials:	A psychiatric report of specific findings (with five axis diagnoses)must be submitted to the Care Coordinator within 30 days of the appointment. 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 Psyc license and/or certification in Psychiatry/Mental Health from the American Nurse Credentials Center, experience and training in and prescribing supervised by M.D., and who meet the certification guidelines in Wisconsin Chapter N8.			

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	Effective 1/1/2007. pr	oviders of this services must have a National Provider Identifier (NPI).			
5551 BRIC Г2003 Non е	CK Program emerg transport-per trip	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.	55.00		Session
		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.			
Credentials:		to Integrity Family Services, LLC. Integrity staff with prior experience as a Crisis Stabilization pro ent training provide escort and supervision for Wraparound Milwaukee youth that participate in the	-	nd	
	Valid Wisconsin Drive	ers License (Drivers Abstract on file with agency)			
	Integrity Family Servi the employees file at t	ce, LLC must obtain 2 letters of reference regarding the provider's professional abilities. Reference he agency.	e letters are to be ma	intained in	
		ours for staff with no prior crisis stabilization related experience or 20 hours for staff with 6 months for to the provision of this service.	s of prior experience.	Training	
	in-service training; cr ·Crisis regulations. ·Wraparound crisis int ·Specific requirements ·Wisconsin state statu ·Basic mental health in	Crisis Prevention Intervention (CPI), Managing Aggressive Behavior (MAB) or a similar program a isis intervention and de-escalation training in the following areas: tervention policies and procedures and as associated with this service. es and administrative rules related to patient rights and confidentiality of youth records. intervention techniques applicable to crisis situations.	-		

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
5201 Camp T2037 Therapeutic camping	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).	1.00		Total
	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:			
	 Title or name of the "Camp" (here after referred to as "camp" or "program"). Proposed daily rate for the program. Location(s) where the camp/program will take place. Dates and time of day the camp will be conducted. Overview of the client related program objectives and goals (skills or abilities the youth will achieve as a result of participation in the program). Minimum client to staff ratio. Description of appropriate participants including: age, gender, challenges enrolled youth might be experiencing (ie: lack self confidence; excessively shy, etc.). Skills / abilities the youth will acquire as a result of participation in the specific camp/program. Minimum requirements for youth participation in the program. Calendar of events including schedule of all events (by day and section of the day) to be provided throughout the course of the program. 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. 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). Participant conduct that could result in participant expulsion from the program. Agency contact information for referrals Agency contact information during the program implementation (including: how families may contact participants in the event of an emergency). 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 Milwaukce for approval. 			

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	Billing Unit

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.

Overnight stays not allowed. Out-of-county travel requires Wraparound Administration approval IN ADVANCE.

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.

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.

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.

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.

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.

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Service Name / II)		Set IPN Rate	Avg IPN Rate	Billing Unit
5201 T2037	Camp Therapeutic camping, day, waiver	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).	1.00		Total
		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:			
		 Title or name of the "Camp" (here after referred to as "camp" or "program"). Proposed daily rate for the program. Location(s) where the camp/program will take place. Dates and time of day the camp will be conducted. Overview of the client related program objectives and goals (skills or abilities the youth will achieve as a result of participation in the program). Minimum client to staff ratio. Description of appropriate participants including: age, gender, challenges enrolled youth might be experiencing (ie: lack self confidence; excessively shy, etc.). Skills / abilities the youth will acquire as a result of participation in the specific camp/program. Minimum requirements for youth participation in the program. Calendar of events including schedule of all events (by day and section of the day) to be provided throughout the course of the program. 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. 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). Participant conduct that could result in participant expulsion from the program. Agency contact information for referrals Agency contact information during the program implementation (including: how families may contact participants in the event of an emergency). Rates should be all inclusive. Any additional cost(s) to the participant (such as spending money for outines) must be identified at the time the program description is 			
		spending money for outings) must be identified at the time the program description is presented to Wraparound Milwaukee for approval.			

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	Billing Unit

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.

Overnight stays not allowed. Out-of-county travel requires Wraparound Administration approval IN ADVANCE.

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.

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.

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.

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.

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.

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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Un
Credentials:	A Day Care License is re	quired if serving three or more children through the age of 12 at one time.			
5201A Camp T2037 Ther	p-Therapeutic apeutic camping, day, waiver	This service is being created for New Visions to provide services to Tyler Parks.	485		Daily
Credentials:	Therapy credentials are s	imilar to Service Code 5100.			
	Coordination Contract Penalties eted 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
Credentials:					
	Coordination Rate Adjustment eted 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
Credentials:					
5500H Care T1017 Targe	Coordination-(Lead-BA/BS) eted 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.	39.75		Daily
Credentials:	degree, preferably in the	nust have at least one year of Care Coordination experience with Wraparound Milwaukee. Posse areas of education, human services or a related field. One year of experience working in a setting ated life experience and volunteer work will be considered.			
5500I Care Coordination-Consultation T1017 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.	100		Hour	
		Clinical consultants will review all relevant and available documents (including most recent clinical outcome measures, i.eChild Behavior Checklist and Youth Self Report) to assist in formulation of a POC which best matches the youth and family needs.			
		A POC clinical consultant may not simultaneously be a POC consultant and a therapist to the same family.			
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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		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.			
		Documentation requirements: 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: http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf.			
Credentials:	State of Wisconsin Psyc	hologist License, or Licensed M.D. with a specialty in Psychiatry/Child Psychiatry.			
	New providers of this se	ervice must attend Wraparound Provider Training (Level I and II) within 90 days of commencing w	ork as a POC cons	ultant.	
	The provider must also (NPI).	satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a N	Vational Provider Ic	lentifier	
5500A Care Co T1017 Targeted	ordination-Daily 1 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.	34.25		Daily
		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 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			
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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.

Copy of Care Coordinators resume, driver's abstract, and background check (all 3 parts).

	Copy of Care Coordinat	ors resume, driver's abstract, and background check (all 5 parts).		
5500J T1017	Care Coordination-Incentive Targeted case mgmt, per 15 min	Care Coordination agencies that hire new care coordinators after January 1, 2020 to be incentivize for maintaining these individuals at a half case load for the first 60 days of employment. For each new care coordinator that is supported by their agency in maintaining this standard for the full time period a sum of \$8,000 will be administratively paid to the agency. This is designed to offset the cost of lost reimbursement due to the half case load.		Dollar
Credenti	ials:	 Points of Clarification: \$4,000 will be allotted to agencies for each 30 day period in which the new care coordinator maintains the half caseload outlined in policy (for a total of \$8,000 if the agency maintains this for the full 60 days). Follow-through with this incentive will be monitored, but transfers will be allowed to occur should the agency elect to waive their eligibility for the \$4,000/\$8,000 incentive – for example, an agency that maintains the standard for the first 30 days, but then elects to assign additional families to the new care coordinator at day 45 will receive \$4,000 for the first 30 days, and nothing for the partial second 30 days. Exceptions can be granted for new care coordinators that need to take an additional sibling enrollment (to maintain consistency for the family) – this still must be approved by Wraparound Administration prior to the assignment or transfer occurring, otherwise the incentive will not be honored. All payments will be administratively paid to the agencies in the month following the 60 day completion – for example, an agency will receive a payment for a new care coordinator that started January 1, 2020 by the end of the March 2020. 		
5500F T1017	Care Coordination-Masters Level 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	40.25	Daily

child and his/her family needs in meeting the needs and objectives of the Plan of

Care.

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.

UNTIL FURTHER NOTICE, WRAPAROUND MILWAUKEE IS NOT UTILIZING ANY ADDITIONAL CARE COORDINATION AGENCIES.

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:		
	Copy of Care Coordinators	resume, transcript or diploma, driver's abstract, and background check (all 3 parts).		
5500G T1017	Care Coordination-Masters Level-Lead 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.	41.75	Daily
		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		
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			Set IPN Rate	Avg IPN Rate	Billing Unit
		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.			
Credentials:		UNTIL FURTHER NOTICE, WRAPAROUND MILWAUKEE IS NOT UTILIZING ANY ADDITIONAL CARE COORDINATION AGENCIES. gree in an education or human service field. One year of experience working in a setting providing to experience and volunteer work will be considered. Must have at least one year of Care Coordination			
	TO BE SUBMITTED 1	O WRAPAROUND:			
	Copy of Care Coordina	tors resume, transcript or diploma, driver's abstract, and background check (all 3 parts).			
5502B Case Mgr F2022 Case man	mt-Waiver Program nagement	Same as 5502A-but for waiver program slots	2.82	2.82	Daily
Credentials:	Same as 5502A-but for	waiver program slots			
5522					
5533 Certified H2017 Indiv Ski U5	Parent Peer Specialist ill Dev/Enhanc	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 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. 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.	40		Hour

Billing Unit

and youth voice are heard, understood, and respected in the team process.

• 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.

• Provide strength based professional documentation in accordance with policy standards and timelines related to provider notes.

• 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.

• 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.

• 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.

• 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.

• Provide peer support through the sharing of their own experience.

• Participate in weekly supervision from the CC supervisor with or separate from the CC.

TRAINNG REQUIRMENTS:

- 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

• ce	 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 rtified 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 of trification. 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 sallenges. 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 f	substance a	buse	
• • • ac	nilar 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 Wraparoun Must be able to engage and collaborate with people from diverse backgrounds and provide culturally sensitive and age approp 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 commodate 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 monstrate parenting and behavior/crisis management, and coaching skills. Must have a working knowledge of the Milwaukee community and available resources for youth and families. Experience in Wraparound is preferred but not required	riate servic		
• 5530 Certified Peer	Bilingual qualification is preferred but not required	40		Hour

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

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	Billing Unit

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.

II. PROCEDURE

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:

• Identify as a person in mental health recovery and share own story to assist participants with his/her own recovery;

Assist participants with creating their own individualized well-being plan;

• Help facilitate participants through transitional challenges, which may include learning, living, working, belonging, healing, and safety;

· Provide information, support, and understanding to encourage participant;

• Help recipient problem-solve, make better decisions, and set goals to assist in mental health recovery;

• Complete documentation as necessary and report to supervisor as appropriate.

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.

C. Covered Services/Allowable Service Time

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.

• Allowable service time shall not exceed 2 hours/day, 4 hours/week, and 16 hours/month.

• 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.

• 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.

• 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.

• 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.

D. Documentation/Consents-

1. Consent for Service

A Consent for Service must be obtained according to Wraparound Policy #054, Provider Agency Responsibilities and Guidelines

2. Progress Report Log

Certified Peer Specialists shall document all service activities using the Certified Peer Specialist Progress Report Log (Attachment 3)

3. Transportation Consent (Attachment 4)

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.

- E. Supervision
- 1. Program Supervisor

Agencies providing Certified Certified Peer Specialist services must identify a 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.

2. Clinical Supervisor

Note: The Clinical Supervisor can be the Program Supervisor. 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.

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.

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 supervision shall be limited to a maximum of 8 Certified Peer Specialists.

For individual supervision, the agency is to maintain a record of:

- Date of the meeting
- Beginning and end times for each meeting
- Name(s) of the participant discussed at the meeting
- Name of the Certified Peer Specialist
- Summary of the content of the supervision (i.e.: current status of the participant,

barriers to achieving POC/Future Plan goals, clinical recommendations)

• Signature of supervisor and Certified Peer Specialist.

For group supervision, the agency is to maintain a record of:

• Date of the meeting

Service Name / ID	Set IPN Rate	Avg IPN Rate	Billing Unit
 Beginning and end times for each meeting A sign-in sheet for all Certified Peer Specialists in attendance at the meeting List of the names of the participants discussed at the meeting Brief statement as to the content of the supervision Signature of the Clinical Supervisor 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.			
H2017 Indiv Skill Dev/Enhanc U5			
Credentials: Certified Peer Specialist Eligibility and Application Procedure 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 have successfully completed a peer specialist training program that utilizes an approved state of Wisconsin training curriculum. Teurriculums include: a) Depression and Bipolar Support Alliance (DBSA) b) National Association of Peer Specialists (NAPS) c) Recovery Innovations/Recovery Opportunity Center (ROC) In addition, Certified Peer Specialists must have successfully completed the State of Wisconsin Peer Specialist exam, and will be proof of completion when agency is requesting to add the Certified Peer Specialist to the Wraparound Provider Network. 2. Certified Peer Specialists will meet the requirements and abide by the Wisconsin Certified Peer Specialist Code of Conduct (shall be signed and dated by the Certified Peer Specialist and retained in the individual's personnel file. 3. Certified Peer Specialists must maintain their certification by successfully completing all required Continuing Education and recertification obligations and timelines as described in Attachment 5. 4.Certified Peer Specialists will abide by the General Wisconsin Adult Mental Health Certified Peer Specialist Position Description which shall signed and dated by the Certified Peer Specialist and retained in the individual's personnel file.	Those training required to st Attachment complying v	g ubmit 1), which with all ent 2),	
5441 S2027Child Care (Hourly) Specialized child careSupervision 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 Respite care svcs, up to 15 min			
Credentials: Day Care License			
5633 Community Improvement-Job Training Community Improvement & Job Training Program address youth's emotional and mental health needs that pose a barrier to finding, securing, and keeping employment.	41		Hour

Service	Set IPN	Avg IPN	
Name / ID	Rate	Rate	Billing Unit

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.

Services include:

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.

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.

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 & Job Training Program worker to work with the Child and Family teams and address employment needs in the Plan of Care.

Specific activities under Community Improvement & Job Training Program include:

• 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 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.

• 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.

Direct, face to face and one to one services are billable, as well as collateral contacts,

		Set IPN Rate	Avg IPN Rate	Billing Unit
	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.			
	Significant progress must occur within six months of initial date of service or services shall be discontinued.			
	Providers of Community Improvement & Job Training Program will work with the			
Provider must meet the foll				
abuse, psychotropic medica ethics and boundaries. A co the provider add request an	tions and side effects, functional assessment, local community resources, adult vulnerability, copy of the training certificate from the agency verifying this training is to be submitted to the F	consumer confidentia Provider Network at t	lity, and	
ity Support Program (CSP)-M ity Living Support	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	22.31		Quarter Hour
Masters Level Clinician	outilied in Wisconsin Administrative Code Diris 05.			
ity Support Program (CSP)-M ity Living Support	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.	37.51		Quarter Hour
	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			
	Must be at least 18 years ol in recovery concepts, consu abuse, psychotropic medica ethics and boundaries. A co the provider add request an ty Support Program (CSP)-M ity Living Support Masters Level Clinician	of 8 hours per month or 20% of total time billed. Documentation time is not billable. Significant progress must occur within six months of initial date of service or services shall be discontinued. Providers of Community Improvement & Job Training Program will work with the Care Coordinator and the youth's Plan of Care. In addition, supervision of the Community Improvement & Job Training Program worker must occur following all the guidelines that apply through the Care Coordinator and the youth's plan of care. 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 train recovery concepts, consumer rights, consume-centered individual treatment planning, mental illness, co-occurring me abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, ethics and boundaries. A copy of the training certificate from the agency verifying this training is to be submitted to the I the provider add request and a copy maintained in the agency employee file. ty Support Program (CSP)-M 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. Masters Level Clinician Y Support Program (CSP)-M 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. A CSP is a coordinated c	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. Significant progress must occur within six months of initial date of service or services shall be discontinued. Providers of Community Improvement & Job Training Program will work with the Care Coordinator and the youth's Plan of Care. In addition, supervision of the Community Improvement & Job Training Program worker must occur following all the guidelines that apply through the Care Coordinator and the youth's plan of care. 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 in recovery concepts, consumer rights, consumer centred individual treatment planning, mental illness, o-occurring mental illness and subst abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentia the provider add request and a copy maintained in the agency employee file. 22.51 ty Support Program (CSP)-M to revice 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. 37.51 Y Support Program (CSP) Mit has escree a	Image: control in the second secon

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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.			
Credentials: Licensed Psychiatrist	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.			
5352-HP Community Support Program (CSP)-Pł H0043 Community Living Support 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 Ho
Credentials: Ph.D.				
5352-HN H0043 Community Support Program (CSP)-Pr Community Living Support 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 Ho
Credentials: Professional Level staff				
5352-HN Community Support Program (CSP)-Te H0043 Community Living Support 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.	5.63		Quarter Ho
Credentials: Technician				
5115A Competency Restoration H0004 Behavioral health counseling & therapy, per 15 min	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,	125	100	Hour
Credentials: Masters in Forensic Psych	with the goal of treatment to competency. ology, Social Work, or other related field. Two years of demonstrated experience in competency	, , .		

	Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Uni
experiency. These agencies should submit verification of training/supervision hours that the DSP received to substantiate their readiness to provide this service. 2009 Orish Bef-Foster Homes 2001 Crish Intervention MII services, per dam pride Foster Home License 2012 Crish State Supervision Parents State State Supervision Parents State/Foster Homes 2014 Crish State Supervision Parents State Foster Home License Foster Home License 2014 Crish State Supervision Parents 2014 Crish State Supervision Parents State For Home License 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. Credentide: Foster Home License 2014 Crish State Supervision Parents 2014 Crish State Supervision Parents Parent Group Home Supervision Parents Crish State Supervision Parents Crish Supervision Parents Parent Crish Supervision Parents State Supervision Parents Crish Supervision Parents Parent Crish Supervision Parents Parent Crish Supervision Parents <th>· · ·</th> <th></th> <th>ourt processes and</th> <th>the</th> <th></th>	· · ·		ourt processes and	the	
300 Crisis Edu-Foster Home 60.00 Daily 9485 Crisis Intervention MH services, per diem 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. 60.00 Daily StattPioster parents have been trained in working with children with emotional, behavioral or mental health needs. Placeements in a foster home should usually be made for periods of a few days, but should not exceed 14 days. 90.00 Daily 302 Crisis Bed-Group Home 9485 Crisis Bed-Group Home Placement disruptional, behavioral, or mental health needs. Paredentials: 90.00 Daily 30300 Crisis Services, Specialized (girls) per diem 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. 90.00 Daily 30301 Crisis Services, Specialized (girls) is designed as gender-specific services for girls per hour 35 Hour 30302 Crisis Intervention MH services, per bour Crisis Services, Specialized (girls) is a boot-term or ogging the solut exploitation and human trafficking. Crisis Services, Specialized (girls) is a thort-term or ogging mental health needs are at risk of imminent placement apspichatic hospital, residential treatment conter or other institutional placement. 35 Hour <t< th=""><th>capacity. These agenc</th><th></th><th>-</th><th></th><th></th></t<>	capacity. These agenc		-		
99485 Crisis Intervention MH services, per dism A licensed foster home that accepts children on an emergency basis. Youth must be at high risk of hospitalization or orber out-of-home placement, crisis at home or placement disruptions, for a crisis bed to be needed. 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. 90.00 Daily Staff/foster parents have been trained in working with children in working with children with emotional, behavioral or mental health needs. Placement in a group home cannot exceed 14 days. 90.00 Daily Staff Crisis Bed-Group Home Licensed Group Home setting with staff who have been trained in working with ending with one cannot exceed 14 days. 90.00 Daily Staff Group Home License Crisis Services, Specialized (girks) Crisis Services, Specialized (girks) 35 Hour Staff Group Home License Crisis Services, Specialized (girks) is designed as gender-specific services for girls with services, period and/or mental needs, near requiring a higher intensity of supervision by specifically trained and shield as 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 homan trafficking. Crisis Services, Specialized (girks) is a short-term or ongoing mental health needs are risk of imminent placement in a psychiatric hospital, residential treatment center or ot	Copy of provider's deg	ree and supporting experience documentation.			
Credentials: Foster Home Licensee 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. 90.00 Daily Signals Crisis Bed-Group Home Services, per diem 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. 90.00 Daily Signals Crisis Services, Specialized (girls) Crisis Services, Specialized (girls) Signals Signals Crisis Services, Specialized (girls) Signals Crisis Services, Specialized (girls) Signals Signals Crisis Services, Specialized (girls) Signals Signals Signals Signals Signals Signals Signals Signals Crisis Services, Specialized (girls) Signals S	S9485 Crisis Intervention MH services,	high risk of hospitalization or other out-of-home placement, crisis at home or placement disruptions, for a crisis bed to be needed.		60.00	Daily
SP485 Crisis Intervention MH services, per diem 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. Credentials: Group Home License 5303C Crisis Services, Specialized (girls) Crisis Intervention MH services, per hour 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. 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 motional and/or mental health needs are at risk of imminent placement. 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	Credentials: Foster Home License	behavioral or mental health needs. Placements in a foster home should usually be			
Credentials: Group Home License 3333C 53948 Crisis Services, Specialized (girls) Crisis Intervention MH services, per hour 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. 35 Hour 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. 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	S9485 Crisis Intervention MH services,	children with emotional, behavioral, or mental health needs. Placement in a group		90.00	Daily
S9484 Crisis Intervention MH services, ' 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. 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. 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	Credentials: Group Home License				
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	S9484 Crisis Intervention MH services,	 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. 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 	35		Hour
Page 27 of 217		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			
		Page 27 of 217			

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	

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.

Appropriate Crisis Services, Specialized (girls) interventions may include:

•Providing 1:1 counseling and support.

·Providing crisis related transportation as needed.

·Implementing strategies identified in the crisis plan.

Removing the youth from stressful situations ie: take child to an

activity to reduce stress.

·Providing information and feedback to the Mobile Crisis Team and

Child and Family Team.

·Documenting and writing reports.

•Attending Plan of Care, Child and Family Team and other team meetings.

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.

A detailed description of the specific services to be provided must be documented in the individual youth's crisis/safety plan.

LaCausa, Inc. is the only current provider approved for this pilot program.

Credentials: 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.

Service	Set IPN	Avg IPN	Dilling Unit
Name / ID	Rate	Rate	Billing Unit

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.

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 statues 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. 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 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.

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Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	bining Unit

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.

(Refer to DFS 34 and applicable Wraparound Milwaukee policies for further details.)

5303D Crisis Services, Specialized (girls)-BA/ 45 Hour 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. 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. 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 recipients including going into the community to search for these girls if they do run to facilitate a return home or other community setting. Appropriate Crisis Services, Specialized (girls) interventions may include: ·Providing 1:1 counseling and support. ·Providing crisis related transportation as needed. ·Implementing strategies identified in the crisis plan. Removing the youth from stressful situations ie: take child to an activity to reduce stress. Providing information and feedback to the Mobile Crisis Team and Child and Family Team. ·Documenting and writing reports. ·Attending Plan of Care, Child and Family Team and other team Page 30 of 217

meetings.

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.

A detailed description of the specific services to be provided must be documented in the individual youth's crisis/safety plan.

LaCausa, Inc. is the only current provider approved for this pilot program.

S9484 Crisis Intervention MH services,

per hour

Credentials: 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.

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

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 statues and administrative rules including patient

rights and confidentiality of youth records.

·Basic mental health and psychopharmacology concepts applicable to

Page 31 of 217

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 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 ap	plicable wraparound Milwaukee policies for further details.)		
5303 S9484, U7	Crisis Stabilization / Supervision Crisis intervention, mental health	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.	27.50	Hour
		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		
		Page 32 of 217		

(Refer to DES 34 and applicable Wraparound Milwaukee policies for further details)

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	

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.

Appropriate Crisis 1:1 interventions may include:

•Providing 1:1 counseling and support.

·Providing crisis related transportation as needed.

·Implementing strategies identified in the crisis plan.

·Removing the youth from stressful situations ie: take child to an

activity to reduce stress.

·Providing information and feedback to the Mobile Crisis Team and

Child and Family Team.

·Documenting and writing reports.

Attending Plan of Care, Child and Family Team and other team

meetings.

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.

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: 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.

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.

Service	Set IPN	Avg IPN	D'II!
Name / ID	Rate	Rate	Billing Unit

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 statues 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. One hour 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.

(Refer to DFS 34 and applicable Wraparound Milwaukee policies for further details.)				
5303A	Crisis Stabilization / Supervision - Wor	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.	33.75	Hour
		placement.		

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Service	Set IPN	Avg IPN	D'III' 11 '4
Name / ID	Rate	Rate	Billing Unit

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.

Appropriate Crisis 1:1 interventions may include:

- Providing 1:1 counseling and support.
- Providing crisis related transportation as needed.
- Implementing strategies identified in the crisis plan.
- Removing the youth from stressful situations ie: take child to an activity to reduce stress.
- Providing information and feedback to the Mobile Crisis Team and child and Family Team.
- Documenting and writing reports.
- Attending Plan of Care, Child and Family Team and other team meetings.

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.

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:
- 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.
 - 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

Service	Set IPN	Avg IPN	D'III'
Name / ID	Rate	Rate	Billing Unit

desirable.

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.

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.

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:

- Crisis regulations.
- · Wraparound crisis intervention policies and procedures and Provider job responsibilities.
- · Relevant state statues 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.

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.

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.

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

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.)

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

	(Refer to This 54 and appli	cable wraparound winwadkee poncies for further details.)		
5303B S9484	Crisis Stabilization / Supervision -BA/I Crisis Intervention MH services, per 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.	40.00	Hour
		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		
		Page 36 of 217		

(Refer to HFS 34 and applicable Wraparound Milwaukee policies for further details.)

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	Billing Unit

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.

Appropriate Crisis 1:1 interventions may include:

- Providing 1:1 counseling and support.
- Providing crisis related transportation as needed.
- Implementing strategies identified in the crisis plan.
- Removing the youth from stressful situations i.e., take child to an activity to reduce stress.
- Providing information and feedback to the Mobile Crisis Team and Child and Family Team.
- Documenting and writing reports.
- Attending Plan of Care, Child and Family Team and other team meetings.

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.

A detailed description of the specific services to be provided must be documented in the individual youth's crisis/safety plan.

Credentials: 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.

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

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.

4. Agencies must obtain 2 letters of reference regarding the provider's professional abilities. Reference letters are to be maintained in the employees

Service	Set IPN	Avg IPN	D.III. II. 1/
Name / ID	Rate	Rate	Billing Unit

file at the agency.

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:

- a) Crisis regulations.
- b) Wraparound crisis intervention policies and procedures and
- c) Provider job responsibilities.
- d) Relevant state statues and administrative rules including patient rights and confidentiality of youth records.
- e) Basic mental health and psychopharmacology concepts applicable to crisis situations.
- f) 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.

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.

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.

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

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.)

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

11. The BA/BS or MS level of certification is the preferred level of provider for high-risk youth.

5303G S9484	Crisis Stabilization, Out of Home Care Crisis Intervention MH services,	To be used for youth in Group Home or Residential Care only. Time limited (not to	15	Hour
	per hour	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		
		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:		
		http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct		
		ionsnonCrisisServices.pdf.		
Credentia	<i>ls:</i> Provider qualifications foll	ow guidelines in DCF 57.14 for GH staff or DCF 52.12 for RCCCY.		

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
5303J Crisis Stablization, Sp. (enhanced) - BA S9484 Crisis Intervention MH services, per hour		45		Hour
<i>Credentials:</i> Credentials are the same a	s 5303B.			
5303I Crisis Stablization, Specialized (enhanc S9484 Crisis Intervention MH services, 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 a	s for Service Code 5303.			
5170 Day Treatment H2012 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
Credentials: An Outpatient Mental Hea	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. Ith License, Department of Public Instruction License, or Child Care Institution License must be	e submitted in the ap	oplication	
5172 Day Treatment (Medicaid-day) H2012 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
Credentials: Mental Health Day Treatm	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 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. nent License. Agency National Provider Identifier (NPI).			
5174 Day Treatment Specialized (Non-Media H2012 Behavioral health day tx, per hour	Day treatment program for children with specialized needs, i.e. developmentally, physically and medically challenged, requiring additional and/or specialized staffing.		85.00	Daily

ervice Jame / ID		Set IPN Avg IPN Rate Rate	Billing Uni
	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.		
Credentials:	Day Treatment License. Agency National Provider Identifier (NPI).		
H2017D Diagno	ostic Evaluation-Certified Peer S	13.97	Hour
	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.		
Credentials:	Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac	ting within their scope of practice. A	
	peer specialist, meaning a staff person whois at least 18 years old, shall have successfully completed 30 hrs. of train		
	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 co		
	aptitude for working with peers, and a self identified mental disorder or substance abuse use disorder.	-	
H2017D Diagno	ostic Evaluation-Other	13.97	Hour
	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		
	and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment		
	and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.		
	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,		
	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.		
Credentials:	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac	ting within their scope of practice.	
Credentials:	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.	ting within their scope of practice.	
	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. ostic Evaluation-Rehabilitation	ting within their scope of practice.	Hour
	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. ostic Evaluation-Rehabilitation Diagnostic evaluations include specialized evaluations needed by the member		Hour
	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. Ostic Evaluation-Rehabilitation Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma,		Hour
	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. ostic Evaluation-Rehabilitation 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		Hour
	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. Ostic Evaluation-Rehabilitation Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma,		Hour
	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. ostic Evaluation-Rehabilitation 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.		Hour
	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. ostic Evaluation-Rehabilitation 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		Hour
	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. ostic Evaluation-Rehabilitation 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.	13.97	Hour
H2017D Diagno	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. ostic Evaluation-Rehabilitation 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,	13.97	Hour
H2017D Diagno	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. ostic Evaluation-Rehabilitation 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.	13.97 ting within their scope of practice. A	Hour
Credentials: H2017D Diagno	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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac Other professionals shall have at least a bachelor's degree in a relevant area of education or human services. ostic Evaluation-Rehabilitation 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. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers must be licensed/certified and ac	13.97 ting within their scope of practice. A n the implementation of	Hour

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Un
	planning, mental illness, co-o	ccurring mental illness and substance abuse, psychotropic medications and side effects, function	al assessment, lo	cal	
	community resources, adult v	Inerability, and consumer confidentiality.			
H2017D Diagno	ostic Evaluations-APNP		53.57		Hour
		iagnostic evaluations include specialized evaluations needed			
		y the member including, but not limited to neuropsychological,			
	-	eropsychiatric, specialized trauma, and eating disorder			
		valuations. For minors, diagnostic evaluations can also include			
		inctional behavioral evaluations and adolescent alcohol/drug			
		ssessment intervention program. The CCS program does not cover evaluations for			
	a	utism, developmental disabilities, or learning disabilities.			
Credentials:	Providers described in DHS 3	6.10(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.			
H2017D Diagno	ostic Evaluations-Bachelors		21.43		Hour
c	Ľ	iagnostic evaluations include specialized evaluations needed by the member			
		cluding, but not limited to neuropsychological, geropsychiatric, specialized trauma,			
	a	nd eating disorder evaluations. For minors, diagnostic evaluations can also include			
	fi	inctional behavioral evaluations and adolescent alcohol/drug assessment			
	iı	ntervention program.			
	Т	he CCS program does not cover evaluations for autism, developmental disabilities,			
	0	r learning disabilities.			
Credentials:	Providers must have a Bachel	or's Degree. Providers described in DHS 36.10(2)(g) 1-14, Wis. Admin. Code. * All providers n	nust be licensed/	certified	
	and acting within their scope	of practice			
H2017D Diagno	ostic Evaluations-Masters		32.14		Hour
8	Γ	biagnostic evaluations include specialized evaluations needed			
	b	y the member including, but not limited to neuropsychological,			
	g	eropsychiatric, specialized trauma, and eating disorder			
	e	valuations. For minors, diagnostic evaluations can also include			
	fi	inctional behavioral evaluations and adolescent alcohol/drug			
	a	ssessment intervention program. The CCS program does not cover evaluations for			
	a	utism, developmental disabilities, or learning disabilities.			
Credentials:	Providers described in DHS 3	6.10(2)(g)1-14, Wis. Admin. Code.			
		All providers are required to be licensed/certified			
	and acting within their scope				
H2017D Diagno	ostic Evaluations-Ph.D.		40.00		Hour
c	Ľ	agnostic evaluations include specialized evaluations needed by the member			
		cluding, but not limited to neuropsychological, geropsychiatric, specialized trauma,			
		nd eating disorder evaluations. For minors, diagnostic evaluations can also include			
	fi	inctional behavioral evaluations and adolescent alcohol/drug assessment			
		tervention program.			
	Т	he CCS program does not cover evaluations for autism, developmental disabilities,			
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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
licensed under ch. 455, Stat	or learning disabilities. S 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. ts. and shall be listing with the national register of health service providers in psychology or hav inical experience related directly to the assessment and treatment of individuals with mental dis	ve a minimum of one	e year of	
5580 Discretionary Funds T1999 Misc therapeutic items & supplies 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. 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
Credentials:				
5557A Employment Preparation and Placemen H2024 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.	400.00	400.00	Total
	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.			
	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 ONE - ASSESSMENT AND EMPLOYMENT PLAN: Services must be provided 1:1 or in groups of up to eight (8) individuals. Authorizations are typically Page 42 of 217			

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	2-4 weeks in duration. This phase must include a minimum of eight attempted			
	(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:			
	-Attendance and punctuality.			
	-Personal appearance; grooming, hygiene, appropriate workplace dress, value of first impressions.			
	-Communication and dispute resolution.			
	-Networking.			
	-Filling out a job application.			
	-Resume creation.			
	-Obtaining references.			
	-Marketing oneself to an employer; identifying personal strengths and assets.			
	-Dealing with an arrest and conviction record.			
	-Employer expectations.			
	-Taking time off.			
	-Getting to and from the job.			
	-What to expect when you get your first check (i.e., taxes and other withholdings).			
	-Management of Service Recipient needs other than the above that were identified			
	during the Assessment process.			
Credentials:	Agency must have a written plan for the provision of the service including: assessment, training, job development, job placeme services. The Agency must identify expectations and participation requirements for the program, the criteria by which they will 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 experience and at least one year experience in providing same/similar type services;	ee years work	force	
	OR			
	A Bachelor's Degree in Business, Finance or Human Resources with at least one year work experience.			
	yment Preparation and Placemen	700.00	700.00	Total
5557C Employ	Employment Preparation and Placement Services are provided to a Wraparound			
5557C Employ	Employment Preparation and Placement Services are provided to a Wraparound, REACH, O'XEAH or EISS enrollee age 15-1/2 or older, or in rare cases, the parent or			
5557C Emplo	REACH, O'YEAH or FISS enrollee age 15-1/2 or older, or in rare cases, the parent or			
5557C Emplo				
5557C Emplo	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. This service is designed to assist the Service Recipient with acquiring paid			
5557C Emplo	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.			

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	

"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.

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

Service Name / ID)		Set IPN Rate	Avg IPN Rate	Billing Un
	experience and at least one OR	year experience in providing same/similar type services;			
	A Bachelor's Degree in Bu	siness, Finance or Human Resources with at least one year work experience.			
5557B H2024	Employment Preparation and Placemen 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.	700.00	700.00	Total
		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.			
		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 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. Job Development and Acquisition Services may include: -Continuation of "Pre-Employment Training" activities from Phase One. -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. -Job search activities performed on behalf of the Service Recipient. -Pre-employment contact by Provider with potential employers to identify job opportunities that are relevant to the Service Recipient. -Negotiation of job restructuring and/or job creation for the Service Recipient with a potential employer. -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 employee). 			
		-Obtaining and completing job applications.			
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		Set IPN Rate	Avg IPN Rate	Billing Uni
	-Accompanying the Service Recipient to job interviews.			
	-Service Recipient specific pre-employment counseling and advocacy services.			
services. The Agency	must identify expectations and participation requirements for the program, the criteria by which they		-	
experience and at leas		n three years work	force	
	n Business. Finance or Human Resources with at least one year work experience.			
		41		Hour
	 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: 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. 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. Direct, face to face and one to one services are billable, as well as collateral contacts, 			
	services. The Agency participant conduct the Individual Direct Serv experience and at leas OR A Bachelor's Degree i yment Related Skill Training	-service Recipient specific pre-employment counseling and advocacy services. Agency must have a written plan for the provision of the service including: assessment, training, job development, job pla services. The Agency must identify expectations and participation requirements for the program, the criteria by which the 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 minimur experience and at least one year experience in providing same/similar type services; OR A Bachelor's Degree in Business, Finance or Human Resources with at least one year work experience. Yment Related Skill Traing For Mathematical Skill Traing Services address youth's emotional and mental health issues that pose a barrier to finding, securing, and kceping a job. Services include completing employment and education assessments, assistance in accessing or participating in education assessments, assistance in accessing or participating in educational ad 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 plan with goals and strategies to move that youth toward competitive employment plan with goals and strategies to move that youth oward competitive employment plan with goals and strategies to move that youth oward competing employment plan with goals and strategies to move that youth oward competitive employment plan with goals and strategies to move that youth oward competing the youth and provide continuous support to the youth needs on to ido support all consisten	Accompanying the Service Recipient to job interviews. -Accompanying the Service Recipient to job interviews. -Service Recipient specific pre-employment counseling and advocacy services. Agency must have a written plan for the provision of the service including: assessment, training, job development, job placement and follow services. The Agency must identify expectations and participation requirements for the program, the criteria by which they will be measured, 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 cxperience and at least one year experience in providing same/similar type services; OR Abachelor's Degree in Business, Finance or Human Resources with at least one year work experience. Year Related Skill Training 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 services, providing education about appropriate job related behaviors, assistance with job preparation activities and identifying and managing work related services, providing education about appropriate job related behaviors, assistance with job preparation activities and identifying and managing Services worker to work with due releads of youth related to functioning appropriately in the community. Services must relead 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 work the Child and Famployment Related Skill Training Services worker to work work the Child and Famployment Wile p	-Accompanying the Service Recipient to job interviews. -Service Recipient specific pre-employment counseling and advocaey services. 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 GFD and must have a minimum three years work force experience and at least one year experience in providing same/similar type services; OR A Bachelor's Degree in Business, Finance or Human Resources with at least one year work experience. You are Related Skill Training Ser y Related Skill Training Ser y Related Skill Training or participating in educational and employment related services, providing education about approprinte job related behaviors, assistance in accessing or participating in educational and employment related services must reflect the ladividual Placement and Support (IPS) Employment 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 lunctioning appropriately in the community. 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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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. Placement must occur within six months of initial date of service or services shall be discontinued.			
	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)			
	Documentation requirements: Provider Note entry in Synthesis, instructions at: http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf. Wraparound Family Support Signature log, available at: http://wraparoundmke.com/wp-content/uploads/2013/09/Family-Support-Signature-L og-Att5.pdf.			
Credentials:	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 due in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illnes abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consume ethics and boundaries. A copy of the training certificate from the agency verifying this training is to be submitted to the Provider the provider add request and a copy maintained in the agency employee file.	ess and subst r confidentia	ance llity, and	
H2017E- Emplo	yment-Related Skill Training-Ba 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	21.43		Hour
	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 Page 47 of 217			

ervice ame / ID		Set IPN Rate	Avg IPN Rate	Billing Uni
	services are identified in the member's service plan.			
Credentials:	Must have a Bachelor's Degree. Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act w practice	vithin their scope	of	
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	Employment-related skill training services address the member's illness or			
	symptom-related problems in finding, securing, and keeping a job. Services may			
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	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			
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	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.			
Credentials:	Must have a Bachelor's Degree. Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act w practice.	ithin their scope	of	
H2017E- Emplo	yment-Related Skill Training-Ce	13.97		Hour
H2017E- Emplo	Employment-related skill training services address the member's illness or	13.97		Hour
H2017E- Emplo	Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may	13.97		Hour
H2017E- Emplo	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	13.97		Hour
H2017E- Emplo	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	13.97		Hour
H2017E- Emplo	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	13.97		Hour
H2017E- Emplo	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	13.97		Hour
H2017E- Emplo	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	13.97		Hour
H2017E- Emplo	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	13.97		Hour
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H2017E- Emplo	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 The CCS program does not cover time spent by the member working in a clubhouse.	13.97		Hour
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	 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 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. Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. A p staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in record 	peer specialist, m overy concepts, c cho-tropic medic	onsumer ations and	Hour
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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
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Service Name / ID		t IPN late	Avg IPN Rate	Billing Unit
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T re so	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 ehabilitation services, as defined in the service array, for the member if those ervices are identified in the member's service plan. . Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their s	scope of	practice	
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s in a a s s s w w	Employment-related skill training services address the member's illness or ymptom-related problems in finding, securing, and keeping a job. Services may nclude 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 uch as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with vork-related crises; and individual therapeutic support	/		Hour
T re <i>Second Credentials:</i> Providers described in DHS 3	The CCS program does not cover time spent by the member working in a clubiodse. The CCS program covers time spent by clubhouse staff in providing psychological ehabilitation services, as defined in the service array, for the member if those ervices are identified in the member's service plan. 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. Other profess ree in a relevant area of education or human services.	sionals	shall	
H2017E(Employment-Related Skill Training-Ot E in a a a a a a a a a a a a a a a a a a	3.49 Employment-related skill training services address the member's illness or ymptom-related problems in finding, securing, and keeping a job. Services may nelude 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 vork-related crises; and individual therapeutic support			Hour
T re so <i>Credentials:</i> Providers described in DHS36	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 ehabilitation services, as defined in the service array, for the member if those ervices are identified in the member's service plan. 6.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.Other profession relevant area of education or human services.	nals shal	l have at	

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
H2017E- Employ	yment-Related Skill Training-Ph	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	40.00		Hour
Credentials:	Psychologists shall be licer	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. S36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. msed under ch. 455, Stats. and shall be listing with the national register of health service provides apervised post-doctoral clinical experience related directly to the assessment and treatment of inc disorders.			
H2017E(Employ	yment-Related Skill Training-Ph	Employment-related skill training services address the member's illness or	3.49		Hour
		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			
		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.	.		
Credentials:	licensed under ch. 455, Sta	IS 36. $10(2)(g)$ 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. its. and shall be listing with the national register of health service providers in psychology or have linical experience related directly to the assessment and treatment of individuals with mental dis	ve a minimum of one	year of	
H2017E(Employ	yment-Related Skill Training-Re	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 Page 51 of 217	8.04		Hour

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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			
	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			
Credentials:	services are identified in the member's service plan. Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. A rehat meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitativ substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have suc hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment plannin co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local commun vulnerability, and consumer confidentiality.	e mental heal ccessful comp ng, mental illi	th, pleted 30 ness,	
H2017E- Employm	ent-Related Skill Training-Re Employment-related skill training services address the member's illness or	13.97		Hour
	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			
	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.			
Credentials:	Providers described in DHS 36. 10(2)(g) 1-22, Wis. Admin. Code. * All providers must act within their scope of practice. A rehamening a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitativ substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have such ours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local communication vulnerability, and consumer confidentiality.	e mental heal ccessful comp ng, mental illi	th, pleted 30 ness,	
T1023 Screening	t Screening to determine Screening for enrollment into Wraparound, REACH or Project O-YEAH. eness for a prog.	300	300	Evaluation
Credentials:	Same as for care coordinators.			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
5131G Equin H2017 Welln	e Therapy - Specialist hess Mgt / Recovery	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.	71		Hour
		Documentation requirements: 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.			
Credentials:		have 6,000 hours (equals to approx. 3 years full-time work) experience hands-on work with horses. have completed at least 100 hours of continuing education in the horse profession. Some of this edu	cation needs to includ	le topics	
	- /	vork experience, b)Horse Psychology knowledge, c) ability to read horse body language/nonverbal c ned education listed in #2 must have been completed in the last 2 years.	communication.		
5131C Equin	e Therapy-Individual	Equine Facilitated Experiential Learning that promotes psycho-social healing and growth.	64		Hour
		Documentation requirements: Provider Note entry in Synthesis. Instructions for provider note entry at: http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf.			
H2017 Welln U5	ness Mgt / Recovery		78		
Credentials:	Providers of Equine 7	Therapy must meet one or more of the following credentials:			
	c. Licensed Profess 2. Master's level prac	Social Worker ge and Family Therapist	iding certification.		
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ervice Name / ID			Set IPN Rate	Avg IPN Rate	Billing Un
	-	rience and copies of certifications/registrations/accreditations/licenses must be provided, as applical	ole, in the application	on process	
	in accordance with the	foregoing.			
5701 H0004	Family Connections Groups Behavioral health counseling & therapy	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.	35.00		Hour
		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.			
		Session include training in the following areas: · social skills · refusal skills · increasing self-awareness · expression of feelings · interpersonal communication · self-disclosure			
		Parent Modules (5 sessions each): Developing Positive Parental Influences Raising Resilient Youth			
		Youth Modules (5 sessions each): Developing a Positive Response Developing Independence and Responsibility			
		Joint Module Getting Real - Communications Training (day-long retreat)			
Credentia		ertified by the Council on Prevention and Education Substances (COPES) as a Creating Lasting Fan COPES training certificate must be submitted for each staff providing this service and maintained	•		
5166 H0015	Female Family Systems Interventior 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
	criminal activity.			
	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.			
	The program consists of five modules: 1. Building Trust			
	2. Family Structure and Communication (sessions 2 and 3)			
	3. Risk Reduction (sessions 4 and 5)			
	4. Building A Future5. Maintaining Strong Family Ties (sessions 7 and 8)			
	Families who complete the program receive post program follow-up at 1, 4 and 9 months following completion of the program.			
H2019 Therapeutic l per 15 min	ehavioral service,			
Credentials: In	tervention Specialist certified by the Medical College of Wisconsin and approved by Wraparound Milwaukee or Childropies of certifications from the Medical College of Wisconsin shall be maintained at the agency.	en's Court Services]	Network.	
В	achelors degree or above in a healthcare or related field.			
R	esume substantiating education and experience working with youth and families.			
C	opies of Degree and resume must be submitted prior to approval in the Network.			
5003 FISS Assessm	Provider must provide both components of the service delivery model. This includes FISS Assessment/Service Referral and FISS services provision.	180	180	Evaluation
	FISS ASSESSMENT			
	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:			
	•Identify the primary concerns faced by the parents/legal guardians, other caretaker(s) siblings or other children in the home, and their child;			
	•To make efforts and document the efforts that were made to engage the family and adolescent participation in the assessment process; and			
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Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	Billing Unit

•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.

Parent(s) or legal guardians(s) and their adolescent will participate in the following steps to complete the responsibilities presented above:

•Phone/Walk-in referral is received from parent(s) or legal guardian(s) and a thorough intake is completed.

•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.

•Based on the results of the assessment, referral for services is made based on the identified concerns.

•Parent Resource and Advocacy Guide is issued to all parent(s) or legal guardian(s) participating in the program.

This referral will be based on the information received from the assessment tool provided by the BMCW with input from the MCDCSD.

RECEIPT OF REFERRALS:

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.

During the referral, the FISS staff must ensure that the following responsibilities are performed:

Parents or legal guardians are informed of the FISS Access and Assessment process;
Preliminary family data is gathered, i.e. name, address, phone, contact numbers, members of the family unit, current service involvement;
BMCW and MCDCSD service history and status is checked and verified, and;
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).

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	Billing Unit

In cases where the family and/or child is currently receiving services with BMCW or with MCDCSD, the FISS staff must ensure that the families are referred back to their assigned BMCW or MCDCSD 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	Set IPN	Avg IPN	D.III. 11 .4
Name / ID	Rate	Rate	Billing Unit

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.

ASSESSMENT INTERVIEW PROTOCOL:

FISS assessment interviews will be carried out in the following sequence with the following family members:

Adolescent
Parent(s) or Legal Guardian(s)
Other Adult Caretaker(s), i.e. relative
Joint interview-Parent(s) or Legal Guardian(s), Caretakers and Adolescent

SERVICE TRANSFER:

FISS staff is responsible for providing services or transferring the family to appropriate service agencies based on the results of the assessment.

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.

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.

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.

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.

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.

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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, MCDCSD, 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 MCDCSD requests for case documentation or any automated date are provided by the FISS Access and

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	Billing Unit

Assessment Unit to the requesting party within two working days of the request.

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.

PARENT RESOURCE AND ADVOCACY GUIDE:

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.

•Badger Care Plus Eligibility Requirements and Application Requirements •Kinship Care Information and Eligibility Requirements •Brochure presenting court expectations, process and sequence of events required in pro se cases •Neighborhood Association and Community Centers within Milwaukee County •Local youth social and peer resources •Youth and family recreational activities •Adolescent and family focused mental health assessment and counseling services •Adolescent and family focused alcohol and other drug abuse assessment and counseling services •Crisis intervention and crisis counseling programs •Parental support and education services •Adolescent recreational/social support programs •Independent living skills programming •Bureau of Milwaukee Child Welfare-central intake number •Milwaukee County Delinquency and Court Services Division- Central Intake Number

FISS SERVICES COMPONENT:

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

Service	Set IPN	Avg IPN	D:11:
Name / ID	Rate	Rate	Billing Unit

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.

Service delivery is usually short-term, 3-4 months on average but may be longer depending on family needs.

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.

Service provision will be individualized to address the adolescent's unique needs and to best assist the family.

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.

Following is a list of the full range of core services which must be available to all families.

Conflict resolution - mediation
Parenting assistance - parental support
Social/emotional support
Basic home management
Routine/emergency alcohol/drug abuse services
Family crisis counseling
Routine/emergency mental health care
Transportation
Food/clothing/basic needs
Routine/emergency medical care
Child oriented activities, such as youth recreation programs, etc.
Independent living skills

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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.

FISS CASE MANAGEMENT:

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.

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.

SRAFFING:

Staffing for FISS assessment and FISS services provided by Provider shall be culturally diverse and dedicated to the provision of culturally competent services.

Provider shall retain staff that demonstrate the following skills:

Ability to engage and establish rapport with clients
Have sound and effective interviewing and information skills
Good decision making skills
Have basic computer skills
Ability to attend and observe individual and familial interactions, dynamics and concerns to promote the family's ability to constructively resolve immediate crisis.
Knowledge of statutes, regulations and policies related to child welfare and juvenile justice
Knowledge of community resources/services

•Knowledge of local service delivery systems

The goal of FISS program intervention is that through the provision of specific

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services:

 Negative adolescent behavior will be addressed
 The family will be stabilized
 Causes of concerns and negative behavior are understood and
 The Providers case managers will assist the family in developing linkages with formal, informal and natural resources and
 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.

FISS intervention is short-term, time limited and will usually be limited to 3-4 months.

Reassessment of the Service/Care Plan for FISS Services

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.

The purposes of the service re-assessment and plan modification are to:

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;
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;
Involve the family in identifying its capacity for and role in addressing the adolescent's needs;

•Establish a projected date for closure with the services program, and;

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:

•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

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assess and discuss the implementation of the plan

•Services re-assessments will be coordinated, conducted, and documented by the case manager.

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;
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;
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.

CLOSURE OF FISS SERVICES:

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.

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.

DOCUMENTATION RESPONSIBILITIES FOR FISS SERVICES:

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 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.

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.

SPACE NEEDS:

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.

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:

a.Assessment and treatment skills working with youth with emotional and mental health needs

b.Knowledge of solution focused, short-term treatment approaches to working with youth with emotional and behavioral challenges and their families

c.Knowledge of wraparound philosophy and approaches including individualized, strength-based, family focused care

d.Knowledge and experience in use of community resources

e.Experience working with other child serving systems, i.e., child welfare, juvenile justice and education

f.Knowledge of children's court systems, child welfare statutes and policies g.Knowledge of case management and crisis intervention

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.

ervice Name / ID			Set IPN Rate	N Avg IPN Rate	Billing Uni
		Outcome Measures and/or Indicators that the Provider will be evaluated on:			
		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.			
		2.95% of FISS Assessments will be scheduled within one day of receiving the referral			
		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.			
		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.			
		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.			
		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.			
		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. 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.			
	FIGG			al therapy or	
Quadantialar	EINS Assessment n	roviders must possess a Bachelor of Arts or Bachelor of Science degree in social work, psychology, pur	sing occupation		
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State http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf. Credentials: Fitness and Recreation provider must be at 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. 5902 H2017 Fitness/Recreation for Mental Health Wellness Mgt / Recovery 60 Hou 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. 60 Hou		*			
ionsnonCrisisServices.pdf. Credentials: Fitness and Recreation provider must be at 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. The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline. 5902 Fitness/Recreation for Mental Health - Wellness Mgt / Recovery 60 Hours Mgt / Recovery 60 H					
Credentials: Fitness and Recreation provider must be at 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. 5902 The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline. 5902 Fitness/Recreation for Mental Health - Wellness Mgt / Recovery Fitness and Recreation for Mental Health - Wellness Mgt / Recovery 60 U5 Fitness and Recreation services will be developed to reflect the needs and strategies 60 Hot					
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. The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline. 5902 Fitness/Recreation for Mental Health - Wellness Mgt / Recovery U5 Fitness Mgt / Recovery 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. Fitness and Recreation services will be developed to reflect the needs and strategies	Credentials:	*	lete 30 hours o	of training	
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. The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline. 5902 H2017 U5 Fitness/Recreation for Mental Health - Wellness Mgt / Recovery U5 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. Fitness and Recreation services will be developed to reflect the needs and strategies		within the first 90 days of their start date in the network. The training must include: recovery concepts, consumer rights, consur	mer-centered in	ndividual	
The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline. 5902 H2017 Fitness/Recreation for Mental Health - Wellness Mgt / Recovery 60 Hot 105 Fitness/Recreation for Mental Health - Wellness Mgt / Recovery Fitness and Recreation for Mental Health services are individualized, clinically 60 Hot 105 Fitness and Recreation for Mental Health - Wellness Mgt / Recovery Fitness and Recreation for Mental Health services are individualized, clinically 60 Hot 105 Fitness and Recreation for Mental Health - Wellness Mgt / Recovery Fitness and Recreation for Mental Health services are individualized, clinically 60 Hot 105 Fitness and Recreation for Mental Health 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. Fitness and Recreation services will be developed to reflect the needs and strategies					
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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. Fitness and Recreation services will be developed to reflect the needs and strategies					
self-efficacy, as well as providing education and goal setting around diet and lifestyle. Fitness and Recreation services will be developed to reflect the needs and strategies	05				
Fitness and Recreation services will be developed to reflect the needs and strategies					
		self-efficacy, as well as providing education and goal setting around diet and lifestyle.			
Page 67 of 217		Fitness and Recreation services will be developed to reflect the needs and strategies			
		Page 67 of 217			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		identified in the Plan of Care. 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). Documentation requirements: Provider Note entry in Synthesis, instructions at: http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct			
Credentials:	within the first 90 days of treatment planning, ment	ionsnonCrisisServices.pdf. rovider must be at least 18 years old, have at least a Bachelor's degree. All Providers will need to co f their start date in the network. The training must include: recovery concepts, consumer rights, cor al illness, trauma informed care, co-occurring mental illness and substance abuse, psychotropic med cal community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries.	nsumer-centered i	ndividual	
	The agency is responsible	e for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by	the 90-day dead	ine.	
5390 Fost H0042 Fost dien	er Home Care er Care, non-therapeutic, per n	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.		27.00	Daily
		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.)			
Credentials:	Foster Home License				
5390A Fost H0042 Fost dien	er Home Care-2nd Child ter Care, non-therapeutic, per n	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.		27.00	Daily
Credentials:	Same as for Service Code	Aggie Hale, 11/9/11 e 5390.			
H1011 Fam	er Home Maintenance ily Assessment by Lic Beh lth Prof	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.	42.50		Hour
Credentials:	Child Agency Placing Lie	• • • • •			

rvice me / ID	Set IPN Rate	Avg IPN Rate	Billing Unit
Foster Home Pre-Placement Visit Respite care not in the home, per day 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.	75		Daily
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.			
edentials: Provider of this service must have a foster home license. Agency must have a Child Placing License.			
Foster Home Pre-Placement Visit, Spec Respite care not in the home, per day 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.	100		Daily
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.			
<i>edentials:</i> Provider of this service must have a foster home license with a certification level of 4 or 5. Agency must have a Child Pla	cing License.		
GLOW To Inspire Group The GLOW to Inspire Group provides services for girls ages 11-22 in a group setting of up to 5 girls with 1 staff member; or up to 10 girls with 2 staff members. Group duration can be from 30 minutes to 2 hours (dependent upon the number of girls in attendance.	16.00		Quarter Hour
GLOW's programming seeks participants who are disadvantaged in any aspect of their life. We aim to break the stigma against mental health and the social stereotypes surrounding how adolescents and young adults are supposed to be. GLOW believes that adolescents and young adults are unique in their way, and with the correct support, there is no barrier they could not overcome. GLOW will guide participants through the process of understanding that they are not their mental illness, past mistakes, or current circumstances. We are here to help participants find their inner GLOW, and staff will not give up on participants through the transition. In the ending process, each participant should have an increase in confidence, adapt coping skills and strategies to undesired life events, absorb the tools to be the best versions of themselves, and learn to accept being their authentic self.			

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	bining Unit

The GLOW to Inspire Group will focus on the social-emotional needs of participants by implementing group IMPROV, discussion, and coaching surrounding character building, self-esteem, mental health awareness/wellness, social engagement, and anger management. This service is designed to assist youth with the tools needed to transition into successful adulthood and promote a healthy mental lifestyle. The program is designed to assist youth with identifying their triggers, internal emotions, coping strategies, self-awareness, promote a sense of self-worth, and making SMART goals directed towards becoming their version of a successful woman.

GLOW will establish an initial baseline regarding the client's behavior by implementing a pre and post-assessment survey that focuses on the participant's comfort level in the areas listed below. After 6 weeks the client, caregiver, and a professional provider (e.g. teacher) will complete a survey that monitors the client's progress in behavioral change.

- Mental Health & Wellness
- Social Engagement
- Anger Management
- Character Building & Leadership
- Career Development
- Education
- Etiquette
- Financial Planning

Upon completing 12-weeks/24 sessions of the GLOW to Inspire Group Program, the youth has successfully completed the program and will graduate as a GLOW Queen. Once successfully completed, the GLOW Queen will receive an open invitation to participate in GLOW's Fall or Spring completion ceremony where they will receive a certificate of completion.

Other Notes:

- Girls will need to be transported to/from the group sessions.
- Snacks are provided during group
- Groups are offered Tuesdays, Wednesdays, Thursdays, Saturdays
- Group session times vary based on enrollment and season (Fall, Summer,

Spring). Please contact GLOW for the next available time slots.

• This is a 12 week /24 session course. GLOW encourages youth to participant twice a week to receive the maximum benefit.

Credentials: Facilitators of the GLOW To Inspire Group must possess:

Service Name / ID		Set I Rat	0	Billing Unit
	serious emotional, behav OR	e in a human services or equivalent field and have one year of experience providing services to children or adoles vioral or mental health conditions. e in a related field with three years of experience providing services to children or adolescents with serious emotions.		
	A copy of the resume an	d any related training/certifications should be submitted with the Add Form.		
5120 Group H2019 Thera	Counseling and Therapy peutic Behavioral Services	8.80 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.		Quarter Hour
		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.		
90853 Group	Psychotherapy			
Credentials:	Group Therapy services	can be provided by following qualified psychotherapists:		
	 Licensed Clinical S Licensed Marriage Licensed Profession Licensed Psycholog Psychiatrist 	and Family Therapist nal Counselor		
		ofessionals in a Certified Outpatient Psychotherapy Clinic status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health Services, Divisi	ion of Quality	
	Providers of Group Ther National Provider Identi	rapy services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and fier (NPI).	d have a	
5120A Group 90853 Group	Counseling and Therapy-QTT 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.7.00		Quarter Hour

Service Name / ID						Set IPN Rate	Avg IPN Rate	Billing Un
				t population, objective of the g ed in the application to provid				
				ualified Treatment Trainee (Q7 required to be working toward				
		- APPLICATIONS AC	CEPTED FOR ACTIVE	C-ONGOING GROUPS ONLY	7 -			
Credentials:	Services provided by Q criteria:			who are working toward full		meet the follo	owing	
	nursing or a closely rela	ed field.		k in psychology, counseling, 1				
	• Have not yet comp applicable.	eted the applicable supervi	ised practice requirements	s described under ch. MPSW	4, 12, 16 or Psy 2, Wis	. Admin. Cod	e, as	
				nplete the Wraparound Milwa upervisor have been credentia				
5400 Group	Home Care	A 1' 1 1					180.00	Daily
	vioral Health, short-term non-hospital		e providing care and 24-h tion for children who tem s.	_				
Credentials:	A Group Home License	under Wisconsin State Stat	tutes 48.60-48.77					
		application process, along	-					
		State Bureau of Fiscal Ser	-					
		imentation must also be at to justify the rate increase						
	-	ment/activities provided in n the application process.	n the group					
	All group homes in the documentation and sup-	*	ork must meet Wisconsir	n Medicaid requirements as a	crisis stabilization prov	vider regardin	g staffing,	
	Group homes must have is in operation.	a staff member qualified u		-8 available for consultation ir		t all times the	program	
	Group homes shall main licenses, etc. and shall y	tain accurate and current d	locumentation of all staff minimum requirements l	n of mental health crisis servic members' qualifications, inclu isted in HFS 34.21 (3)(b) 1-19 rovided as follows:	uding copies of degrees	-		
		Page 72 of 2	217					

	 a) Volunteers shall be supervised by an employee who qualifies under (3)(b) 1-8. b) Staff not qualified under (3)(b) 1-8, or who do not have 3000 hours of supervised clinical experience, shall receive a clinical supervision for every 30 hours of face-to-face emergency mental health services they provide. c) Staff qualified under (3)(b) 1-8 who have 3000 hours of supervised clinical experience shall participate in a minimum of supervision for every 120 hours of face-to-face emergency mental health services they provide. d) Day to day clinical supervision and consultation shall be provided by a mental health professional qualified under (3)(b) e) All clinical supervision shall be documented, and this documentation shall be maintained on site. f) Group homes shall provide program orientation for all new staff and volunteers. Staff with less than 6 months of experient minimum of 40 hours of documented orientation during their first 3 months. Staff with 6 or more months of experience shall chours of documented orientation in the first 3 months. Volunteers shall complete a minimum of 40 hours of orientation before clients. g) Group homes shall provide a least 8 hours of training to regular staff, per year, and keep documentation of this training. 	1 hour of peer clinical 1-8. ce shall complete a omplete a minimum of 20	
5403 Group Hor S9484 Crisis Inter per hour	ne Crisis Supervision rvention MH services, 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.	70	Hour
	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 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.		
Credentials:	The required credentials are a Masters level, 3000+ hour clinician with experience in working with DD and SED children.		
5402 Group Hor H0018 Behavioral resid, non-	ne-SpecializedI Health, short-termOnly for specialized needs: teens with babies, developmentally disabled or youth-hospitalwith cognitive impairments.	160.00	Daily
Credentials:	A Group Home License under Wisconsin State Statutes 48.60-48.77 must be submitted in the application process, along with o State Bureau of Fiscal Services establishing the daily rate. Such documentation must also be attached to any increase in the daily increase.		
	A description of the treatment/activities provided in the group home must be submitted in the application process.		
	All group homes in the Wraparound Provider Network must meet Wisconsin Medicaid requirements as a crisis stabilization produce documentation and supervision. Group homes must have a staff member qualified under HFS 34.21 (3)(b) 1-8 available for consultation in person or by phone		
		· · · · · · · · · · · · · · · · · · ·	

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
Group homes shall main licenses, etc. and shall ve	ment daily progress notes relevant to their provision of mental health crisis services. tain accurate and current documentation of all staff members' qualifications, including copies of de erify that all staff meet the minimum requirements listed in HFS 34.21 (3)(b) 1-19. All other require Visconsin apply. Supervision and training shall be provided as follows:			
 b) Staff not qualified usupervision for every 30 c) Staff qualified under supervision for every 124 d) Day to day clinical set e) All clinical supervision for every 124 f) Group homes shall prinimum of 40 hours of hours of documented oriclients. g) Group homes shall prinimum of 40 hours shall prinimum for a shall prinimum of 40 hours of hours of hours of hours of hours of hours shall prinimum for a shall prinimum	supervised by an employee who qualifies under (3)(b) 1-8. under (3)(b) 1-8, or who do not have 3000 hours of supervised clinical experience, shall receive a n hours of face-to-face emergency mental health services they provide. r (3)(b) 1-8 who have 3000 hours of supervised clinical experience shall participate in a minimum 0 hours of face-to-face emergency mental health services they provide. supervision and consultation shall be provided by a mental health professional qualified under (3)(sion shall be documented, and this documentation shall be maintained on site. provide program orientation for all new staff and volunteers. Staff with less than 6 months of experi- documented orientation during their first 3 months. Staff with 6 or more months of experience sha entation in the first 3 months. Volunteers shall complete a minimum of 40 hours of orientation before provide a least 8 hours of training to regular staff, per year, and keep documentation of this training	of 1 hour of peer b) 1-8. rience shall compl ll complete a min ore working direct g.	clinical ete a imum of 20 ly with	Шала
5120bGroup Therapy90853Group PsychotherapyCredentials:Group Therapy services	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. can be provided by following qualified psychotherapists:	8.00	8.00	Hour
5206 Guided Academic Program (GAP) Community-based wrap services, per 15 min	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. 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.	65		Daily

Service Name / II)			Set IPN Rate	Avg IPN Rate	Billing Unit
			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.			
			This service can be provided as early as 7:30 am. Hours of attendance cannot exceed 7 hours/day.			
			 Criteria for participation in the program: Care Coordinator has made all attempts to keep youth in school. Care Coordinator must contact Chris Shafer, Wraparound Educational Liaison or Ann Kelly-Kuehmichel, Wraparound Consultant prior to youth being able to attend. Homework and suspension letter must accompany participant. 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. 			
			Documentation requirements: Daily progress notes are to be kept on file at the agency for each youth attending.			
Credentie	als:	appropriate academic area. the Special Education Teac	rvice must employ teachers with current certification by the Department of Public Instruction of Agencies with an onsite school may utilize Bachelor Degree staff under the oversight of a Spec- ther providing the oversight must hold current DPI Certification. Current/valid teacher certification vork before services can be provided and must be kept on file at the agency.	cial Education Teacl	ner, but	
5113B 90806	Health and Individual minutes	d Behavior Consultation, Ong psychotherapy, 45-50	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
Credentie	als:	Provider of this service mu	st possess a current Wisconsin Psychologist license.			
5113A 96101		d Behavior Initial Assessment gical 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
Credentie	als:	Provider of this service mu	st possess a current Wisconsin Psychologist License.			

Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
5020 Hea	lth Clinic Appt	3/9/15-Service being created solely to allow Nurse Practitioners to document their clinic contacts with youth.	0	0	Hour
Credentials:	n/a				
5132 Hig H2028 Sex	h Risk Counseling and Therapy 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 Ho
Credentials:	Applications to provide F staff.	ligh Risk Counseling and Therapy are subject to review and approval by the Wraparound Milwau	kee High Risk Mai	nagement	
	 with the target high risk p Licensing Requirement: (1) Wisconsin Licensed Licensed Clinical So Licensed Marriage a 		. , .	ce working	
	Licensed Profession	nd Family Therapist al Counselor			
		• •			
	(2) Music, Art, Dance T Providers of High Risk C	al Counselor	ctitioner Credentia	ling	

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
5133 H0046	High Risk Review/Consultation Mental Health service, NOS	Consultation done by licensed psychologists with youth identified as high risk.	19		Session
Credential	<i>Is:</i> License in psychology				
5163 12019	Home-Based Behavioral Mgm-Lead Therapeutic behavioral service, 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
Credential	assess needs of youth and Management Technician.	are a Masters level clinician with one year experience working with Developmentally Disabled clier I family to develop a behavioral treatment plan in coordination with the Plan of Care and IEP and su Copies of Masters Degree and documentation of one year of experience working with the Develop itted prior to approval in the Network.	pervise the Behav	vioral	
5163PHI I2019	Home-Based Behavioral Mgm-PhD Therapeutic behavioral service, 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 required credentials	The role of the Home Based Behavioral Management, PhD, will be for initial assessment, development of a treatment plan, and monitoring the implementation of the plan. are a PhD level clinician with a minimum of five years of experience working with Developmentally	y Disabled clients	Conies	
Sredential	*	ation of experience working with individuals with Developmental Disabilities must be submitted pri		-	
5164 42019	Home-Based Behavioral Mgm-Technic Therapeutic behavioral service, per 15 min	c 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).			
Credential	Disabled clients. This pe	s service must possess a BS degree in a Human Service field and at least six months experience wor rson must be supervised by the Clinical Lead (as described in Service Code 5163) and will be direct ng the behavioral treatment plan in the home, school and community.	-	· ·	

ervice ame / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	e must submit copies of a human service degree and verification of 6 months of experience working ior to approval in the Network.	g with the Developr	nentally	
	 e must submit copies of a human service degree and verification of 6 months of experience working ior to approval in the Network. 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. 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: An identification of potential barriers to housing access and retention, such as credit history, legal history, lead harriers to housing access and retention, such as credit history, legal history, lead housing needs. An identification of financial and budgeting needs, including urrent and projected source(s) of income and personal expenses. If identified as a need, Phase I must include assistance with application to the Milwaukee County Rent Assistance program and City of Milwaukee Housing Authority for low income housing, as wait lists permit. 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 m	g with the Developr	nentally	Total
	 with documentation of notification to client of risks associated with excessive housing costs. 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. Service Documentation – A milestone report must be completed in Synthesis and 			
	Page 78 of 217			

Service Name / ID	Set IPN Avg IPN Rate Rate Billin	ıg Unit
shall include the following elements:		
 An identification of housing preferences, including: location, accessibility ne (as necessary), transportation access, proximity to employment or school, room preferences, etc. An identification of potential barriers to housing access and retention, such as credit history, legal history, lack of references, independent living needs, etc. An identification of financial and budgeting needs, including determination of sources of income and expenses. 	mate s	
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.	g	
H2015		
<i>Credentials:</i> Agency - During the application process, agencies must show evidence of prior experience specific to the pr have a written plan for the provision of the service to be submitted at the time of application, to include all n		
Direct Service Provider – provider must have a High School Diploma or G.E.D and a minimum of 6 months Provider must have a familiarity with basic lease agreements and knowledge of community housing resource		
5595C H2016Housing Assistance-Phase Three Comprehensive Comm. Support Svcs, per diemAssistance 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.	700 Total n	
Services must reflect individual needs and housing preferences and can be provide older youth under 18 who have been approved for independent living, young 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 existing source of income. Payment is outcome based, with payment upon completion and documentation in Synthesis of each service milestone as follow 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 follow Monthly rent should not exceed 50% of tenant's gross monthly income. PHASE THREE - RETENTION Follow up must occur for a minimum of ninety days from move in date and musinclude, at a minimum, weekly direct phone contact with enrollee, monthly hom visit, and monthly direct phone contact with landlord, to identify any issues whi	adults an rs: n rs: st ne	

Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		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.			
		Service Documentation – A milestone report must be completed in Synthesis and shall include the following elements:			
		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.			
		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.			
H2015					
Credentials:		plication process, agencies must show evidence of prior experience specific to the provision of this the provision of the service to be submitted at the time of application, to include all materials used to	-	•	
		- provider must have a High School Diploma or G.E.D and a minimum of 6 months of prior work miliarity with basic lease agreements and knowledge of community housing resources and local ho	-	eld.	
H2016 Compr		 provider must have a High School Diploma or G.E.D and a minimum of 6 months of prior work miliarity with basic lease agreements and knowledge of community housing resources and local ho 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. 	-	eld.	Total
H2016 Compr	Provider must have a fa ng Assistance-Phase Two rehensive Comm. Support	miliarity with basic lease agreements and knowledge of community housing resources and local housing 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	ousing market.	eld.	Total
H2016 Compr	Provider must have a fa ng Assistance-Phase Two rehensive Comm. Support	 miliarity with basic lease agreements and knowledge of community housing resources and local housing resources and local housing 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. 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: 	ousing market.	eld.	Total

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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 (http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11742.pdf), or a similar, pre-approved document.			
	Agency may be eligible for Phase II payment if client declines more than one property which meets all Assessment criteria.			
	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.			
	Service Documentation – A milestone report must be completed in Synthesis and shall include the following elements:			
	 Address of rental unit. Name, address, and telephone for landlord. Terms of lease, including rent amount. Date of lease signing, and move in date. Documentation of physical inspection of unit. 			
	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. 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				
Credentials:	Agency - During the application process, agencies must show evidence of prior experience specific to the provision of the have a written plan for the provision of the service to be submitted at the time of application, to include all materials use	-	•	
	Direct Service Provider – provider must have a High School Diploma or G.E.D and a minimum of 6 months of prior we Provider must have a familiarity with basic lease agreements and knowledge of community housing resources and local	<u>^</u>	eld.	
	me AODA/Substance Abuse Cou nol and/or Drug Intervention In Home individual/family counseling related to AODA/Substance Abuse issues provided through a clinic Certified under DHS 75 guidelines	66.00		Hour

(http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/75.pdf), in addition to Wraparound Policy #025, In Home Therapy (Mental Health and Substance Abuse-AODA).

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		Documentation requirements: In addition to documentation guidelines described in Wraparound Policy #025, providers shall complete Monthly Team Support/Provider Progress report in Synthesis.			
Credentials:	Clinic Certification and				
	A clinical substance abu	se counselor certificate granted by the Department of Safety and Professional services (DSPS), or			
	A substance abuse coun	selor certificate granted by DSPS, or			
	A substance abuse coun	selor-in-training certificate granted by DSPS.			
	MPSW 1.09 specialty u	nder ch. 457, Stats., granted by DSPS (http://docs.legis.wisconsin.gov/code/admin_code/mpsw/1/09)			
	All providers of service	must have a National Provider Identifier (NPI).			
H2019 Therape per 15 r	eutic behavioral service, nin	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 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). 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.)			
H2033 Multi-s juvenile	ystemic therapy for	·			
Juvenne	CREDENTIALS				

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

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

or

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

DOCUMENTATION REQUIREMENTS

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

5160 H2033	In-Home Lead Medicaid Multi-systemic therapy for	Medicaid In-Home Treatment is intensive, time limited therapy for a youth with a	78.00	Hour
112055	juveniles	SED diagnosis (Serious Emotional Disorder) and/or their family/caregiver. Services		
	Juvennes	are provided in the client's home or in rare instances a community-based setting (i.e.		
		when a neutral location is required).		
		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.)		
		euter (see maparound in Home Fone, for more mornauon.)		
H2019	Therapeutic behavioral service,			
	per 15 min			
Credentie	als: In-Home Lead services of	can be provided by:		
	(1) Wisconsin Licensed	Practitioners Practicing Privately or in a Wisconsin Certified Clinic.		
	 Licensed Clinical S 	ocial 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 In-Home Medicaid Lead services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).

5160A H2019	In-Home Lead Medicaid (Parent/Careg Therapeutic behavioral	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.	60	Hour
		Identified needs, measurable goals and the intensity of treatment shall be consistent with the youth/family plan of care. All provisions of Wraparound Policy #025, In Home Therapy, are applicable to 5160A.		
Credentials		ractitioners Practicing Privately or in a Wisconsin Certified Clinic. al Worker I Family Therapist Counselor		
	3. Other Qualified Profes	erapist with Wisconsin Psychotherapy License ssionals in a Certified Outpatient Psychotherapy Clinic us Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health S	Services, Division of Quality	

Providers of In-Home Medicaid Lead services must also satisfactorily complete the Winparound Milvaukee Practitioner Credentialing process and have a National Provider Identifier (NP). 71 Identify the Provider Identifier (NP). 10007 In-Home E add Médicaid In-Home Treatment is intensive, time limited therapy for a youth with a generative hand the intensive of intensive intensive intensive are provided in the client's home or in mare instances a community-based setting (i.e., where a neutral location is required). 71 Identify the intensive intensive intensive intensive intensive intensive intensive intensive intensive is a community-based setting (i.e., where a neutral location is required). Vouth 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 provided must be directly related to the client's none on those settings. All services provided must be directly related to the client's emotion 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 a buy therpy may be employed). Intensive In-home therapy is a generally a "family all" multi-systemic focused service, although individual or family could for family outprive training and feedback to the family end therapy is a generally a "family all" multi-systemic focused service, although individual or family could for the provided must be consistent with the youth/family plan of center (See Wraproved Idvo) for more information.) Credential: In-Home Lead services and begoing for a center of polysion family all "multi-systemic for a social worker 1 1 1 1<	Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Ur
16000 In-Home Lead Medicaid 71 Hour 71 Hour SEED 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 beation 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 services as an alternative to continued placement in one of those settemps. All services as an alternative to continue placement including in the service as an alternative to continued feasible. Intervite secondally functioning, behavioral are not reinhurshele (notwithstanding that appropriate service as an alternative to continued beaves to the family. Service is that are primarily social or recreational are not reinhurshele (notwithstanding that appropriate isolato) are family social or recreational are not reinhurshele (notwithstanding that appropriate) isolator of care. (See Wraparound In-Home Policy for more information.) Credentials: In-Home Lead services can be provided by: In-Home Pol				Credentialing proces	ss and have	
CredentialS: Residential Care Center or a psychiatric hospital, or require this services as an alternative to continued placement in one of those settings. All services provided must be directly related to the client's emotional behavioran 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: (1) Wisconsin Licensed Practitioners Practicing Privately or in a Wisconsin Certified Clinic. • Licensed Arriage and Family Therapist • Licensed Professionals in a Certified Outpatient Psychotherapy License (2) Music, Art, Dance Therapist with Wisconsin Psychotherapy License (3) Other Qualified Professionals in a Certified Outpatient Psychotherapy setup systemic forces in the Waparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NP). H2017TI In-Home Psychotherapy setups conditions, or addictions through the application of methods drived from established psychological or systemic principsices for the purpose of	H2019 Thera	me Lead Medicaid. peutic behavioral service,	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.	71		Hour
 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 In-Home Medicaid Lead services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI). H2017TI In-Home Psychotherapy - Masters In-Home 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 	Credentials:	In-Home Lead services	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.)			
 (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 In-Home Medicaid Lead services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI). H2017T1 In-Home Psychotherapy - Masters In-Home 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 		 Licensed Clinical 2 Licensed Marriage Licensed Profession Licensed Psychology 	Social Worker and Family Therapist onal Counselor			
In-Home 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		 (3) Other Qualified Pr Practitioner with a Assurance (DHS, DQA Providers of In-Home N 	ofessionals in a Certified Outpatient Psychotherapy Clinic status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health). Medicaid Lead services must also satisfactorily complete the Wraparound Milwaukee Practitioner G		- •	
Page 85 of 217	H2017Tl In-Ho	me Psychotherapy - Masters	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 other	32.14		Hour

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		personal characteristics, which may include the purpose of understanding			
		unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics. For			
		in-home psychotherapy services to be approved, clinical justification for service need			
		must be documented within the CCS Recovery Plan and within the ancillary			
		provider's case note documentation. It's expected that the need for in-home			
		psychotherapy be reevaluated at a minimal of one time every six months.			
Credentials:	Any individual provider m	nust meet requirements in DHS 36.10 (2) (g) 1-10, 14. Providers must be appropriately certified/ l	licensed. act within	their	
Creuennuis.		ere to the DHS codes relevant to their practice. Providers must submit a copy of their credential, i			
	degree.		·····, ·····		
H2017Tl In-Hon	ne Psychotherapy - Ph.D		40		Hour
		In-Home 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 other			
		personal characteristics, which may include the purpose of understanding			
		unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics. For			
		in-home psychotherapy services to be approved, clinical justification for service need			
		must be documented within the CCS Recovery Plan and within the ancillary			
		provider's case note documentation. It's expected that the need for in-home			
		psychotherapy be reevaluated at a minimal of one time every six months.			
Credentials:		nust meet requirements in DHS 36.10 (2) (g) 1-10, 14. Providers must be appropriately certified/ l ere to the DHS codes relevant to their practice. Providers must submit a copy of their credential, n			
H2017Tl In-Hon	ne Psychotherapy - QTT2		32.14		Hour
		In-Home 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 other			
		personal characteristics, which may include the purpose of understanding			
		unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics. For			
		in-home psychotherapy services to be approved, clinical justification for service need			
		must be documented within the CCS Recovery Plan and within the ancillary			
		provider's case note documentation. It's expected that the need for in-home			
		psychotherapy be reevaluated at a minimal of one time every six months.			
Credentials:		nust meet requirements in DHS 36.10 (2) (g) 1-10, 14. Providers must be appropriately certified/ I			
		ere to the DHS codes relevant to their practice. Providers must submit a copy of their credential, 1	resume, and approp	riate	
1100170 1 11	degree. 1e Substance Abuse Treatment -		32.14		Hour
	ie Substance Abuse Treatment -		32.14		nour
H201/SF In-Hon		Substance abuse treatment services include day treatment (Wisconsin Administrative			
H201/SF In-Hon		Substance abuse treatment services include day treatment (Wisconsin Administrative Code DHS 75.12), outpatient substance abuse counseling (DHS 75.13), and/or			
H201/S ² In-Hon		Code DHS 75.12), outpatient substance abuse counseling (DHS 75.13), and/or substance abuse services provided by an individual licensed and qualified to provide			

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Uni
	substance abuse treatment services under the CCS program. For in-home substance abuse treatment services to be approved, clinical justification for service need must be documented within the CCS Recovery Plan and within the ancillary provider's case note documentation. It's expected that the need for in-home substance abuse treatment be reevaluated at a minimal of one time every six months. The other			
	categories in the service array also include psychosocial rehabilitation substance			
Credentials:	abuse services that support members in their recovery. Any individual provider must meet requirements in DHS 36.10 (2) (g) 1, 2-with knowledge of addiction, 4- with knowledge and addiction treatment, 5, 6, and 16. Providers must be appropriately certified/ licensed, act within their scope of practice, a codes relevant to their practice. Providers must possess one of the following: CSAC – Clinical Substance Abuse Counselor, Counselor, LCSW- Licensed Clinical Social Worker, SAC – Substance Abuse Counselor, SAC-IT – Substance Abuse Counse & Family Therapy, Professional Counseling & Social Worker Examining Board (MPSW) 1.09 Specialty. Providers must su credential mounts and emponentiate degree	and adhere to the l LPC-Licensed Pro- selor In-Training,	DHS ofessional Marriage	
H2017S(Indiv S	credential, resume, and appropriate degree.	3.49		Hour
Credentials:	 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. 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. 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. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in re rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, ps side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for 	covery concepts, o ycho-tropic medio	consumer cations and	
H2017S(Indiv S	self-identified mental disorder or substance abuse use disorder.	3.49		Hour
	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, Page 87 of 217			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		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.			
		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.			
		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.			
Credentials:	Providers described in DHS	36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practic	e. A rehabilitation w	orker,	
	meaning a staff person work	king under the direction of a licensed mental health professional in the implementation of reha	bilitative mental hea	lth,	
	substance use disorder servi	ces as identified in the consumer's individual treatment plan who is at least 18 years old shall	have successful com	pleted 30	
	hours of training during the	past two years in recovery concepts, consumer rights, consumer centered individual treatment	t planning, mental ill	ness,	
	co-occurring mental illness	and substance abuse, psychotropic medications and side effects, functional assessment, local c	community resources	, adult	
	vulnerability, and consumer	confidentiality.			
H2017SC Indiv S	Skill Devt Enhancement-Assoc (3.49		Hour
		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.			
		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.			
		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.			
Credentials:	Providers must have an Ass	ociates Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All pro	viders must act with	in their	
	scope of practice. Other pro	fessionals shall have at least a bachelor's degree in a relevant area of education or human serv	rices.		
H2017S- Indiv S	Skill Devt Enhancement-Associa		13.97		Hour
	· · · · · · · · · · · · · · · · · · ·	Individual skill development and enhancement services include training in			
		1 8			

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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. 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. 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.			
Credentials:	Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice.			
Credentials:	Ill Devt Enhancement-Bachelo 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. 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. 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. Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act practice.	-	e of	Hour
H2017S(Indiv Sk	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,	5.36		Hour
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Service Name / ID			Set IPN Avg IPN Rate Rate	Billing Unit
		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.		
		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.		
		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.		
Credentials:	Must have a Bachelor's De	gree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must	act within their scope of	
ereachtais.	practice.		Ĩ	
H2017S- Indiv	Skill Devt Enhancement-Certified		13.97	Hour
		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.		
		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.		
		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.		
Credentials:		S 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice		
	-	18 years old, shall have successfully completed 30 hrs. of training during the past two years in a		
	rights, consumer-centered i	individual treatment planning, mental illness, co-occurring mental illness and substance abuse, j	psycho-tropic medications and	
		essment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude	for working with peers, and a	
		der or substance abuse use disorder.		
H2017S- Indiv	Skill Devt Enhancement-Masters	Individual skill development and enhancement services include training in	32.14	Hour
		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,		
		care, nousenore tasks, maneral management, transportation, snopping, parenting,		
		Page 90 of 217		

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		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.			
		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.			
		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.			
Credentials:	Must have a Master's Deg	ree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must ac	ct within their scope	of	
	practice.		*		
H2017S(Indiv S	Skill Devt Enhancement-Masters		8.04		Quarter Hour
		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.			
		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.			
		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.			
Credentials:	Must have a Master's Deg practice.	ree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must a	ect within their scope	of	
H2017S- Indiv	Skill Devt Enhancement-Other		13.97		Hour
		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.			
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	Set IPN Rate	Avg IPN Rate	Billing Unit
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. 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. IS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice.			
	2 40		Hour
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. 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. 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.		ls shall	Hour
degree in a relevant area of education or human services.	40.00		Hour
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. 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 Page 92 of 217	70.00		11041
	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. 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. IS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice.	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. 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. IS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. 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, houschold 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. 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 include training in gamp by provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided by various methods, i	Rate Rate 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. 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 IS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. 3.49 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 commutity errources and services (including health care services), and other specific needs identified in the member's service plan. Services include assisting 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. Skill training may be provided by various methods, including but not limited t

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	individual skill development and enhancement. Services that are designed to support			
	the family must be directly related to the assessed needs of the minor.			
	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.			
Credentials:	Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. Ps	ychologists shal	ll be	
	licensed under ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a			
	supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorder			
	disorders.			
H2017S(Indiv Sk	kill Devt Enhancement-Ph.D (G	10.00		Hour
	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.			
	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.			
	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.			
Credentials:	Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. Ps	ychologists shal	ll 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 or	ne year of	
	supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorder	ers or substance	use	
	disorders.			
H2017S- Indiv Sk	kill Devt Enhancement-Rehabili	13.97		Hour
	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.			
	Services provided to minors should also focus on improving integration into an			
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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		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.			
Credentials:	meaning a staff person wo	 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. IS 36.10(2)(g) 1-22, Wis. Admin. Code. *¹/₄. All providers must act within their scope of practice. rking under the direction of a licensed mental health professional in the implementation of rehability vices as identified in the consumer's individual treatment plan who is at least 18 years old shall have a statement plan who is at least 18 years. 	ilitative mental hea	lth,	
	hours of training during th	e past two years in recovery concepts, consumer rights, consumer centered individual treatment p s and substance abuse, psychotropic medications and side effects, functional assessment, local co	olanning, mental ill	ness,	
H2017PI Indivi	dual/Family Psychoeducation-As	•	3.49		Hour
		 Providing education and information resources about the member's mental health and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. 			
		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.			
		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.			
H2017PI		Psychoeducation services include:	13.97		
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Service Name / ID	Set IPN Rate	Avg IPN Rate	Billing Unit
 Providing education and information resources about the member's mental health and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. 			
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.			
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.Credentials:Provider must have an Associates Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All provide of practice. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.	ers must act within t	heir scope	
 H2017PI Individual/Family Psychoeducation-Ba Psychoeducation services include: Providing education and information resources about the member's mental health and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. 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. 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 	21.43		Hour
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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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.			
H2017PI		5.36		
Credentials: Must have a Bachelor's De	egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act	within their scope o	f practice.	
H2017PI Individual/Family Psychoeducation-Ce	 Psychoeducation services include: Providing education and information resources about the member's mental health and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. 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. 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 	3.49		Hour
H2017PI	 this service category. Psychoeducation services include: Providing education and information resources about the member's mental health and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. Psychoeducation may be provided individually or in a group setting to the member or Page 96 of 217 	13.97		

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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.			
	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.			
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, mea	ning a	
	staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in reco	very concepts,	consumer	
	rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psyc	ho-tropic medie	cations and	
	side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for v	working with pe	ers, and a	
	self-identified mental disorder or substance abuse use disorder.			
H2017PI Indivi	lual/Family Psychoeducation-Ma	32.14		Hour
	Psychoeducation services include:			
	•Providing education and information resources about the member's mental health			
	and/or substance abuse issues.			
	•Skills training			
	•Problem solving			
	•Ongoing guidance about managing and coping with mental health and/or substance			
	abuse issues.			
	•Social and emotional support for dealing with mental health and/or substance abuse			
	issues.			
	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.			
	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			
H2017PI	this service category.	<u> </u>		
11201/FI	Psychoeducation services include:	8.04		
	Providing education and information resources about the member's mental health			
	and/or substance abuse issues.			
	•Skills training			
	C			
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		Set IPN Rate	Avg IPN Rate	Billing U
	•Problem solving			
	•Ongoing guidance about managing and coping with mental health and/or substance			
	abuse issues.			
	•Social and emotional support for dealing with mental health and/or substance abuse			
	issues.			
	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.			
	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.			
Credentials:	Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act wi	thin their scope of r	oractice.	
I2017PI Individ	ual/Family Psychoeducation-Otl	3.49		Hour
	Psychoeducation services include:			
	•Providing education and information resources about the member's mental health			
	and/or substance abuse issues.			
	and/or substance abuse issues.			
	and/or substance abuse issues. •Skills training			
	and/or substance abuse issues. •Skills training •Problem solving			
	and/or substance abuse issues. •Skills training •Problem solving •Ongoing guidance about managing and coping with mental health and/or substance			
	 and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. 			
	and/or substance abuse issues. •Skills training •Problem solving •Ongoing guidance about managing and coping with mental health and/or substance abuse issues. •Social and emotional support for dealing with mental health and/or substance abuse			
	and/or substance abuse issues. •Skills training •Problem solving •Ongoing guidance about managing and coping with mental health and/or substance abuse issues. •Social and emotional support for dealing with mental health and/or substance abuse issues.			
	 and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. Psychoeducation may be provided individually or in a group setting to the member or 			
	 and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. 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 			
	 and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. 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 			
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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing U
		•Problem solving			
		•Ongoing guidance about managing and coping with mental health and/or substance			
		abuse issues.			
		•Social and emotional support for dealing with mental health and/or substance abuse			
		issues.			
		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.			
		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.			
Credentials:	Providers described in DHS	S 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. Of	ther professionals sl	hall have	
		in a relevant area of education or human services.	Ĩ		
H2017PI Individ	dual/Family Psychoeducation-Ph.		10.00		Hour
	5 5	Psychoeducation services include:			
		•Providing education and information resources about the member's mental health			
		and/or substance abuse issues.			
		•Skills training			
		•Problem solving			
		•Ongoing guidance about managing and coping with mental health and/or substance			
		abuse issues.			
		•Social and emotional support for dealing with mental health and/or substance abuse			
		issues.			
		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.			
		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.			
H2017PI			40.00		
		Psychoeducation services include:			
		Page 99 of 217			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Un
		•Providing education and information resources about the member's mental health			
		and/or substance abuse issues.			
		•Skills training			
		•Problem solving			
		•Ongoing guidance about managing and coping with mental health and/or substance			
		abuse issues.			
		•Social and emotional support for dealing with mental health and/or substance abuse			
		issues.			
		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.			
		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.			
	act within their scope of pr	disorders or substance use disorders. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin.	Code. All provide	ers must	
H2017PI Indivi					
	dual/Family Psychoeducation-Re		13.97		Hour
	dual/Family Psychoeducation-Re.	Psychoeducation services include:	13.97		Hour
	dual/Family Psychoeducation-Re	Psychoeducation services include: •Providing education and information resources about the member's mental health	13.97		Hour
	dual/Family Psychoeducation-Re	Psychoeducation services include: •Providing education and information resources about the member's mental health and/or substance abuse issues.	13.97		Hour
	dual/Family Psychoeducation-Re	Psychoeducation services include: •Providing education and information resources about the member's mental health and/or substance abuse issues. •Skills training	13.97		Hour
	dual/Family Psychoeducation-Re	Psychoeducation services include: •Providing education and information resources about the member's mental health and/or substance abuse issues. •Skills training •Problem solving	13.97		Hour
	dual/Family Psychoeducation-Re	Psychoeducation services include: •Providing education and information resources about the member's mental health and/or substance abuse issues. •Skills training •Problem solving •Ongoing guidance about managing and coping with mental health and/or substance	13.97		Hour
	dual/Family Psychoeducation-Re	Psychoeducation services include: •Providing education and information resources about the member's mental health and/or substance abuse issues. •Skills training •Problem solving •Ongoing guidance about managing and coping with mental health and/or substance abuse issues.	13.97		Hour
	dual/Family Psychoeducation-Re	 Psychoeducation services include: Providing education and information resources about the member's mental health and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse 	13.97		Hour
	dual/Family Psychoeducation-Re	 Psychoeducation services include: Providing education and information resources about the member's mental health and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. 	13.97		Hour
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	dual/Family Psychoeducation-Re	 Psychoeducation services include: Providing education and information resources about the member's mental health and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. 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 	13.97		Hour
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	dual/Family Psychoeducation-Re	 Psychoeducation services include: Providing education and information resources about the member's mental health and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. 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. 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
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	dual/Family Psychoeducation-Re	 Psychoeducation services include: Providing education and information resources about the member's mental health and/or substance abuse issues. Skills training Problem solving Ongoing guidance about managing and coping with mental health and/or substance abuse issues. Social and emotional support for dealing with mental health and/or substance abuse issues. 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. 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

ervice ame / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
	Manage	noeducation is provided without the other components of the Wellness ement and Recovery service array category (#11), it should be included under			
H2017PI		vice category. education services include:	3.49		
	•Provid	ing education and information resources about the member's mental health substance abuse issues.			
	•Skills t				
		ng guidance about managing and coping with mental health and/or substance			
		and emotional support for dealing with mental health and/or substance abuse			
	Psychoo	education may be provided individually or in a group setting to the member or nber's family and natural supports (i.e., anyone the member identifies as being			
		ive in his or her recovery and/or resilience process). Psychoeducation is not			
	Family	psychoeducation must be provided for the direct benefit of the member. ation to family members for treatment of their issues not related to the			
	member	r is not included as part of family psychoeducation. Family psychoeducation clude anticipatory guidance when the member is a minor.			
	If psych	noeducation is provided without the other components of the Wellness ement and Recovery service array category (#11), it should be included under			
	this serv	yice category. (g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice.	A rehabilitation work		
edentials:	meaning a staff person working und substance use disorder services as id	er the direction of a licensed mental health professional in the implementation of reh lentified in the consumer's individual treatment plan who is at least 18 years old shal o years in recovery concepts, consumer rights, consumer centered individual treatment	abilitative mental hea l have successful com	lth, pleted 30	
		stance abuse, psychotropic medications and side effects, functional assessment, local			
		rected, face-to-face psychotherapeutic intervention provided to an individual	110.00		Session
therapy		family/caregivers. Services may be interactive or insight oriented and are d by a licensed psychologist with a Ph.D. in an office-based setting. ense			
	The clinician must also satisfactorily (NPI).	y complete the Wraparound Milwaukee Practitioner Credentialing process and have	a National Provider Id	entifier	
00 Individ 004 Behavi	ual/Family Therapy-Office	rected, face-to-face psychotherapeutic intervention provided to an individual	19.50		Quarter Ho

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		provided in an office-based setting.			
Behavi	oral health counseling &				
therapy	v, per 15 min				
Credentials:	Individual/Family Ther	apy services can be provided by the following qualified psychotherapists:			
	(1) Wisconsin License	d Practitioners Practicing Privately or in a Wisconsin Certified Clinic.			
	Licensed Clinical	Social Worker			
		and Family Therapist			
	Licensed Profession	nal Counselor			
	(2) Music, Art, Dance	Therapist with Wisconsin Psychotherapy License			
	(3) Other Qualified Pr	ofessionals in a Certified Outpatient Psychotherapy Clinic			
	• Practitioner with a Assurance (DHS, DQA	status Approval (3000 hour) Psychotherapy Letter issued by the Wisconsin Department of Health S).	ervices, Division o	f Quality	
	Providers of Individual have a National Provide	/Family Therapy services must also satisfactorily complete the Wraparound Milwaukee Practitioner er Identifier (NPI).	credentialing proc	ess and	
5100QT Individ	ual/Family Therapy-Office (O oral health counseling &)T'	14.25		Quarter Hou
therapy	, per 15 min	and/or family/caregivers. Services may be interactive or insight oriented and are			
		provided in an office-based setting.			
		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 (https://www.forwardhealth.wi.gov/kw/pdf/2012-64.pdf), which			
		includes the requirement that QTT providers are practicing in a licensed outpatient mental health clinic.			
Credentials:	Services provided by Q criteria:	ualified Treatment Trainees with a Graduate Degree who are working toward full clinical licensure	must meet the follo	owing	
	• Have a Graduate deg or a closely related field	ree from an accredited institution with course work in psychology, counseling, marriage and family d.	therapy, social wor	k, nursing	
	• Have not yet complete applicable.	ed the applicable supervised practice requirements described under ch. MPSW 4, 12, 16 or Psy 2, W	is. Admin. Code, a	S	
	Providers of Individual	Family Therapy services must also satisfactorily complete the Wraparound Milwaukee Practitioner	credentialing proc	ess and	
		D 102 C217			

Service Name / ID)		Set IPN Rate	Avg IPN Rate	Billing Un		
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 H2017 U5	application. Individual/Family Training and Suppor Indiv Skill Dev/Enhanc	 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. 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: personal care/hygiene, shopping, communication and use of communication tools (including accessing emergency 	37	37	Hour		
		 services), budgeting and money management, parenting, using public transportation, medication management and storage, accessing basic housing, employment, and health related resources, accessing community resources, socialization, leisure activities, and hobbies, nutrition and meal planning/preparation, and proper storage of food, household supplies, chemicals, etc. 					
		Services may occur at the client's residence or at a provider agency facility. Billable activities include direct, face to face contact with client, telephone contact with client, travel, and documentation time.					
		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)					
		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".

Credentie	successfully completed planning, mental illness	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.			
		ertificate from the agency verifying this training is to be submitted to the Provider Network at the tained in the agency employee file.	ency verifying this training is to be submitted to the Provider Network at the time of the provider add employee file.		
5603 T1013	Interpreter Services 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	
Credenti	·····	e to facilitate effective communication between clients in any setting. Interpreters are to have two employee file and submitted to Wraparound via the add provider process.	agency letters of referer	ice to	
5392 H0042	Kinship Care Foster care, non-therapeutic, per diem	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.	7.35	Daily	
		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.			
Credenti	als:				
5055 H2017 U5	Med Management Support (Non-Pre Phys Health Monitor.	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. 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 least once a month, this may include attending a youth's scheduled appointment with	66	Hour	
		their prescriber. The provider would provide service to children and young adults enrolled in			
		Page 104 of 217			

Wraparound Milwaukee Programs and CCS. This would be in partnership with the parent/caregiver.

Credentials:	Non-Prescribers
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Provider must be an LPN, at Minimum, or an RN, or an APNP (Advanced Practicing Nurse Practitioner).

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.

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.

OR

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.

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.

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.

H2017M	Medication Management-Adv. Practice		53.57	Hour
		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.		
		•Reviewing data, including other medications, used to make medication decisions.		
		Prescribers may also provide all services the non-prescribers can provide as noted		
		below.		
		Medication management services 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 and tolerability of the side effects.		
		Page 105 of 217		

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	Must be a Licensed Registered Nurse. Providers described in DHS36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers must act within their scope of practic 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 me practitioners or clinic specialists in adult psychiatric and mental health nursing who are board certified by the American Nurse hold a current license as a registered nurse under ch.441, Stats.; have completed 1500 hours of supervised clinical experience i environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursi school of nursing from an approved college or university.	ntal health nurse s Credentialing C n a mental health apply relevant		
H2017M Medica	 Management-Bachelors 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. 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. Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. 	21.43		Hour
H2017M Medica	All providers are required to be licensed/certified and acting within their scope of practice. All providers are required to be licensed/certified and acting within their scope of practice. All providers are required to be licensed/certified and acting within their scope of practice. 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. •Reviewing data, including other medications, used to make medication decisions. Prescribers may also provide all services the non-prescribers can provide as noted below.	13.97		Hour
Credentials:	 Medication management services 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 and tolerability of the side effects. 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 peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training duri recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illn psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentialit 	ng the past two y ess and substance	e abuse,	

ervice /ame / ID			Set IPN Rate	Avg IPN Rate	Billing Un
	aptitude for working wi	th peers, and a self-identified mental disorder or substance abuse use disorder.			
H2017M Medicat	tion Management-M.D.	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.	53.57		Hour
Credentials:		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. Physicians and Psychiatric Residents. Providers described in DHS 36.10(2)(g)1-3, 7-8, and 11, W o be licensed/certified and acting within their scope of practice.	is. Admin. Code. A	11	
H2017M Medicat	tion Management-Masters	Medication Management services for prescribers include:	32.14		Hour
		•Diagnosing and specifying target symptoms.			
		•Prescribing medication to alleviate the identified symptoms.			
		•Monitoring changes in the member's symptoms and tolerability of side effects.			
		•Reviewing data, including other medications, used to make medication decisions.			
		Prescribers may also provide all services the non-prescribers can provide as noted			
		below.			
		Medication management services 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 and tolerability of the side effects.			
		 Monitoring changes in the member's symptoms and tolerability of side effects. 			
Credentials:	Must have a Master's De	egree.			
	Providers described in I	DHS36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers must act within their scope of p	practice.		
	Providers described in I	DHS 36.10(2)(g)1-22, Wis. Admin. Code.			
	All providers are require	ed to act within their scope of practice.			
H2017M Medicat	tion Management-Other		13.97		Hour
		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.			
		•Reviewing data, including other medications, used to make medication decisions.			
		Prescribers may also provide all services the non-prescribers can provide as noted below.			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	•Supporting the •Increasing the r symptoms and to Providers described in DHS36.10(2)(g)1-3, 7	agement services for non-prescribers include: member in taking his or her medications. nember's understanding of the benefits of medication and the plerability of the side effects. 7-8, and 11, Wis. Admin. Code. All providers must act within their by Wis. Admin. Code. All providers must act within their scope of p	• •	ill have	
	at least a bachelor's degree in a relevant area	of education or human services.			
H2017M Medicati	•Diagnosing and •Prescribing med •Monitoring cha	ion: Medication Management services for prescribers include: specifying target symptoms. dication to alleviate the identified symptoms. nges in the member's symptoms and tolerability of side effects. , including other medications, used to make medication decisions.	40.00		Hour
	Prescribers may below.	also provide all services the non-prescribers can provide as noted			
	•Supporting the •Increasing the r symptoms and to	agement services for non-prescribers include: member in taking his or her medications. nember's understanding of the benefits of medication and the olerability of the side effects. nges in the member's symptoms and tolerability of side effects.			
Credentials:	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.				
	Psychologists shall be licensed under ch. 455	Wis. Admin. Code. All providers must act within their scope of j , Stats. and shall be listing with the national register of health serv toral clinical experience related directly to the assessment and trea	vice providers in psychology or h		
H2017M Medicati	on Management-Rehabilitation Medication Man •Diagnosing and •Prescribing mea •Monitoring cha •Reviewing data	agement services for prescribers include: specifying target symptoms. dication to alleviate the identified symptoms. nges in the member's symptoms and tolerability of side effects. , including other medications, used to make medication decisions. also provide all services the non-prescribers can provide as noted			Hour
		agement services for non-prescribers include: member in taking his or her medications.			
	Page	108 of 217			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	Providers described in D A rehabilitation worker, rehabilitative mental hea have successful complet planning, mental illness,	 Increasing the member's understanding of the benefits of medication and the symptoms and tolerability of the side effects. HS36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers must act within their scope of pr HS36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. meaning a staff person working under the direction of a licensed mental health professional in the i lth, substance use disorder services as identified in the consumer's individual treatment plan who is ed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional the vulnerability, and consumer confidentiality. 	implementation of s at least 18 years o centered individual	treatment	
5524a Mentori H2021 Commu per 15 n	mity-based wrap services,	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.	22.00		Hour
		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.			
Credentials:	15-hour training curricul training/certification/ ed	ast one-year experience working with youth. A minimum of 15 hours of training is required of all s um must be submitted for approval by the IPN as part of the application process. Owners must sho ucation specific to mentoring in the application process. A copy of the mentor's training certificate ider Network upon the agency's request to add the mentor into Synthesis. A copy of the mentor's tr file.	w evidence of verifying this traini	ng must	
5303E Mentori	ng, Specialized	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	32.50		Hour
		Page 109 of 217			

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	

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.

Specialized Mentoring follows all the guidelines in Wraparound Policy #036, Crisis Stabilization/Supervision, in addition to what is outlined within this service description.

Training:

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.

A) Baseline (18 Hours Total)

1. Evidence-based mentoring (8 hours - Curriculum provided).

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).

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).

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)

B) In-Service – One, 2 hour per month for a total of 12 each year (24 Hours Total)
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).

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	Billing Unit

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

All mentors will continue to attend all in-services throughout their employment as a mentor.

Oversight/Capacity Building:

1. Verified Self-Care activity – Provider Agency responsible for facilitating no less than one time per month.

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).

Supervision:

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.

Working with Youth - Initial Match Process:

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.

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.

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.

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.

Minimum contact requirements:

-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) -Interactions with legal guardian to provide weekly updates, and task-shifting

opportunities

Termination/Transfer Process:

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.

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.

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		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.			
		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.			
S9484 Crisis I per hou	Intervention MH services, ur				
Credentials:	Specialized Mentor Qua	lifications and Training:			
	(1)high school diploma recognized as meeting e	or equivalent and at least one year experience working with at-risk youth; Lived experience as a sur xperience requirements.	vivor of CSE/DST	Γ will be	
	(2)Completion of Baseli	ne Training			
	_	for meeting all documentation requirement as described in Wraparound policy #036, Crisis Stabiliz ne should be billed according to Wraparound policy #036, Crisis Stabilization and Supervision sectors	-		
5303F Mentor S9484 Crisis I per hou	ring, Specialized-BA/MA Intervention MH services,	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. 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	45.00	45.00	Hour

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	introduce sustainable community resources and facilitate the development of informal mentoring relationships. Specialized Mentoring follows all the guidelines in Wraparound Policy #036, Crisis Stabilization/Supervision, in addition to what is outlined within this service description.			
	Training: 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.			
	A) Baseline (18 Hours Total)1. Evidence-based mentoring (8 hours – Curriculum provided).			
	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).			
	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).			
	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)			

B) In-Service – One, 2 hour per month for a total of 12 each year (24 Hours Total)
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).

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

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Service	Set IPN	Avg IPN	Dilling Unit
Name / ID	Rate	Rate	Billing Unit

All mentors will continue to attend all in-services throughout their employment as a mentor.

Oversight/Capacity Building:

1. Verified Self-Care activity – Provider Agency responsible for facilitating no less than one time per month.

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).

Supervision:

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.

Working with Youth - Initial Match Process:

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.

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.

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.

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.

Minimum contact requirements:

-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)

-Interactions with legal guardian to provide weekly updates, and task-shifting opportunities

Termination/Transfer Process:

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.

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.

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.

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		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 Qualif	ications:			
		ates with at least six month's experience working with at risk youth through internships, volunteer ivor of CSE/DST will be recognized as meeting experience requirements.	work, or paid exp	perience.	
	-Completion of Baseline T	raining			
		r meeting all documentation requirement as described in Wraparound policy #036, Crisis Stabiliza should be billed according to Wraparound policy #036, Crisis Stabilization and Supervision section			
5136 MST - Indiv S		MST-FIT Coach is responsible for implementation of Multi-Systemic Therapy Family Integrated Transitions (MST-FIT) with youth and families. They provide some case work involving residents and their families in planning, implementing, and coordinating services and resources.	55.00		Hour
Credentials:	Worker (APSW), Licensed	or behavioral science field and two years of experience serving youth and families. License of an Clinical Social Worker (LCSW), Licensed Professional Counselor in Training (LPC-IT), License ge and Family Therapist (LMFT) preferred, but not required.			
5004 NMT A	Assessment	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.	70		Hour
		NMT Assessment shall include a written report which includes test results from all measures used, a social trauma-exposure history and specific actionable recommendations. Travel time is not billable.			
Credentials:	Must be trained and creder	tials in the NMT assessment process. State of Wisconsin Licensed Professional Counselor.			
5903A Nutritie H2017 Wellne HQ	on/Dietary Management Service ess Mgt / Recovery	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.	25		Hour

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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.			
	Nutrition/Dietary services will be developed to reflect the needs and strategies identified in the Plan of Care.			

Group size limited to 5 people.

Documentation requirements: Provider Note entry in Synthesis, instructions at: http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf.

Credentials: 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.

The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-day deadline.

5903 H2017 U5	Nutrition/Dietary Management Service: Wellness Mgt / Recovery	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.	60	Hour
		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.		
		Documentation requirements: Page 118 of 217		

Celetatists Provider Note entry in Synthesis, instructions at: http://wnparoundhik.com/wpcontent/uploads/2013/09/Provider-Note-Entry-Instruct: instructions of minimg within the first 90 days of their start dare in the network. The training must include: recovery concepts, consumer rights, consumer-centred individual traament planning, mental illess, trauma informed curet, co-security mental illess and abstance abuse, psychotory in medications and aide effects, functional assessment, local community resources, adult trentper genetating and substance abuse, psychotory in medications and aide effects, functional assessment, local community resources, adult trentper genetations and substance abuse, psychotory in medications and aide effects, functional assessment, local community resources, adult trentper genetations and substance abuse, psychotory in medications and aide effects, functional assessment, local community resources, adult trentper genetation of the resource construction of the synth's plan of care. Occupational Therapy services are designed to: -Note the information and assessment in evoluti splan of care. Occupational Therapy services are designed to: -Note the information and assessment information and services are advected to an occupational Therapy services are designed to: -Note the information and services are advected by an Occupational Therapy services are advected by an Occupational Therapy services are advected by an Occupational Therapy services are advected by an Occupational Therapy services are advected by an Occupational Therapy intervention in tacks treatment elevation regarding -note intervention advected by an Occupational Therapy intervention in the services of the entry of the youth's sensory integration networks treatment elevation regarding -note intervention elevative sensory integration includes treatment elevation regarding -note intervention elevative sensory interegration includes treatment elevation regarding -note interventio	Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
ImmonCrisisServices.pdf. ImmonCrisisServices.pdf. Credentide: Absolebot's degree with some velloss/physical monitoring systerine regerience on be considered. All Providers will need to complete 30 buows 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 earc, co-occurring mental liness and subsince abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, and ethics and boundaries. 31354 The agency is responsible for ensuring that the training is complete, and certificate of completion uploaded into Synthesis by the 90-tay deadline. 88.00 Hour 31354 Cocupational 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: Note that for the functional needs associated with serious emotional disturbance experienced by the enrolled youth Hour 11217 Wellness Mgt / Recovery Occupational Therapy services include: assessment of the enrolled youth where there is a reasonable care precision of abiliving measurable improvement in a reasonable and predictable period of time. Hour 1218 Services are delivered by an Occupational Therapy services include: assessment of the enrolled youth where there is a reasonable care period of time. Hour index sets define the enrol of youth is defined as part detection regarding in age appropriate activity and respond appropriately the avaires defineerupat						
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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		Occupational Therapy must be provided in accordance with a written treatment plan which is updated monthly or more often as needed.			
		The enrolled youth's needs are to be re-evaluated on an ongoing basis, and documentation must address progress made toward identified treatment goals.			
		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.			
Credentials:	State of Wisconsin National Provider I	CONTINUTED AUTHORIZATION: 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. Occupational Therapist License			
5591 On The	Job Training	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,	1000	1000	Total
		paid work environment.			
		 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 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: Service Recipient hours scheduled, worked, and nature of work performed. 			
		experience. 3. Observations by the employer of the Service Recipient's performance and interaction with other employees and the work environment.			
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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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 U5

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

3.Timelines: week 1, week 2, etc.

4. Scheduled number of hours per week and total for work, class/training, and face-to-face contact with Provider

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.

6.Cost per participant

7. Expectations and participation requirements for the program, including participant conduct that could result in expulsion from the program.

Provider:

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

Service Name / II)		Set IPN Rate	Avg IPN Rate	Billing Unit
	• •	ee in related field. Individual Direct Service Providers of this service shall be pre-approved by Wra egiver Background Checks".	paround and must c	omply	
5515B H2015	 Hours scheduled/atte Hours scheduled atte Dates and times of a Feedback from job s For service recipient Employment verific Employment retention 	nmary of activities engaged in, including: ended, ended class/training time Il face to face contact with Provider. upervisor s hired into permanent jobs, Synthesis reports documenting eation/start of employment	rtial completion of F 101	Phase 1.	Hour
		the parent/caregiver. 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:			
		 Heartfelt appreciation (which rewards the desired behavior) and encouragement Understanding that all behavior is communication and uncovering what your child is trying to "tell you" To foster increased attachment Implementing family meetings Establishing effective rules Growing desired behaviors Implementing "do-overs" rather than punishing Staying in the present moment- letting go of fears over tomorrow or what happened yesterday Understanding the individual child and his/her challenges, i.e. autism, ADHD, ODD, sensory processing concerns, reactive attachment disorder, giftedness, etc. Communicating with children so the message gets through 			
		Page 122 of 217			

- Appropriate use of consequences
- · Handling pressure from other relatives, teachers, and friends
- Creating structure

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.

Documentation requirements- Parent Coach must complete:

- Provider Notes in Synthesis,
- Wraparound Milwaukee In-Home Session Log, and
- 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)

Credentials: 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.

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5550A T2003	Parent Correctional Facility Visit 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.	250	Trip	
		Visits to be held in the correctional facility general visiting or designated areas. Does not include visits to parents who are in segregation.			
		Correctional facilities/institutions visited differ by Provider Agency.			
		Integrity Family Services provides services to: ·Waupun Correctional Institution ·Dodge (Waupun) Correctional Institution ·John Burke (Waupun) Correctional Institution ·Fox Lake (Waupun) Correctional Institution ·Green Bay Correctional Institute			
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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Uni			
		·Taycheedah Correctional Institution						
		·Robert E. Ellsworth Correctional Institution						
		·Racine Correctional Institution						
		St. Rose Youth and Family Center provides services to:						
		·John Burke (Waupun) Correctional Institution						
		·Taycheedah Correctional Institution						
		·Robert E. Ellsworth Correctional Institution						
		·Racine Correctional Institution						
		·Southern Oaks Girls School						
		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.						
Credentials: S	taff with prior experience	working with Wraparound youth desired.						
Р	Prior experience as a Crisis Stabilization provider for Wraparound Milwaukee or equivalent training.							
V	Valid Wisconsin Drivers License (Drivers Abstract on file with agency)							
	Agencies must obtain 2 lette t the agency.	ers of reference regarding the provider's professional abilities. Reference letters are to be maintained in	the employ	yees file				
	_	or staff with no prior crisis stabilization related experience or 20 hours for staff with 6 months of prior e the provision of this service.	xperience.	Training				
	-	Prevention Intervention (CPI), Managing Aggressive Behavior (MAB) or a similar program along with tervention and de-escalation training in the following areas:	other relat	ted				
•(Crisis regulations.							
		tion policies and procedures and						
•;	Specific requirements asso	ciated with this service.						
.`	Wisconsin state statues and	administrative rules related to patient rights and confidentiality of youth records.						
		ention techniques applicable to crisis situations.						
	Techniques for assessing a	nd responding to persons with emergency mental health needs who are experience a crisis or AODA rela	ated probles	ms.				
	ctional Facility Visit-Orien ransport, per trip	Sole Provider: St. Rose Youth and Family Center 7	70		Session			
		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.

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Un
		This code may only be authorized in conjunction with PARENT CORRECTIONAL			
		FACILITY VISITATION - Service Code 5550A.			
Credentials:					
H2017P- Peer S	upport-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.			
Credentials:	Must have a Bachelor's Deg practice.	gree. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must ac	t within their scop	e of	
	Reminder: All CCS peer sp	ecialist must be Wisconsin Certified Peer Specialist as noted by the "‡" throughout the array.			
	All providers must act with				
H2017P- Peer S	upport-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 Pee			
		Specialists and members work as equal toward living in recovery.			
Credentials:	Providers described in DHS	36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.			
	Reminder: All CCS peer sp	ecialist must be Wisconsin Certified Peer Specialist.			
H2017P- Peer S	upport-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,			
		and without trauma. Through a mutually empowering relationship, certified Pee			
		Specialists and members work as equal toward living in recovery.			
Credentials:	Must have a Master's Degre practice.	ee. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act v	within their scope of	of	
	Reminder: All CCS peer sp All providers must act with	ecialist must be Wisconsin Certified Peer Specialist as noted by the "‡" throughout the array. in their scope of practice.			
H2017P- Peer S	upport-Other		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			

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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 Pee			
	Specialists and members work as equal toward living in recovery.			
Credentials:	Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.			
reachtais.	Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist as noted by the "‡" throughout the array.			
	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 of	or human	
	services.			
12017P- Peer Su	pport-Ph.D	40.00		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 Pee			
	Specialists and members work as equal toward living in recovery.			
redentials:	Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.			
	Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist as noted by the "‡" throughout the array.			
	All providers must act within their scope of practice. Psychologists shall be licensed under ch. 455, Stats. and shall be listing with	h the national	register of	
	health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related di	rectly to the as	sessment	
	and treatment of individuals with mental disorders or substance use disorders.			
H2017P- Peer Su	pport-Rehabilitation	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,			
	1 - 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +			
	and without trauma. Through a mutually empowering relationship, certified Peer			
	Specialists and members work as equal toward living in recovery.			
redentials:	Specialists and members work as equal toward living in recovery. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.			
Fredentials:	Specialists and members work as equal toward living in recovery. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice. Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist.			
redentials:	Specialists and members work as equal toward living in recovery. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice.	of a licensed	mental	
Tredentials:	Specialists and members work as equal toward living in recovery. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice. Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the con	sumer's indivi	dual	
Sredentials:	Specialists and members work as equal toward living in recovery. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice. Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction	sumer's indivi	dual	
Fredentials:	Specialists and members work as equal toward living in recovery. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice. Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the con	sumer's individ covery concep	dual ts,	
Credentials:	Specialists and members work as equal toward living in recovery. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice. Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the con treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in re	sumer's individ covery concep use, psychotrop ty.	dual ts,	
	Specialists and members work as equal toward living in recovery. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice. Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the con treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in re consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abu medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentialit ency Services	sumer's indivio covery concep 1se, psychotrop	dual ts,	Hour
Credentials: 5091 Perman	Specialists and members work as equal toward living in recovery. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice. Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the con treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in re consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abu medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentialit ency Services Permanency Services reestablishes family connections by utilizing the	sumer's individ covery concep use, psychotrop ty.	dual ts,	Hour
	Specialists and members work as equal toward living in recovery. Providers described in DHS 36.10 (2)(g) 1-20, Wis. Admin. Code. * All providers must act within their scope of practice. Reminder: All CCS peer specialist must be Wisconsin Certified Peer Specialist. All providers must act within their scope of practice. A rehabilitation worker, meaning a staff person working under the direction health professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the con treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in re consumer rights, consumer centered individual treatment planning, mental illness, co-occurring mental illness and substance abu medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentialit ency Services	sumer's individ covery concep use, psychotrop ty.	dual ts,	Hour

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	

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.

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.

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.

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).

Supervision is provided twice per month individually and once per month in a group based setting.

Documentation Requirements:

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.

Permanency Services

Credentials:

ls: 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.

Prior to approval to provide Permanency Services, Permanency Services provider will complete FF training curriculum. Documentation of training will

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
be submitted with s	aff add request.			
5090 Permanency Services, Intensive Permanency Services, Intensive	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.	1250		Monthly
	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.			
	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.			
	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.			
	Goals of Intensive Permanency Services include:			
	 Youth will increase the number of family members that they are connected to. Youth will be reconnected to any existing siblings that they did not know they had. Youth will improve the quality of the relationships with family members that they 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. 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. Increased motivation to work towards life goals 			
	While the youth work with their Intensive Permanence Specialist to heal their relational traumas, the Intensive Permanence Specialist is also working with the youth			

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Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	

to build their network of support.

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.

Authorization, Billing, and Payment for 5090 is for a single unit of a bundled service with a single unit of \$1250/month.

Documentation requirements-IPS Specialist must complete: -monthly Synthesis Team Support/Provider Progress report, -case notes which conform in content with Wraparound Policy #054, Provider Agency Responsibilities and Guidelines. -Wraparound Milwaukee In-Home Session Log.

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.

Credentials: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 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

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. Physical health monitoring services include activities related to the monitoring and Hour

21.43

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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.			
Credentials:	Must have a Bachelor's Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act with	hin their scope of	practice.	
H2017H Physic	al Health Monitoring-Bachelors	21.43		Hour
	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.			
	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.			
Credentials:	Must have a Bachelor's Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act with	hin their scope of	practice.	
H2017H Physic	al Health Monitoring-Certified P	13.97		Quarter Ho
	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.			
	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.			
Credentials:	Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. Al providers must act within their scope of practice. A peer	-	-	
	person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recover			
	rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psy	-		
	side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for	working with pe	ers, and a	
H2017H Physic	self identified mental disorder or substance abuse use disorder. al Health Monitoring-Master (Gr	32.14		Hour
·	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.			
	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.			
Credentials:	Must have a Master's Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within	n their scope of p	ractice.	
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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
H2017H Physic	al Health Monitoring-Masters		32.14		Hour
11201711° Thysic	ai ficatui Montofing-Masters	Physical Health monitoring services focus on how the member's mental health and/or	52.14		mour
		substance abuse issues impact his or her ability to monitor and manage physical			
		health and health risks.			
		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.			
Credentials:	Must have a Master's De	gree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act with	in their scope of p	ractice.	
H2017H Physic	al Health Monitoring-Other		13.97		Quarter Hour
		Physical Health monitoring services focus on how the member's mental health and/or	10197		2
		substance abuse issues impact his or her ability to monitor and manage physical			
		health and health risks.			
		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.			
Credentials:	Providers described in D	HS 36.10(2)(g) 1-22, Wis. Admin. Code. All providers must act within their scope of practice. Other	ner professionals sl	hall have	
	at least a bachelor's degr	ee in a relevant area of education or human services.			
H2017H Physic	al Health Monitoring-Ph.D.		40.00		Hour
		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.			
		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.		01 1.1	
Credentials:		used Psychologist.Psychologists shall be licensed under ch. 455, Stats. and shall be listing with the			
		hology or have a minimum of one year of supervised post-doctoral clinical experience related direct	•		
		with mental disorders or substance use disorders. Providers described in DHS36.10(2)(g)1-22, Wis	. Admin. Code. A	11	
11201711 DI :	providers must act within	* *	12.07		II
n201/H Physic	al Health Monitoring-Rehabilit	at Physical Health monitoring services focus on how the member's mental health and/or	13.97		Hour
		substance abuse issues impact his or her ability to monitor and manage physical			
		health and health risks.			
		Physical health monitoring services include activities related to the monitoring and			
		D 121 C217			
		Page 131 of 217			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	Providers described in D	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. HS36.10(2)(g)1-22, Wis. Admin. Code. Al providers must act within their scope of practice. A reha	bilitation worker,	meaning	
	a staff person working un disorder services as ident training during the past t	nder the direction of a licensed mental health professional in the implementation of rehabilitative me tified in the consumer's individual treatment plan who is at least 18 years old shall have successful c wo years in recovery concepts, consumer rights, consumer centered individual treatment planning, n nce abuse, psychotropic medications and side effects, functional assessment, local community resources	ental health, substa ompleted 30 hour nental illness, co-(irces, adult vulner	nce use s of occurring	
H2017H [,] Physica	al Health Monitoring-Rehabilit	At 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. 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		Hour
Credentials:	meaning a staff person w substance use disorder se hours of training during t	HS36.10(2)(g)1-22, Wis. Admin. Code.* All providers must act within their scope of practice. A referring under the direction of a licensed mental health professional in the implementation of rehability ervices as identified in the consumer's individual treatment plan who is at least 18 years old shall have the past two years in recovery concepts, consumer rights, consumer centered individual treatment places and substance abuse, psychotropic medications and side effects, functional assessment, local com-	itative mental heal ve successful comj anning, mental illi	lth, pleted 30 ness,	
5313 Placem S9485 Crisis I per dier	ent Stabilization Center Intervention MH services, m	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.	162.00		Daily
		Placement stabilization centers are eight-bed group homes selected by and under 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.			
Credentials:	All such placements mus 325-3175).	t be approved and coordinated through the liaison for Lutheran Social Services, First Choice for Ch	ildren (phone nun	ıber	

Service Name / II)		Set IPN Rate	Avg IPN Rate	Billing Unit
5221 H0046	Professional Consultation Mental Health service, NOS	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.	100.00		Hour
		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			
Credenti		family. pecialty in Child Psychiatry or a Licensed Clinical Psychologist considered to be an "expert" in the complex mental health, cognitive and developmental needs.	ir field, with expert	ise in the	
5355 99285	Psych Hosp-ER Visit Behavioral health screening to determine adm	Triage assessment in a psychiatric hospital setting to assess need for inpatient hospitalization.	255.00		Session
		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.			
Credenti	als:				
5350 99223	Psychiatric Hospital Hospital Care, per day	Placement in an inpatient psychiatric hospital for assessment and treatment of children with severe emotional and mental health problems.	1949.00		Daily
	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.				
	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.				
Credentie	als:				
5050 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

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	Wisconsin Licensed Profes certification in Psychiatry/M supervised by M.D., and wh	alty in Psychiatry/Child Psychiatry OR ssional Nurse with Certification as advanced nurse practitioner in the State of Wisconsin with Psychiate Mental Health from the American Nurse Credentials Center, experience and training in psychiate ho meet the certification guidelines in Wisconsin Chapter N8.			
5051 Psychiatri	Effective 1/1/2007, provide c Review/Meds-with Therapy	ers of this services must have a National Provider Identifier (NPI)	206.25		Session
90862 Pharmaco	logic 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).	200.23		Session
	Evaluation and n Management				
Credentials:	Licensed M.D. with a speci	alty in Psychiatry/Child Psychiatry OR			
	certification in Psychiatry/M supervised by M.D., and wh	sional Nurse with Certification as advanced nurse practitioner in the State of Wisconsin with a I Mental Health from the American Nurse Credentials Center, experience and training in psychiat ho meet the certification guidelines in Wisconsin Chapter N8. nust have a National Provider Identifier (NPI)	ric practice and pres		
5632H Psychoed H2017 Psycho Ed HQ	ucational Support Group-ARI duc 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. 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. 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 	35		Hour

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 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.

Documentation requirements:

Provider Note entry in Synthesis, instructions at: http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf.

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	Provider credentials:				
	 Lead facilitator of this Providers shall have su consumer-centered individu effects, functional assessme A copy of the training certifi 	hour Aggression Replacement Training. service shall have at least a bachelor's degree in a relevant area of education or human services. accessfully completed 30 hours of training during the past two years in recovery concepts, consu- ual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotr ent, local community resources, adult vulnerability, consumer confidentiality, and ethics and bour ficate from the agency verifying this training is to be submitted to the Provider Network at the tri ined in the agency employee file.	opic medications a indaries.		
5632C Psychoedu H2017 Psycho Ed HQ	cational Support Group-CSE	 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). 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. 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) Documentation requirements: Provider Note entry in Synthesis, instructions at: 	21.44		Hour
		http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct Page 136 of 217			

ionsnonCrisisServices.pdf.

	the following minimum	requirements:		
		vice shall have at least a bachelor's degree in a relevant area of education or human services. successfully completed 30 hours of training during the past two years in recovery concepts, const	umer rights,	
		idual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychot	<u>^</u>	
		ment, local community resources, adult vulnerability, consumer confidentiality, and ethics and bo rtificate from the agency verifying this training is to be submitted to the Provider Network at the t		
		tained in the agency employee file.		
5180B P 6101 P	sychological Eval. Extended-Ph.D. sychological testing	Used in conjunction with 5180A, Evaluation Services, Ph.D. If a psychological	1.00	Dollar
1 1	sychological testing	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.		
		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.		
Credentials:	Wisconsin Psychologist			
	Effective 1/1/2007, prov	ders of this services must have a National Provider Identifier (NPI)		
5180A P 06101 P	sychological Evaluation Services-Ph sychological testing	I Performed by a licensed psychologist. Requires a written report, including a DSM-IV	440.00	Evaluation
1	sychological testing	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.		
	sychiatric diagnostic interview			
	xam			
	xam Wisconsin Psychologist	License.		
e	Wisconsin Psychologist	License. ders of this services must have a National Provider Identifier (NPI)		
e: Credentials:	Wisconsin Psychologist	ders of this services must have a National Provider Identifier (NPI)	21.43	Hour
e: Credentials:	Wisconsin Psychologist Effective 1/1/2007, prov		21.43	Hour

Service Name / ID	Set IPN Avg I Rate Rat	Killing Linif
	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:	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 at acting within their scope of practice.	nd
H2017T(Psycho	otherapy-Bachelors (Group) 5.36	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.	
<i>a i i i</i>	Psychotherapy may be provided in an individual or group setting. 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 an	d
Credentials:		10
1120177 5 1	acting within their scope of practice.	
H20171- Psycho	otherapy-Certified Peer Specialist Psychotherapy includes the diagnosis and treatment of mental, emotional, or	Hour
	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. 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 substan	ce
	abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated	d
	aptitude for working with peers, and a self-identified mental disorder or substance abuse use disorder.	
H2017T(Psycho	otherapy-Certified Peer Specialis 3.49	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. Bayahathararay may be provided in an individual or group setting	
	Psychotherapy may be provided in an individual or group setting. 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	
Credentials:	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 substan	
	abuse, psycho-tropic medications and side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated	
	abase, psycho-apple incurations and side encets, functional assessment, local resources, adult vulnerability, consumer confluentiality, a demonstrate	u

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Uni
	aptitude for working wit	h peers, and a self-identified mental disorder or substance abuse use disorder.			
H2017T- Psycho	therapy-Masters		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.		~ 1 1	
Credentials:	Must have a Master's De acting within their scope	gree. Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers mu of practice.	ist be licensed/certi	fied and	
H2017T(Psycho	therapy-Masters (Group)		8.04		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:		gree. Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers mu	ist be licensed/certi	fied and	
	acting within their scope	of practice.			
H2017T- Psycho	therapy-Other		13.97		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.		2	
Credentials:		HS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and ac nals shall have at least a bachelor's degree in a relevant area of education or human services.	ting within their sco	ope of	
H2017T(Psycho	therapy-Other (Group)	0	3.49		Hour
2		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:		OHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and ac nals shall have at least a bachelor's degree in a relevant area of education or human services.	ting within their sco	ope of	

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
H2017T- Psychot	Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods			Hour
	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.	1	C	
Credentials:	Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified a practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health a have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and tre	service providers in psych	ology or	
	disorders or substance use disorders.	atment of marviduals with	i illentai	
H2017T(Psychot	herapy-Ph.D. (Group) Psychotherapy includes the diagnosis and treatment of mental, emotional, or	10.00		Hour
	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 a practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health a have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and tree disorders or substance use disorders.	service providers in psych	ology or	
H2017T(Psychot	herapy-QTT1 (Group)	8.04		Hour
5	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:	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 Code, certified outpatient mental health clinics. Type I QTTs are defined in DHS 35.03(17m)(a), Wis. Admin. Code, a enrolled in an accredited institution in psychology, counseling, marriage and family therapy, social work, nursing or a QTTs are covered under CCS provider type DHS 36.10(2)(g)22, Wis. Admin. Code, which is for clinical students. Se are only billable if the QTT is working through a DHS 35, Wis. Admin. Code, certified clinic that is contracted by the For the purposes of CCS, all clinical students are required to be Type I QTTs.	as "A graduate student wh a closely related field." Ty rvices rendered by Type I	io is pe 1 QTTs	

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
H2017T- Psycho	therapy-QTT2 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.	32.14		Hour
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), W "A person with a graduate degree from an accredited institution and course work in psychology, counseling, marriage and famil nursing or a closely related field who has not yet completed the applicable practice requirements described under ch. MPSW 4,1 applicable." Type II QTTs are covered under CCS provider type DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified s advance social workers, and certified independent social workers. Services rendered by Type II QTTs are only billable if the QT DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services.	y therapy, soci 12, or 16, or Ps social workers,	al work, y 2 as Certified	
H2017T(Psycho	therapy-QTT2 (Group)	8.04		Daily
Credentials:	 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. Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting v practice. Type 2 QTTs are defined in DHS 35.03 (17m) (b), Wis. Admin. Code, as "A person with a graduate degree from an ac course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field who has not applicable practice requirements described under ch. MPSW 4,12, or 16, or Psy 2 as applicable." Type II QTTs are covered und DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified social workers, Certified advance social workers, and certified in workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. 	credited institu t yet completed er CCS provid dependent soci ified clinic tha	tion and the er type al	
H2017T- Psycho Credentials:	 therapy-Rehabilitation 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. Providers described in DHS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and acting v practice. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional in 		-	Hour

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Ur
	have successful complete planning, mental illness, o	th, substance use disorder services as identified in the consumer's individual treatment plan who d 30 hours of training during the past two years in recovery concepts, consumer rights, consumer co-occurring mental illness and substance abuse, psychotropic medications and side effects, funct alt vulnerability, and consumer confidentiality.	centered individual	treatment	
H2017T(Psych	notherapy-Rehabilitation (Group)		3.49		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:	practice. A rehabilitation rehabilitative mental heal have successful complete planning, mental illness, o	IS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* All providers must be licensed/certified and ac worker, meaning a staff person working under the direction of a licensed mental health profession th, substance use disorder services as identified in the consumer's individual treatment plan who d 30 hours of training during the past two years in recovery concepts, consumer rights, consumer to-occurring mental illness and substance abuse, psychotropic medications and side effects, funct all vulnerability, and consumer confidentiality.	nal in the implement is at least 18 years of centered individual	ation of ld shall treatment	
120171- Psyth	otherapy-QTT1	Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods	32.14		Hour
		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.			
Credentials:	Providers must submit a c	Psychotherapy may be provided in an individual or group setting. opy of their diploma or transcript, resume and QTT Clinical Student Form along with other supp	porting documentation	m.	
	Code, certified outpatient enrolled in an accredited QTTs are covered under (are only billable if the QT For the purposes of CCS,	IS 36.10(2)(g) 1-10, 14, 22, Wis. Admin. Code.* Qualified treatment trainees can only work with mental health clinics. Type I QTTs are defined in DHS 35.03(17m)(a), Wis. Admin. Code, as "A nstitution in psychology, counseling, marriage and family therapy, social work, nursing or a close CCS provider type DHS 36.10(2)(g)22, Wis. Admin. Code, which is for clinical students. Service T is working through a DHS 35, Wis. Admin. Code, certified clinic that is contracted by the CCS all clinical students are required to be Type I QTTs.	a graduate student wh sely related field." Ty as rendered by Type 1	no is vpe 1 I QTTs e services.	
5526 Recre H2022 Com per di	eation Programming-Full Day munity-based wrap services, iem	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.		60.00	Daily
		A minimum of 6 hours and up to 9 hours per day of service may be provided. The			
		Page 142 of 217			

agency rate must be identified at the time of application.

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.

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.

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.

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.

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.).

A program description is to be included in the application process.

5527 H2022	Recreation Programming-Half Day Community-based wrap services,	These are programs that offer supervision and structure for youth. Programs must	35.00	Daily
	per diem	include planned social-recreational activities. This service is used when school is not		
		in session, and can only be provided in an agency setting.		
		A minimum of 4 hours and up to 6 hours per day of service may be provided. NOTE:		
		Transportation may NOT be use in conjunction with RECREATION PROGRAMS.		
		Transportation to Recreation Programming is to be provided by the agency providing		
		the recreation program or by the child's family.		
	Community-based wraparound			
	service			
Credenti	als: 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	o age 12.	

Service	Set IPN	Avg IPN	D'II!
Name / ID	Rate	Rate	Billing Unit

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.

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.

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.).

A program description is to be included in the application process.

5596 T1999	Rent Misc therapeutic items & supplies NOS	3/29/18-Currently used solely for Rent at Journey House for O-YEAH participants.		Dollar
Credentie	als: Signed agreement with Wr	raparound.		
5340 T2048	Residential Care Center for Children & Behavioral health, long term residential	Placement in a licensed Residential Care Center for children with severe emotional, behavioral or mental health problems.	261.83	Daily
		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 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.)		
Credentie	als: Residential Care License			
5345 T2048	Residential Care-Specialized Behavioral health, long term residential	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).	288.31	Daily
Credentie	als: Residential Care License	This service must be prior authorized. (Refer to Wraparound Policy #004.)		

ervice Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Г2048 Ве	esidential Care-Specialized LSS Path ehavioral health, long term esidential				Daily
Г2048 Ве	esidential Care-Type II ehavioral health, long term esidential Residential Care License.	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
5411 Re 10045 Re da	espite, Foster care espite care not in the home, per ay	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. 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	75.00		Daily
		pre placement visits, use code 5420, Foster Home, Pre-Placement visit. 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.			
Sredentials:	Foster Care License	Per the statutes, the licensing agency shall fund and arrange for a foster parent to have 8 to 24 consecutive hours of respite care per month of care provided.			
	-	v youth to go to respite placements of individuals that have been pre-screened by the foster hom n the process of getting their 500 hours that have been screened and are being monitored by the		or	
	espite, Hourly inskilled respite care, on-hospice	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.	10.00		Hour
		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			
		Page 145 of 217			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		guardian must provide signed consent for hourly respite.			
T1005	Respite care svcs, up to 15 min				
Credentia		we is required if serving four or more youth for less than 24 hours per day. A Group Day Care Lic s than 24 hours per day (DH&FS, Chapter HFS 45 and HFS 46).	ense is required if	serving	
5412 H0045	Respite, Residential 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.		105.00	Daily
		If there is a need for an extension, care managers must contact their Wraparound Liaison.			
	Respite care not in the home, per day				
Credentia	als: Child Placing Agency Lice	ense or Residential Care License			
5415 H0045	Respite-Crisis-FOCUS 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.	205		Daily
		If there is a need for an extension, care managers must contact their Wraparound Liaison. Service includes youth in a crisis. Only for			
Credentia	als: Child Placing Agency Lice	the FOCUS Program. ense or Residential Care License			
5150 H2019	School/Community Based Mental Heal 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, 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).	78.00		Hour
		Milwaukee Public Schools is only allowing this service at the following schools:			
		Pierce Elementary Greater Holy Temple Dr. M.L. King Elem. Keefe Ave. Audubon			
		Page 146 of 217			

Service	Set IPN	Avg IPN	D'II! 11 '4
Name / ID	Rate	Rate	Billing Unit

Cross Trainers Forest Home Kagel Westside Academy Hopkins-Lloyd Next Door Foundation Bethune Academy St. Catherine Sherman Benjamin Franklin O.W. Holmes Thoreau Milwaukee College Prep (Lloyd St. Campus)

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.

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

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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
- 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 School/Community Based Mental Health Services must also satisfactorily complete the Wraparound Milwaukee Practitioner Credentialing process and have a National Provider Identifier (NPI).

Hour

13.97

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	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. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice.			
Creueniiuis.				
Credentials:	 Screening and Assessment-APNP w Ps 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. Providers must have a Bachelors Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. Al providers must practice. Advanced practice nurse prescribers shall be adult psychiatric and mental health nurse practitioners, family psychiat practitioners or clinic specialists in adult psychiatric and mental health nursing who are board certified by the American Nur hold a current license as a registered nurse under ch.441, Stats.; have completed 1500 hours of supervised clinical experienc environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from an approved college or university. 	atric and mental he ses Credentialing e in a mental heal to apply relevant ursing from a grac	ealth nurse Center, th	Hour
H2017A Screen	ing 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 Page 149 of 217	13.97		Hour

Service Name / ID			Set IPN Avg IPN Rate Rate	Billing Uni
		the member including an assessment of the relationships between the minor and his or		
		her family. Assessments for minors should be age (developmentally) appropriate.		
Credentials:	Must have a Associate's D	begree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act	within their scope of practice	
Creaentials.			within their scope of practice.	
H2017A Screen	ning and Assessment-Bachelors		21.43	Hour
	8	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.		
Credentials:	Providers must have a Bag	chelors Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers	s must act within their scope of	
Jeuennais.	practice.		must det winnin men seepe of	
H2017A Screer	ning and Assessment-Certified Pe		13.97	Hour
	8	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		
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		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.		
Credentials:	Providers described in D	HS36.10(2)(g)1-22, Wis. Admin. Code. Al providers must act within their scope of practice. A	neer specialist meaning a staff	
creaentials:		years old, shall have successfully completed 30 hrs. of training during the past two years in reco		
		individual treatment planning, mental illness, co-occurring mental illness and substance abuse,		
	•	sessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude		
		rder or substance abuse use disorder.	for working with peers, and a	
H2017A Screen	ning and Assessment-Masters		32.14	Hour
11201/11 SUICE	ing and Assessment-Mastels	Screening and assessment services include: completion of initial and annual	52.11	11001
		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		
		Page 150 of 217		

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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.			
Credentials:	Providers must have a Masters Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act practice.	within their s	cope of	
H2017A Screen	ng and Assessment-Ph.D.	40.00		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			
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	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.			
Credentials:	Providers must be a licensed Psychologist. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must		-	
	of practice. Psychologists shall be licensed under Ch. 455, Stats. and shall be listing with the national register of health service p			
	or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment o	f individuals v	with	
	mental disorders or substance use disorders.			
H2017A Screeni	ng and Assessment-QTT1 Screening and assessment services include: completion of initial and annual	32.14		Hour
	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.			
	Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers must act within their scope of practice. Compreh	ensive Comm	unity	
Credentials:	Services covers services rendered by two types of qualified treatment trainees (QTTs). Qualified treatment trainees can only wor			
	Admin. Code, certified outpatient mental health clinics. Type 1 QTTs are defined in DHS 35.03 (17m) (a), Wis. Admin Code, as			
	who is enrolled in an accredited institution in psychology, counseling, marriage and family therapy, social work, nursing or a clo	•		
	Type 1 QTTs are covered under CCS provider type DHS 36.10 (2)(g)22, Wis. Admin. Code, which is for clinical students. Servi	•		
	Type 1 Q 1 is an eveneral under CCS provider type D115 50.10 (2)(g)22, wis. Admini. Code, which is for ellifical students. Service		y type t	

Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	QTTs are only billable if the QTT is working through a DHS 35, Wis. Admin Code, certified clinic that is contracted by the CC services. For purposes of CCS, all clinical students must be Type 1 QTTs.	S program to p	provide	
H2017A Screen	ning and Assessment-QTT2	32.14		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.			
Credentials:	Providers must have a Bachelors Degree. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. Al 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 ac	credited institu	tion and	
	course work in psychology, counseling, marriage and family therapy, social work, nursing or a closely related field who has no	t yet completed	l the	
	applicable practice requirements described under ch. MPSW 4,12, or 16, or Psy 2 as applicable." Type II QTTs are covered und	er CCS provid	er type	
		1		
	DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified social workers, Certified advance social workers, and certified in	-		
	DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for certified social workers, Certified advance social workers, and certified in workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert	dependent soci	al	
		dependent soci	al	
H2017A Screet	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services.	dependent soci	al	Hour
H2017A Screet	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 1 Screening and assessment services include: completion of initial and annual	dependent soci tified clinic tha	al	Hour
H2017A Screer	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 1 Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and	dependent soci tified clinic tha	al	Hour
H2017A Screen	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 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,	dependent soci tified clinic tha	al	Hour
H2017A Screen	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 1 Screening and assessment services include: completion of initial and annual functional screens and completion of the initial comprehensive assessment and	dependent soci tified clinic tha	al	Hour
H2017A Screen	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 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,	dependent soci tified clinic tha	al	Hour
H2017A Screer	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 1 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	dependent soci tified clinic tha	al	Hour
H2017A Screet	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 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	dependent soci tified clinic tha	al	Hour
H2017A Screen	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 1 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	dependent soci tified clinic tha	al	Hour
H2017A Screen	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 1 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	dependent soci tified clinic tha	al	Hour
H2017A Screen	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. Aning and Assessment-Registered 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	dependent soci tified clinic tha	al	Hour
H2017A Screen	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered is 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	dependent soci tified clinic tha	al	Hour
	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered I 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.	dependent soci tified clinic tha 21.43	al t is	Hour
	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered ! 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. Providers must be a licensed Registered Nurse. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers	dependent soci tified clinic tha 21.43 must act within	n their	Hour
	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered ! 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. Providers must be a licensed Registered Nurse. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers scope of practice. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners.	dependent soci tified clinic tha 21.43 must act within ers or clinical s	n their specialists	Hour
	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 1 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. Providers must be a licensed Registered Nurse. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers scope of practice. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners for the American Nurses Credentialing Center, hold a curr	dependent soci tified clinic that 21.43 must act within ers or clinical s ent license as a	n their specialists	Hour
	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered ? 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. Providers must be a licensed Registered Nurse. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers scope of practice. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practition in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a curr registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a Master's Degree fro	dependent soci tified clinic tha 21.43 must act within ers or clinical s rent license as a m a national le	n their specialists ague for	Hour
H2017A Screen	workers. Services rendered by Type II QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, cert contracted by the CCS program to provide services. ning and Assessment-Registered 1 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. Providers must be a licensed Registered Nurse. Providers described in DHS36.10(2)(g)1-22, Wis. Admin. Code. All providers scope of practice. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners for the American Nurses Credentialing Center, hold a curr	dependent soci tified clinic tha 21.43 must act within ers or clinical s rent license as a m a national le nental health m	n their specialists ague for ursing	Hour

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit	
	g and Assessment-Rehabilitatia 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	
Credentials:					
H2017F4 Service F	 ^acilitation-Ancillary-APNP 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, 	53.57		Hour	
Credentials:	service facilitation that is designed to support the family must be directly related to the assessed needs of the minor. Advanced Practice Nurse Prescriber with Psychiatric Specialty. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code within their scope of practice.	. All provider	s must act		
H2017F4 Service F	acilitation-Ancillary-Associat 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 Page 153 of 217	13.97		Hour	

Service Name / ID		Set IPN Avg IPN Rate Rate	Billing Unit
		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.	
Credentials:	Must have an Associates De within their scope of practic	gree in a relevant field of study. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act e.	
H2017F4 Service F		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,	Hour
Credentials:		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. ree in a relevant field of study. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act e.	
H2017F⁄ Service F	Facilitation-Ancillary-Masters	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.	Hour
Credentials:		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. e 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.	Page 154 of 217	

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
H2017FA Service	e Facilitation-Ancillary-MD	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.	53.57		Hour
Credentials:		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. /Psychiatrist. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must	t act within their sc	ope of	
H2017E/ Samia	practice. e Facilitation-Ancillary-Peer Sp	-	13.97		Hour
		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.			
Credentials:	Certified Peer Specialist.	Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within the	neir scope of practic	e.	
H2017F4 Service	e Facilitation-Ancillary-PhD	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.	40.00		Hour
		Page 155 of 217			

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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.			
Credentials:	Licensed Psychologist. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within t	heir scope of practice.		
H2017F/ Service	e Facilitation-Ancillary-QTT1 Service facilitation includes activities that ensure the member receives: assessment	32.14		Hour
	service factuation 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.			
Credentials:	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 clin	ical	
	students. Services rendered by Type I QTTs are only billable if the QTT is working through a DHS 35, Wis. Admin. Coc	le, certified clinic that i	S	
	contracted by the CCS program to provide services. For the purposes of CCS, all clinical students are required to be Typ	-		
H2017FA Service	e Facilitation-Ancillary-QTT2	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 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.			
	initialitial and nousing 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.			
Credentials:	Provider must have a graduate degree from an accredited institution and course work in psychology, counseling, marriag			
	work, nursing or a closely related field. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers r	nust act within their sco	ope of	

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Uni
	practice.				
H2017F/ Service	e Facilitation-Ancillary-Rehab	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.	13.97		Hour
Credentials:		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. IS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. Must ation Worker and addendum to be submitted.	t follow credentialir	ng	
H2017F- Service	e Facilitations-Advanced Practice		53.57		Hour
		 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 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. 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. All services should be culturally, linguistically, and age (developmentally) appropriate. 			
Credentials:	prescribers shall be adult p in adult psychiatric and m registered nurse under ch. hours of supervised prescr	IS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. Adv psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse pract ental health nursing who are board certified by the American Nurses Credentialing Center, hold a 441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health enviro ibing experience with clients with mental illness and the ability to apply relevant theoretical prince ractice; and hold a master's degree in mental health nursing from a graduate school of nursing fro	itioners or clinic spe current license as a comment; have compl ciples of advance ps	ecialists eted 650 ychiatric	

ervice ame / ID		Set IPN Rate	Avg IPN Rate	Billing Uni
university.				
H2017F- Service Facilitations-Associate	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 facilitations for minors includes advocating, and assisting the minor's family	13.97		Hour
	 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. 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. All services should be culturally, linguistically, and age (developmentally) 			
<i>redentials:</i> Must have an Associat practice.	appropriate. e's Degree. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act	within their scope of	of	
I2017F- Service Facilitations-Bachelor Deg	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.	21.43		Hour
	 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. 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. All services should be culturally, linguistically, and age (developmentally) 			
	appropriate.			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing U
Credentials:	Must have a Bachelor's D	egree. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act wi	ithin their scope of	practice.	
H2017F- Servic	e Facilitations-Certified Peer Sp	e	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 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.			
		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.			
		All services should be culturally, linguistically, and age (developmentally)			
		appropriate.			
Credentials:	Providers described in DI	HS36.10(2)(g)1-21, Wis. Admin. Code. Al providers must act within their scope of practice. A per	er specialist, meani	ng a staff	
	-	years old, shall have successfully completed 30 hrs. of training during the past two years in recover	• •		
	-	l individual treatment planning, mental illness, co-occurring mental illness and substance abuse, p			
		sessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for	or working with pe	ers, and a	
		order or substance abuse use disorder.			
H2017F- Servic	e Facilitations-Master Degree	Service facilitation includes activities that ensure the member receives: assessment	32.14		Hour
		service racination includes activities that ensure the includer 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 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.			

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.

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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		All services should be culturally, linguistically, and age (developmentally) appropriate.			
Credentials:	Must have a Master's D	Degree. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act with	nin their scope of pr	ractice.	
H2017F- Service	e Facilitations-Ph.D.	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 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. Service facilitation includes coordinating a member's crisis services, but not actually	40.00		Hour
Credentials:	under ch. 455, Stats. an supervised post-doctora disorders.	 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. All services should be culturally, linguistically, and age (developmentally) appropriate. DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must act within their scope of practice. Psychol shall be listing with the national register of health service providers in psychology or have a minimal clinical experience related directly to the assessment and treatment of individuals with mental discussion. 	mum of one year of orders or substance	•	
H2017F- Servic	e Facilitations-QTT1	 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 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. 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, Page 160 of 217 	32.14		Hour

Service Name / ID	Set IPN Avg IPN Rate Rate	Billing Unit
	certified programs. All services should be culturally, linguistically, and age (developmentally)	
Credentials:	appropriate. 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.	
H2017F- Servio	ze Facilitations-QTT2 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	
	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 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.	
	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. All services should be culturally, linguistically, and age (developmentally)	
	appropriate.	
Constantiala	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	
Credentials:	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.	
H2017F- Service	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	
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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	helping the member obtain other necessary services such as medical, dental, legal,			
	financial and housing services.			
	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.			
	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.			
	All services should be culturally, linguistically, and age (developmentally)			
	appropriate.			
Credentials:	Providers must be a licensed Registered Nurse. Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. All providers must	ust act within	their	
creaennais.	scope of practice. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners			
	in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a curren			
	registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a Master's Degree from		gue for	
	nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advanced practice psychiatric men		-	
	practice consist with American Nurses Association scope and standards for advanced psychiatric nursing practice in mental health		-	
	graduate school of nursing accredited by the national league for nursing.	U		
H2017F- Servic	e Facilitations-Rehabilitation Wo	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 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.			
	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.			
	All services should be culturally, linguistically, and age (developmentally)			
	appropriate.			
Credentials:	Providers described in DHS36.10(2)(g)1-21, Wis. Admin. Code. Al providers must act within their scope of practice. A rehabilit		-	
	a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitative mental l			
	disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successful compl			
	training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment planning, menta		-	
	mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources,	adult vulnera	ıbility,	

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Uni
and consumer confidentia	ality.			
H2017SI Service Planning-Ancillary-APNP Credentials: Any individual provider	Service Planning Ancillary includes the ongoing development and reevaluation of the written service plan to ensure that psychosocial rehabilitation services are provided and arranged for the Consumer in a manner that addresses their assessed needs and promotes the highest degree of measurable progress toward the Consumer's desired outcomes. The service plan will be reviewed and updated at least one time every six months by the Consumer and their identified Recovery Team. The review will include an assessment of progress toward goals and the Consumer's satisfaction with their services. The service plan review will be coordinated and facilitated by the Consumer's CCS Care Coordinator. This service code should be utilized by Mental Health Professionals when documenting service planning recommendations offered during Consumer specific clinical consultations and by ancillary providers when participating in scheduled Recovery Team meetings.	53.57		Hour
H2017SI Service Planning-Ancillary-Associate	s Service Planning Ancillary includes the ongoing development and reevaluation of the written service plan to ensure that psychosocial rehabilitation services are provided and arranged for the Consumer in a manner that addresses their assessed needs and promotes the highest degree of measurable progress toward the Consumer's desired outcomes. The service plan will be reviewed and updated at least one time every six months by the Consumer and their identified Recovery Team. The review will include an assessment of progress toward goals and the Consumer's satisfaction with their services. The service plan review will be coordinated and facilitated by the Consumer's CCS Care Coordinator. This service code should be utilized by Mental Health Professionals when documenting service planning recommendations offered during Consumer specific clinical consultations and by ancillary providers when participating in scheduled Recovery Team meetings.	13.97		Hour
H2017SI Service Planning-Ancillary-Bachelors	Service Planning Ancillary includes the ongoing development and reevaluation of the written service plan to ensure that psychosocial rehabilitation services are provided and arranged for the Consumer in a manner that addresses their assessed needs and promotes the highest degree of measurable progress toward the Consumer's desired outcomes. The service plan will be reviewed and updated at least one time every six months by the Consumer and their identified Recovery Team. The review will include an assessment of progress toward goals and the Consumer's satisfaction with their services. The service plan review will be coordinated and facilitated by the Consumer's CCS Care Coordinator. This service code should be utilized by Mental Page 163 of 217	21.43		Hour

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Uni
Credentials:	Any individual provider	Health Professionals when documenting service planning recommendations offered during Consumer specific clinical consultations and by ancillary providers when participating in scheduled Recovery Team meetings. must meet requirements in DHS 36.10 (2) (g) 1-22.			
H2017SI Service	e Planning-Ancillary-Masters	Service Planning Ancillary includes the ongoing development and reevaluation of the written service plan to ensure that psychosocial rehabilitation services are provided and arranged for the Consumer in a manner that addresses their assessed needs and promotes the highest degree of measurable progress toward the Consumer's desired outcomes. The service plan will be reviewed and updated at least one time every six months by the Consumer and their identified Recovery Team. The review will include an assessment of progress toward goals and the Consumer's satisfaction with their services. The service plan review will be coordinated and facilitated by the Consumer's CCS Care Coordinator. This service code should be utilized by Mental Health Professionals when documenting service planning recommendations offered during Consumer specific clinical consultations and by ancillary providers when participating in scheduled Recovery Team meetings.	32.14		Hour
H2017SI Servic	e Planning-Ancillary-MD Any individual provider 1	Service Planning Ancillary includes the ongoing development and reevaluation of the written service plan to ensure that psychosocial rehabilitation services are provided and arranged for the Consumer in a manner that addresses their assessed needs and promotes the highest degree of measurable progress toward the Consumer's desired outcomes. The service plan will be reviewed and updated at least one time every six months by the Consumer and their identified Recovery Team. The review will include an assessment of progress toward goals and the Consumer's satisfaction with their services. The service plan review will be coordinated and facilitated by the Consumer's CCS Care Coordinator. This service code should be utilized by Mental Health Professionals when documenting service planning recommendations offered during Consumer specific clinical consultations and by ancillary providers when participating in scheduled Recovery Team meetings.	53.57		Hour
H2017SI Servic	e Planning-Ancillary-Peer Spec	Service Planning Ancillary includes the ongoing development and reevaluation of the written service plan to ensure that psychosocial rehabilitation services are provided and arranged for the Consumer in a manner that addresses their assessed needs and promotes the highest degree of measurable progress toward the Consumer's desired outcomes. The service plan will be reviewed and updated at least one time every six	13.97		Hour
		Page 164 of 217			

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials: Any individual provider	months by the Consumer and their identified Recovery Team. The review will include an assessment of progress toward goals and the Consumer's satisfaction with their services. The service plan review will be coordinated and facilitated by the Consumer's CCS Care Coordinator. This service code should be utilized by Mental Health Professionals when documenting service planning recommendations offered during Consumer specific clinical consultations and by ancillary providers when participating in scheduled Recovery Team meetings. must meet requirements in DHS 36.10 (2) (g) 1-22.			
H2017SI Service Planning-Ancillary-PhD		40.00		Hour
	Service Planning Ancillary includes the ongoing development and reevaluation of the written service plan to ensure that psychosocial rehabilitation services are provided and arranged for the Consumer in a manner that addresses their assessed needs and promotes the highest degree of measurable progress toward the Consumer's desired outcomes. The service plan will be reviewed and updated at least one time every six months by the Consumer and their identified Recovery Team. The review will include an assessment of progress toward goals and the Consumer's satisfaction with their services. The service plan review will be coordinated and facilitated by the Consumer's CCS Care Coordinator. This service code should be utilized by Mental Health Professionals when documenting service planning recommendations offered during Consumer specific clinical consultations and by ancillary providers when participating in scheduled Recovery Team meetings.			
H2017SI Service Planning-Ancillary-QTT1		32.14		Hour
	Service Planning Ancillary includes the ongoing development and reevaluation of the written service plan to ensure that psychosocial rehabilitation services are provided and arranged for the Consumer in a manner that addresses their assessed needs and promotes the highest degree of measurable progress toward the Consumer's desired outcomes. The service plan will be reviewed and updated at least one time every six months by the Consumer and their identified Recovery Team. The review will include an assessment of progress toward goals and the Consumer's satisfaction with their services. The service plan review will be coordinated and facilitated by the Consumer's CCS Care Coordinator. This service code should be utilized by Mental Health Professionals when documenting service planning recommendations offered during Consumer specific clinical consultations and by ancillary providers when participating in scheduled Recovery Team meetings.			
H2017SI Service Planning-Ancillary-QTT2	Service Planning Ancillary includes the ongoing development and reevaluation of the	13.97		Hour

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials: Any individual provider r	written service plan to ensure that psychosocial rehabilitation services are provided and arranged for the Consumer in a manner that addresses their assessed needs and promotes the highest degree of measurable progress toward the Consumer's desired outcomes. The service plan will be reviewed and updated at least one time every six months by the Consumer and their identified Recovery Team. The review will include an assessment of progress toward goals and the Consumer's satisfaction with their services. The service plan review will be coordinated and facilitated by the Consumer's CCS Care Coordinator. This service code should be utilized by Mental Health Professionals when documenting service planning recommendations offered during Consumer specific clinical consultations and by ancillary providers when participating in scheduled Recovery Team meetings. nust meet requirements in DHS 36.10 (2) (g) 1-22.			
H2017SI Service Planning-Ancillary-Rehab	Service Planning Ancillary includes the ongoing development and reevaluation of the written service plan to ensure that psychosocial rehabilitation services are provided and arranged for the Consumer in a manner that addresses their assessed needs and promotes the highest degree of measurable progress toward the Consumer's desired outcomes. The service plan will be reviewed and updated at least one time every six months by the Consumer and their identified Recovery Team. The review will include an assessment of progress toward goals and the Consumer's satisfaction with their services. The service plan review will be coordinated and facilitated by the Consumer's CCS Care Coordinator. This service code should be utilized by Mental Health Professionals when documenting service planning recommendations offered during Consumer specific clinical consultations and by ancillary providers when participating in scheduled Recovery Team meetings.	13.97		Hour
H2017SI Service Planning-APNP w Psych Spec	i 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. 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. 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 Page 166 of 217	53.57		Daily

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		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.			
Credentials:	prescribers shall be add in adult psychiatric and registered nurse under hours of supervised pro	DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice ult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse pract d mental health nursing who are board certified by the American Nurses Credentialing Center, hold a ch.441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health envir escribing experience with clients with mental illness and the ability to apply relevant theoretical prim- ng practice; and hold a master's degree in mental health nursing from a graduate school of nursing from	titioners or clinic sp current license as a onment; have comp ciples of advance p	ecialists 1 leted 650 sychiatric	
H2017SI Servic	e Planning-Associate Degree		13.97		Daily
		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.			
		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.			
		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.			
Credentials:	Must have an Associa practice.	tes Degree. Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers mus	st act within their so	cope of	
H2017SL Servic	e Planning-Bachelors		21.43		Hour
ingori i gervie	the fulling Buchelois	Service planning includes the development of a written plan of the psychosocial	21113		11001
		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.			
		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 core			
		by the member, a mental health or substance abuse professional and the care coordinator.			
		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			
		Page 167 of 217			

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. H2017SI Service Planning-Certified Peer Special 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. 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 members, a mental health or substance abuse professional and the care coordinator. 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	Daily
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. H2017SI Service Planning-Certified Peer Special 13.97 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. 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 member's 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. 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	Daily
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. H2017SI Service Planning-Certified Peer Special 13.97 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. 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 service plan must be signed by the member, a mental health or substance abuse professional and the care coordinator. 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	Daily
H2017SI Service Planning-Certified Peer Special 13.97 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. 13.97 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. 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	Daily
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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.	
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.	
H2017SI Service Planning-Masters 32.14	Hour
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.	
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.	
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	

		Set IPN Rate	Avg IPN Rate	Billing Un
	recovery team.			
Credentials:	Must have a Master's Degree. Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act practice.	within their scope	of	
H2017SI Service I	Planning-Ph.D.	40.00		Hour
	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.			
	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.			
	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.			
Credentials:	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have	e a minimum of or	ne year of	
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disordisorders.	e a minimum of or rders or substance	ne year of	
Credentials: H2017SI Service I	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disordisorders.	e a minimum of or	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 Service planning includes the development of a written plan of the psychosocial	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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.	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. The service plan is based on the assessed needs of the member. It must include	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. 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	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. 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	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. 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	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. 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	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. 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.	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. 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. The service plan must be reviewed and updated based on the needs of the member or	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. 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. 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	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. 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. 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	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. 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. 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	e a minimum of or rders or substance	ne year of	Daily
	Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disor disorders. Planning-QTT1 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. 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. 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	e a minimum of or rders or substance 32.14	ne year of	Daily

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	DHS 35, Wis. Admin. Code, certified outpatient mental health clinics. Type 1 QTTs are defined in DHS 35.03 (17m) (a), Wis. Ad graduate student who is enrolled in an accredited institution in psychology, counseling, marriage and family therapy, social work, related field." Type 1 QTTs are covered under CCS provider type DHS 36.10 (2)(g)22, Wis. Admin. Code, which is for clinical st rendered by Type 1 QTTs are only billable if the QTT is working through a DHS 35, Wis. Admin Code, certified clinic that is comprogram to provide services. For purposes of CCS, all clinical students must be Type 1 QTTs.	nursing or a udents. Serv	closely ices	
H2017SI Service		32.14		Daily
H201731 Service	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. 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. 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	32.14		Dany
	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			
Credentials:	recovery team. Providers described in DHS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice.Type DHS 35.03 (17m) (b), Wis. Admin. Code, as "A person with a graduate degree from an accredited institution and course work in p counseling, marriage and family therapy, social work, nursing or a closely related field who has not yet completed the applicable 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 Code, which is for certified social workers, Certified advance social workers, and certified independent social workers. Services r QTTs are only billable if the QTT is working through a DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS services.	psychology, practice requ 2) (g)9, Wis. endered by T	irements Admin. Ype II	
H2017SI Service	e Planning-Rehabilitation Worke 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. 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. 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	13.97		Daily
	Page 170 of 217			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		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			
Condentiales	Providers described in D	recovery team. PHS 36.10(2) (g) 1-22, Wis. Admin. Code. * [‡] . All providers must act within their scope of practice.	A rehabilitation w	vorker	
Credentials:		vorking under the direction of a licensed mental health professional in the implementation of rehability			
		ervices as identified in the consumer's individual treatment plan who is at least 18 years old shall hav			
		the past two years in recovery concepts, consumer rights, consumer centered individual treatment pla		-	
		ess and substance abuse, psychotropic medications and side effects, functional assessment, local com			
	vulnerability, and consur				
H2017SI Service I	Planning-RN		21.43		Daily
		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.			
		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.			
		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. $MS \ge (10(2))(.) = 22$ Wis A lasis Code ** All and demonstration to statistic the second function	A		
Credentials:		HS 36.10(2) (g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. A titioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psych			
	_	ertified by the American Nurses Credentialing Center, hold a current license as a registered nurse und			
	-	f supervised clinical experience; hold a Master's Degree from a national league for nursing accredited			
	-	to apply theoretical principles of advanced practice psychiatric mental health nursing practice consist	-		
		andards for advanced psychiatric nursing practice in mental health nursing from a graduate school of			
	national league for nursi		narbing accreait	eu og me	
5305 Shelter C	Care (Boys)	5-	75		Daily
H0045 Respite of	care not in the home, per	State-licensed facility for the temporary care and placement of a Wraparound-enrolled			2
day		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.			
Credentials:	Shelter License				

Service Name / II	D		Set IPN Rate	Avg IPN Rate	Billing Unit
5306 H0045 Credenti	Shelter Care (Girls) 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
creachi					
5304A H0045	Shelter Care / CRC Young Adults 18+ Respite care not in the home, per day	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.	450		Daily
		Psychiatric, clinical and recovery services provided by the "Recovery Center" include: - Comprehensive interdisciplinary mental health assessment			
		 Medication review & medication education Psychosocial assessment Crisis Assessment, intervention & resolution 			
		- Peer support - Individual counseling			
		- Psychosocial group education - Nursing assessment			
		- Psychiatry or advanced practice nurse professional assessment, consultation and medication prescribing			
		 Family consultation as indicated Discharge planning, which includes community linkage and the development of a Wellness Recovery Action Plan (WRAP) 			
		Admission criteria			
		 Individuals must be 18 years of age or older Individuals must be experiencing psychiatric symptoms Voluntary admission 			
		•Not a danger to themselves or others •Medically stable			
		Locations: CRC North			
		5409 West Villard Avenue Milwaukee, WI 53218			
		Page 172 of 217			

Hour

CRC South 2057 South 14th Street Milwaukee, WI 53204

	Please note, prior authorization is needed via Brian McBride/Wrap Admin.	
Credentials:	The CRC qualifications include:	
	-Must be a licensed Community Based Residential Facility (DHS 83)	
	-Must be experienced with at least (5) years as a community based provider of non-institutional sub-acute psychiatric services.	
	-DQA certification as an Outpatient Mental Health clinic (DHS 35)	
	-Certified under DHS (34)	
	The CRC required staffing pattern is comprehensive, includes:	
	-Medical Director	
	-Director	
	-Licensed Clinicians (LCSW/LPC)	
	-Master Level Clinicians (3000 hours)	
	-Registered Nurses	
	-Peer Support Specialists	
	-Behavioral Health professionals	
5568A Spec	cialized Academic Support Service	55
	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.	
	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	
	Page 173 of 217	

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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: 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]. 2) For each goal, a description of the strategies being used to meet the goal. 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. 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. As part of the application process, agencies shall submit assessment, plan, and discharge report templates as well as testing instruments and/ or testing rationale/methodology for review and approval. The Wraparound tutoring log (available as attachment 5 of the Wraparound Tutoring policy at: http://vraparoundmke.com/wp-content/uploads/2013/07/Tutoring-Services.pdf must be used to document every episode of service. Documentation requirements: Provider Note entry in Synthesis. Instructions for provider note entry at:			
	http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf.			
H2021 Community-based wrap services, per 15 min				
Credentials: Agencies providing this s appropriate academic area the Special Education Tea	ervice must employ teachers with current certification by the Department of Public Instruction of the s a. Agencies with an onsite school may utilize Bachelor Degree staff under the oversight of a Special E acher providing the oversight must hold current DPI Certification. Current/valid teacher certifications is twork before services can be provided and must be kept on file at the agency.	ducation Teach	er, but	
H2017S ² Substance Abuse Treatment - Bachelor	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 Page 174 of 217	21.43		Hour

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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	treatment services (opioid treatment programs). Some of these services may be			
	covered under Medicaid and BadgerCare Plus outside of the CCS program.			
Credentials:	Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with	h knowledge of		
Creaentials.	psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.	in knowledge of		
	Substance abuse professionals include:			
	•Certified Substance Abuse Counselor.			
	•Substance Abuse Counselor			
	•Substance Abuse Counselor in training			
	•MPSW 1.09 specialty.			
	All providers must be licensed/certified and acting within their scope of practice.			
H2017SA Substa	nce Abuse Treatment - Bachelors	5.36		Hour
11201757 Substal	Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin.	5.50		Hour
	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.			
Credentials:	Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with	h knowledge of		
	psychopharmacology and addiction treatment) and 16, Wis. Admin. Code.	-		
	Substance abuse professionals include:			
	•Certified Substance Abuse Counselor.			
	Substance Abuse Counselor			
	Substance Abuse Counselor in training			
	•MPSW 1.09 specialty.			
	All providers must be licensed/certified and acting within their scope of practice.			
H2017SA Substan	nce Abuse Treatment - Cert Peer	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.			
Credentials:	Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmaco	ology and addiction	on	
	treatment) and 16, Wis. Admin. Code.			
	Substance abuse professionals include:			

Service Name / ID

	•Certified Substance Abuse (Counselor.		
	•Substance Abuse Counselor			
	•Substance Abuse Counselor			
	•MPSW 1.09 specialty.	in tuning		
	· ·	ed/certified and acting within their scope of practice. A peer specialist, meaning a staff pers	son who is at least 18 years old.	
	1	bleted 30 hrs. of training during the past two years in recovery concepts, consumer rights, c	•	
		lness, co-occurring mental illness and substance abuse, psycho-tropic medications and side		
		ability, consumer confidentiality, a demonstrated aptitude for working with peers, and a se		
	substance abuse use disorder			
H2017S/ Substa	nce Abuse Treatment - Cert Peer		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.		
Credentials:	Providers described in DHS	36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopha	armacology and addiction	
	treatment) and 16, Wis. Adm	in. Code.		
	Substance abuse professiona	ls include:		
	•Certified Substance Abuse (Counselor.		
	 Substance Abuse Counselor 			
	 Substance Abuse Counselor 	in training		
	•MPSW 1.09 specialty.			
	All providers must be license	ed/certified and acting within their scope of practice. A peer specialist, meaning a staff pers	son who is at least 18 years old,	
	shall have successfully comp	leted 30 hrs. of training during the past two years in recovery concepts, consumer rights, c	consumer-centered individual	
	treatment planning, mental il	lness, co-occurring mental illness and substance abuse, psycho-tropic medications and side	e effects, functional assessment,	
	local resources, adult vulnera	ability, consumer confidentiality, a demonstrated aptitude for working with peers, and a se	lf-identified mental disorder or	
	substance abuse use disorder			
H2017S/ Substa	nce Abuse Treatment - Masters		32.14	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.		
		$D_{} = 17(-f_{0})17$		

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with psychopharmacology and addiction treatment) and 16, Wis. Admin. Code. Substance abuse professionals include: •Certified Substance Abuse Counselor. •Substance Abuse Counselor •Substance Abuse Counselor	knowledge of		
	•MPSW 1.09 specialty.			
	All providers must be licensed/certified and acting within their scope of practice.			
H2017S ¹ Substa	nce Abuse Treatment - Masters (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. Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with psychopharmacology and addiction treatment) and 16, Wis. Admin. Code. Substance abuse professionals include: •Certified Substance Abuse Counselor. •Substance Abuse Counselor. •Substance Abuse Counselor. •Substance Abuse Counselor. •Substance Abuse Counselor. •Substance Abuse Counselor in training •MPSW 1.09 specialty. All providers must be licensed/certified and acting within their scope of practice.	8.04 knowledge of		Hour
H2017S/ Substa	nce 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).			

Name / ID		Set IPN Rate	Avg IPN Rate	Billing U
	 Substance Abuse Counselor in training MPSW 1.09 specialty. All providers must be licensed/certified and acting within their scope of practice. Other professionals shall have at least a b area of education or human services. 	achelor's degree in	a relevant	
H2017S/ Substan	area of education of numan services.	3.49		Hour
Credentials:	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. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharma		on	
secondus.	treatment) and 16, Wis. Admin. Code. Substance abuse professionals include: •Certified Substance Abuse Counselor. •Substance Abuse Counselor •Substance Abuse Counselor in training •MPSW 1.09 specialty.			
	All providers must be licensed/certified and acting within their scope of practice. Other professionals shall have at least a b area of education or human services.	achelor's degree in	a relevant	
H2017Sz Substan	All providers must be licensed/certified and acting within their scope of practice. Other professionals shall have at least a b area of education or human services. area Abuse Treatment - Ph.D. Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin.	achelor's degree in 40.00	a relevant	Hour

ervice Jame / ID		Set IPN Rate	Avg IPN Rate	Billing Uni
	listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-do experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.	ctoral clinical		
H2017SA Substa	ance Abuse Treatment - Ph.D. (Gr	10.00		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.			
Credentials:	Providers described in DHS $36.10(2)(g)$ 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacological and backgore and	gy and addiction	on	
Creaentiais:	treatment) and 16, Wis. Admin. Code.	6,		
	Substance abuse professionals include:			
	•Certified Substance Abuse Counselor.			
	Substance Abuse Counselor			
	•Substance Abuse Counselor in training			
	•MPSW 1.09 specialty.			
		Stats. and sha	ll be	
	•MPSW 1.09 specialty. All providers must be licensed/certified and acting within their scope of practice. Psychologists shall be licensed under Ch. 455, listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-do		ll be	
	•MPSW 1.09 specialty. All providers must be licensed/certified and acting within their scope of practice. Psychologists shall be licensed under Ch. 455, listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-do experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders.	ctoral clinical	ll be	
H2017St Substa	•MPSW 1.09 specialty. All providers must be licensed/certified and acting within their scope of practice. Psychologists shall be licensed under Ch. 455, listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-do experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders. ance Abuse Treatment - QTT2		ll be	Hour
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	•MPSW 1.09 specialty. All providers must be licensed/certified and acting within their scope of practice. Psychologists shall be licensed under Ch. 455, listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-do experience related directly to the assessment and treatment of individuals with mental disorders or substance use disorders. ance Abuse Treatment - QTT2 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. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacolog treatment) and 16, Wis. Admin. Code.	ctoral clinical		Hour
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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Uni
	work, nursing or a closely related field who has not yet completed the applicable practice requirements described under c as applicable." Type II QTTs are covered under CCS provider type DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for Certified advance social workers, and certified independent social workers. Services rendered by Type II QTTs are only b through a DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services.	certified social worke	ers,	
H2017S/ Substa	Ance Abuse Treatment - QTT2 (G 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.	8.04		Daily
Credentials:	 Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychophart treatment) and 16, Wis. Admin. Code. Substance abuse professionals include: Certified Substance Abuse Counselor. Substance Abuse Counselor Substance Abuse Counselor in training MPSW 1.09 specialty. All providers must be licensed/certified and acting within their scope of practice. Type 2 QTTs are defined in DHS 35.03 as "A person with a graduate degree from an accredited institution and course work in psychology, counseling, marriage work, nursing or a closely related field who has not yet completed the applicable practice requirements described under c as applicable." Type II QTTs are covered under CCS provider type DHS 36.10 (2) (g)9, Wis. Admin. Code, which is for Certified advance social workers, and certified independent social workers. Services rendered by Type II QTTs are only be through a DHS 35. Wis. Admin. Code, certified clinic that is contracted by the CCS program to provide services. 	(17m) (b), Wis. Adm and family therapy, s h. MPSW 4,12, or 16 certified social worke	nin. Code, ocial 5, or Psy 2 ers,	
H2017S ₁ Substa	ance Abuse Treatment - Rehabilit 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.	13.97		Hour
Credentials:	Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychophart treatment) and 16, Wis. Admin. Code. Substance abuse professionals include: •Certified Substance Abuse Counselor.	nacology and addiction	on	

Billing Unit Name / ID Rate Rate •Substance Abuse Counselor •Substance Abuse Counselor in training •MPSW 1.09 specialty. 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. Substance Abuse Treatment - Rehabilita H2017SA 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. Providers described in DHS 36.10(2)(g) 1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction Credentials: treatment) and 16, Wis. Admin. Code. Substance abuse professionals include: •Certified Substance Abuse Counselor. •Substance Abuse Counselor •Substance Abuse Counselor in training •MPSW 1.09 specialty. 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. 5541 Supervision/Observ. Service 25.00 Daily H0039 Assertive community treatment This service involves monitoring compliance with conditions of a court order prog 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. High School Diploma or G.E.D.; Bachelor's Degree in a Human Services field is desireable. Credentials: 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

Set IPN

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Service

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
	individual with a Master's	Degree, in a Human Services field (submit copy of supervisor credentials with application).			
	Provider Bulletin #2-03 pr	rovides detailed information about obtaining consent to transport clients and documentation require	ements.		
		submit copy of H.S. Diploma or G.E.D. Certificate to Wraparound (Maintain in agency file only.)			
5541A Supervisi H2022 Commun per diem	ion/Observ. Service- Therapeu nity-based wrap services,	1	110		Daily
Credentials:					
5303SS Suppleme	ental Staffing	 1:1 supervision service is to be used for youth placed in Group Home or Residential Care facility. This service is time limited (not to exceed 60 days) and are provided by staff at the placement facility for youth whose care and supervision needs exceed what is normal and customary under their license. Extension requests (no to exceed 30 days) will also require approval prior to service being provided by the agency. If 1:1 is being discussed for placement, a Coach/Consultant shall be included on the team and assist with planning. If the team deems this to be a needed, the Care Coordinator must complete the "1:1 Staffing Request for GH and RCC/TFC Exceptional Rate". This form in Synthesis. Having a Coach/Consultant present does not mean that the 1:1 is approved. Supervisor or Lead and the Coach/Consultant must attend the Team/POC Meeting where 1:1 is being discussed. If the Care Coordinator is a Lead, then a Supervisor is not required. If being requested, the Coach/Consultant shall inform the Associate Director (or designee) that the form is going to be completed. 	15		Hour
		Approval/Non-Approval			
		All requests for 1:1 Staffing at any level of care requires dual approval from a Wraparound Administrator (Associate Director or designee) and Wraparound Clinician (Psychologist). Once approved, notice will be sent to the GH/RCC informing them of next steps (i.e. note entry, billing, etc.). SARs will be entered by Finance.			
		If not approved, the Wraparound Associate Director (or designee) will inform all parties.			
		For complete details about the 1:1 process, please refer to the 1:1 Staffing Protocol			
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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:		for Group Home/Residential. follow guidelines in DCF 57.14 for GH staff or DCF 52.12 for RCC. Providers must be identified b Form and Synthesis Login ID Request Form.	y the GH/RCC via		
5634SEd Suppor	ted Education Specialist				Hour
		Supported Education (SEd) Specialists carry out Sed services by helping consumers			
		establish education goals that are consistent with their vocational			
		goals and recovery. SEd Specialists engage consumers and establish trusting,			
		collaborative			
		relationships directed toward the goal of assessing strengths and resources needed to			
		meet education goals. SEd Specialists help consumers with registration, financial aid, and			
		other education institution requirements as needed; develop implementation plans for			
		consumers including support and accommodation requirements; monitor consumer			
		progress and modify plans			
		as needed; provide support and assistance to consumers; advocate and negotiate for			
		consumers in both education and mental health settings; organize peer support			
		groups, participate in Child and Family Team meetings; participate in SEd training;			
		and help develop and revise SEd policies and procedures.			
Credentials:	Bachelor's Degree in H	Human Services, Social Work, or related field.			
	illnesses. Knowledge o	perience in working with youth and young adults with mental health needs. Experience working with of both the mental health system and the education system is necessary. The position requires time work rs. Ability to work as an effective team player is essential			
5634SE Suppor	ted Employment Specialist				Hour
		Supported Employment (SE) Specialists carry out SE services by helping consumers			
		obtain and sustain employment that is consistent with their			
		vocational goals and recovery. SE Specialists engages consumers and establishes			
		trusting, collaborative relationships directed toward the goal of competitive			
		employment in integrated job settings; assesses consumers' vocational functioning on ongoing basis; following SE principles and procedures, helps consumers in job			
		development and job search activities directed toward positions that are consistent			
		with consumers' needs and interests; provides individualized, time unlimited,			
		follow-along services to help consumers sustain employment, based on agreement			
		with consumers, provides education and support to employers, which may include			
		negotiating job accommodations and follow-along contact with employers; provides			
		outreach services to			
		consumers, as necessary, when they appear to disengage from SE services; meets			
		regularly with treatment team members to coordinate and integrate vocational services			
		into mental health treatment; draws up individual employment plans with consumers,			
		case managers, and other			
		treatment team providers and updates the plans quarterly; and spends at least 60			
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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	Bachelor's Degree in Hu	percent of direct service time in the community to engage and support consumers, family members, and employers. uman Services, Social Work, or related field.			
		erience in working with youth and young adults with mental health needs. Experience working w th vocational services, and knowledge of the work world are preferred. Ability to work as an effe		ıs mental	
5594 Support	ted Housing Specialist	The Supported Housing (SH) Specialist works with youth and young adults following the Housing First principles and procedures. This position is the link between homeless outreach working with youth and young adults, assisting with finding and maintaining safe, permanent and affordable housing in the community.			Hour
Credentials:	At least one year of expe	uman Services, Social Work, or related field. erience in working with youth and young adults with mental health needs. h people with serious mental illnesses, experience with vocational services, and knowledge of th	e work world are pref	èrred.	
5564A Support H0043 Support	ted Indep Living-Phase I ted housing, per diem		Daily		
		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.			
		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.			
		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			
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agency and youth. Credentials: A Group Home License under Wisconsin State Statutes 48.60-48.77 must be submitted in the application process, along wis State Bureau of Fiscal Services establishing the daily rate. Independent Living Program Coordinator must possess a minimum of a Bachelor's Degree with 2,000 plus hours of experied 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.		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.			
	varies		
A description of the program and gradentials of the goordinator must be provided in the application process	varies		
A description of the program and credentials of the coordinator must be provided in the application process.	varies		
5564C H0043Supported Indep Living-Youth and Pare Supported housing, per diemSupported 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 		122.00	Daily
This service is the same as Supported Independent Living (Service Code 5564), with modifications as outlined below.			
Provider agency staff assists with locating and securing affordable, well-maintained, community-based housing to include: -Negotiation and mediation with landlords related to rental agreements.			
-Payment of security deposit and rent while the family receives this service. The 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.			
-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.			
 Financial assistance with the following while receiving this service: Rent payment - \$650/month for a two bedroom apartment Utility payments - \$200/month on budget plan Telephone - \$50/month 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. 			
This service also includes: -Approximately 10 hours per week of individualized life skills/home management			
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training. -Curfew checks AM, PM, and weekend (combination of phone and face-to-face). -Assistance with locating job opportunities (if not provided through another service provider).	
ROLE OF THE WRAPAROUND CARE COORDINATOR: 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. Monitor progress and transitional planning for adolescent prior to being disenrolled.	
Coordinate services with Children's Court and/or Bureau of Milwaukee Child Welfare, other providers, and community supports.	
Wraparound Milwaukee Administration to approve initial placement and 1st month SAR entry with Care Coordinator to authorize monthly service via Turnaround SAR thereafter.	
Service may be authorized for maximum of one month prior to the family moving into their own living quarters. Authorization for parent assistance, household management, daily living skills or life skills training at the same time this service is	
Independent Living Program Coordinator must possess a minimum of a Bachelor's Degree with 2,000 plus hours of experience with children and	
Agency providers must possess a minimum of a High School diploma or equivalent with at least 2 years (full-time) experience in working with childre or adults in an education, childcare or health care setting providing direct client services/care. Agency providers with bachelor's degree or above and a least 1 year of experience working with the target population are not required to have additional oversight.	
Staff is expected to have prior training and experience in providing independent living skills to the target population.	
Supervision can be demonstrated in routinely conducted review meetings (documented at least monthly) or co-signing of documentation related to client participation in programming.	
	training. -Curfew checks AM, PM, and weekend (combination of phone and face-to-face). -Assistance with locating job opportunities (if not provided through another service provider). ROLE OF THE WRAPAROUND CARE COORDINATOR: Liaison to the Supported Independent Living Program Coordinator. Develop an individualized Plan of Cace 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. Monitor progress and transitional planning for adolescent prior to being disenrolled. Coordinate services, and community supports. Welfare, other providers, and community supports. Wraparound Milwaukee Administration to approve initial placement and 1st month SAR entry with Care Coordinator to authorize monthly service via Turnaround SAR thereafter. Service may be authorized for maximum of one month prior to the family moving into their own living quarters. Authorization for parent assistance, household management, daily living skills or life

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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:			
	-Negotiation and mediation with landlords related to rental agreements.			
	-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.			
	-Some set-up accommodations including providing a bed and dresser for the			
	Wraparound enrolled youth \$200 start up stipend.			
	-Financial assistance with the following while receiving this service:			
	-Utility payments up to \$200/month on budget plan			
	-Food to \$200/month.			
	-Telephone to \$50/month.			
	-Diapers/baby supplies to \$100/month.			
	-Clothes/misc. to \$75/month.			
	-Transportation to \$64/month (bus passes).			
	This services also includes:			
	-Approximately 8 hours per week of individualized life skills training.			
	-Daily house checks (combination of phone and face-to-face).			
	-School checks (daily if needed).			
	-Up to 8 hours per month life skills group.			
	-Monitoring and assistance with doctor appointment for youth and minor			
	child/children.			
	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			

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.

ROLE OF THE WRAPAROUND CARE COORDINATOR:

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.

H0043 Supported housing, per diem 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. Children referred to this service must be capable of managing in an independent setting with support services to includes the following: - 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. - Payment of rent (and security deposit prior to moving) for duration of placement. It	Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials: Independent (s) placement. Coordinate with Bureau Worker regarding the youth's child/children including access to services such as day care, payment for formula, and diapers. Assist with accessing natural support services in the community Wraparound Milwaukee Administration to approve initial placement and 1st month SAR entry with Care Coordinator to authorize monthly service via Tumaround SAR thereafter. Service may be authorized for maximum of one month prior to the youth moving into their own living guarters. May not authorize daily living skills or life skills training at the same time this service is being authorized. 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. Varies 7 A description of the program and credentials of the coordinator must be provided in the application process. Varies 7 Supported housing, per diem 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 sit support services to includes the following: - - Negotiation and mediation with landlords related to rental agreements and payments. For affordable, well-maintained, secusible, but should be arranged whenever poss			Monitor progress and transitional planning for adolescent prior to being disenrolled.			
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Wraparound Milwaukee Administration to approve initial placement and 1st month SAR entry with Care Coordinator to authorize monthly service via Turnaround SAR thereafter. 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. 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. Varies 5564 10043 Supported Independent Living Supported Independent Living in a codelescents age 17 to 18 and to provide a range of services to support their successful transition to independent living. Varies 7 Children referred to this service must be capable of managing in an independent setting with support services to includes the following: - 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. - Payment of rent (and security deposit prior to moving) for duration of placement. It						
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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. Staff are expected Independent Living Supported Independent Living 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. Children referred to this service must be capable of managing in an independent setting with support services to includes the following: - 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. - Payment of rent (and security deposit prior to moving) for duration of placement. It			SAR entry with Care Coordinator to authorize monthly service via Turnaround SAR			
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5564 H0043 Supported Independent Living Supported housing, per diem 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. Varies 7 Children referred to this service must be capable of managing in an independent setting with support services to includes the following: - 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. - Payment of rent (and security deposit prior to moving) for duration of placement. It		Staff are expected to ha	ve prior training and experience in providing independent living skills to this target population.			
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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. - Payment of rent (and security deposit prior to moving) for duration of placement. It						
- Payment of rent (and security deposit prior to moving) for duration of placement. It			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			
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 Page 188 of 217			- 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			

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	Billing Unit

(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.

- Supervision through visits to the apartment with 24-hour coverage capability in case of emergencies related to the living situation.

CRITERIA FOR PROGRAM

- Age 17

- 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.

- Approved by the Court and parent or legal guardian with ongoing involvement with parent/legal guardian whenever possible.

- 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.

ROLE OF OTHE WRAPAROUND CARE COORDINATOR:

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.

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

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Service Name / ID		Set IPN Avg IP. Rate Rate	N Billing Unit
		Plan of Care and Family Team Meetings.	
		Monitor and document progress in independent living.	
Credentials:		Evaluate further independent living needs prior to disenrollment from Wraparound. gram Coordinator must possess a minimum of a Bachelor's Degree with 2,000 plus hours of experience with children and v setting and residential living program, i.e., group homes, foster care and residential treatment.	
	Staff are expected to have	ve prior training and experience in providing independent living skills to this target population.	
	A description of the prog	gram and credentials of the coordinator must be provided in the application process.	
5510 Targetee T1017 Targetee	d Case Mgmt / SAIL Service d case mgmt, per 15 min	Targeted Case Management Services are accessed through the Adult Community12.00Services/SAIL Programs to assist youth and young adults (17 ½ and over) to transition into the adult behavioral health service system.12.00	Quarter Hour
		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 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.	
Credentials:	-	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. ager must possess a BA/BS degree in Social Work, Psychology, Nursing, Occupational Therapy or a related human service field in the adult behavioral health system experience preferred.	I
	American United Transportation nerg transport, per trip	on Transportation services provided by American United Transportation Group for	Dollar

destinations within 10 miles of the Milwaukee County limits.

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 Groupis per established City of Milwaukee Ordinances in effect at the time of the ride. Effective 6/1/18 the rates are as follows: \$4.00 booking fee \$2.50 per mile \$0.75 extra passenger Minimum \$12 ride including booking fee plus 3.2 miles

Non-Ambulatory Wheel Chair: 15% discount on our public rate (\$52.06 up to 10 miles) = \$44.25 minimum up to 10 miles, \$4.42 / mile after

No Shows current rate is \$5.00 To audit the percentage of no shows each month the below tiered system will be implemented in Q4 for 2018: 0% - 9.99% = \$5 fee 10% - 14.99%= \$8.50 fee +15% = \$12 fee

REQUEST FOR TAXICAB TO WAIT

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

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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.			
	Only Wraparound Milwaukee Care Coordinators, FISS Case Managers and authorized Wraparound Finance staff may authorize a trip (ride) with American United Taxicab Service.			
Credentials: Per established City of	f Milwaukee ordinance/requirements at the time that service is provided.			
5576A Taxi - No Show T2003 Non emerg transport, per trip	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.	5.00	5.00	Trip
	To audit the percentage of no shows each month the below tiered system will be implemented in Q4 for 2018: 0% - 9.99% = \$5 fee 10% - 14.99%= \$8.50 fee +15% = \$12 fee			
Credentials: Per established City of	+13% - \$12 lee f Milwaukee ordinance/requirements at the time that service is provided.			
5576B Taxi - No Show (Tier 1)	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.	5.00	5.00	Trip
	To audit the percentage of no shows each month the below tiered system will be implemented in Q4 for 2018: 0% - 9.99% = \$5 fee 10% - 14.99% = \$8.50 fee +15% = \$12 fee			
Credentials: Per established City of	f Milwaukee ordinance/requirements at the time that service is provided.			
5576C Taxi - No Show (Tier 2)	Payment to American United Transportation Group for client "No Show" - ride is	8.50	8.50	Trip

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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	dispatched but client is not there and taxi does not return for paid fair for the same ride that day.			
	To audit the percentage of no shows each month the below tiered system will be implemented in Q4 for 2018:			
	0% - 9.99% = \$5 fee 10% - 14.99% = \$8.50 fee			
	+15% = \$12 fee			
Credentials: Per established City of	f Milwaukee ordinance/requirements at the time that service is provided.			
5576D Taxi - No Show (Tier 3)		12	12	Trip
	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.			
	To audit the percentage of no shows each month the below tiered system will be implemented in Q4 for 2018:			
	0% - 9.99% = \$5 fee			
	10% - 14.99%= \$8.50 fee +15% = \$12 fee			
Credentials: Per established City of	f Milwaukee ordinance/requirements at the time that service is provided.			
5506A Transitional Specialist Care Coordin		22.25	22	Daily
T1017 Targeted case mgmt, per 15 min	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, 16 ¹ / ₂ 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.			
	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. s must possess a BA/BS degree in Social Work, Sociology, Psychology, Nursing, Occupational The	rapy or a related fie	ld with	
*	Services work, preferably in case management.	19.75		Daily
5506Transitional Specialist-Care CoordiF1017Targeted case mgmt, per 15 min	Morking within the Wraparound Milwaukee Program and Project O'YEAH, Healthy	19.73		Daily

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		Transition's federal grant, a transitional specialist provides care coordination type services for youth and young adults, 16 ¹ / ₂ 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.			
		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.			
		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.			
		Transitional Specialists help the young adult to develop a "Futures Oriented" care plan using the Wraparound Transition to adult hood and "TIP" curriculums. 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).			
Credentials:	-	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 Youth and Family Services. ts must possess a BA/BS degree in Social Work, Sociology, Psychology, Nursing, Occupational Therap Services work, preferably in case management.	by or a related fiel	d with	
5577 Transpor T2003 Non eme	^	Transportation of Wraparound/FISS enrolled clients and families based on a referral for services for the Care Coordinator or Case Manager.	15.00		Trip
		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.			
		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 Page 194 of 217			

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
		youth/service recipient becomes ill while receiving services.			
		Transportation providers must obtain clients/responsible adult signatures for all rides.			
١	Non-emergency transportation				
Credentials:	Valid State of Wisconsin E Criteria:	Driver's License			
	 A valid Commercial Dri An endorsement "S" or A Wisconsin Department 	st have a valid Wisconsin driver's license. ver's License (Class C Minimum) is required for drivers of vehicles used to transport 15 or more p the driver's license is required for school bus drivers. It of Transportation public driver record abstract that demonstrates a driving record free of serious	traffic violations.	ing the	
	vehicle inspection. 6. Agency must comply w	bection Report for each vehicle used to transport clients. All vehicles must have a sticker with the o ith Caregiver Background Check and Insurance requirements as specified in the Wraparound Milv time the service is provided.		-	
5578 T T2003 N	Fransportation Mileage Non emerg transport, per trip	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.	1.75		Miles
		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 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).			
١	Non-emergency transportation				
Credentials:	Agency is authorized to pr	ovide Service Code 5577- Transportation and meets all requirements associated with Service Code	e 5577 – Transpor	tation.	
5579 T T2003 N	Fransportation-Additional Passenger Non emerg transport, per trip	Transportation Additional Passenger (Code 5579) is used by WRAPAROUND	10.00		Each

MILWAUKEE FINANCE STAFF to reimburse Transportation Providers where one

Service Name / ID)		Set IPN Rate	Avg IPN Rate	Billing Unit
		or more additional passengers accompany the identified service recipient.			
		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				
Credentia	als: Agency is authorized to pr	rovide Service Code 5577- Transportation and meets all requirements associated with Service Co	de 5577 – Transpor	tation.	
5570 T2003	Transportation-Non Network Provider 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
Credentia	als:				
5311 S5145	Treat. Foster Care (Agency) 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			
		Page 196 of 217			

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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			
	consultant if the individual meets the requirements under HFS 38.03(8).			
	- 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 child at least twice per month in a variety			
	of settings, i.e. home, school, community.			
	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.

Credentials: Child Placing Agency License

The treatment foster parents and/or the supervising Master's level provider must be available to the youth at all times.

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	The treatment foster care training certificates, licens	nts shall document daily contact notes relevant to their provision of mental health crisis services. agency shall maintain accurate and current documentation of all staff members' qualifications, including copies of deg ses, etc., and shall verify that all treatment foster parents meet the minimum requirements listed in HFS 34.21 (3)(b) nt to hiring under caregiver law in Wisconsin apply. Supervision and training shall be provided as follows:	-	
	health disturbance have at require 40 hours of initial2. Foster parents must a treatment foster care vend3. Treatment foster parent	ents must receive one hour of weekly supervision by a Master's level provider. Agencies must maintain documentation	oonths at the on of this	
	supervision. The weekly are effectively utilizing th	supervision should include a review of how the treatment foster parents are implementing the child's crisis/safety plane plan.	ns and	
5311A Trea S5145 Fost dien	tt. Foster Care (Agency) Youth w/I ter care, therapeutic, child, per	*	128.98	Daily
		 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/youth in having appropriate and positive contact with his/her family. 3) Providing or arranging transportation for the youth and dependent child/children 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 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 		
		Page 198 of 217		

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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.			
Credentials: State of Wisconsin Child P	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. Placing Agency License			
	ovide treatment foster care, the agency and it providers must meet the requirements set forth in State of e for Children" and Chapter HFS 38 "Treatment Foster Care for Children".	f Wisconsin (Chapter	
The agency is responsible	for providing up-to-date licenses for foster parents with which Wraparound youth are placed.			
The treatment foster parent The treatment foster care a training certificates, license	ts and/or the supervising Master's level provider must be available to the youth at all times. ts shall document daily contact notes relevant to their provision of mental health crisis services. gency shall maintain accurate and current documentation of all staff members' qualifications, including es, etc., and shall verify that all treatment foster parents meet the minimum requirements listed in HFS t to hiring under caregiver law in Wisconsin apply. Supervision and training shall be provided as follow	34.21 (3)(b)		
 health disturbance have at require 40 hours of initial t 2. Foster parents must al treatment foster care vendo 3. Treatment foster parent 	nts must receive one hour of weekly supervision by a Master's level provider. Agencies must maintain upervision should include a review of how the treatment foster parents are implementing the child's critical structures.	n less than 6 m ained on site documentat	months at the ion of this	
5311E Treat. Foster Care (Second Child) S5145 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
<i>Credentials:</i> Same as 5311. ythao	10/14/16 ythao			
5504Treat. Foster Care-PFPT1017Targeted case mgmt, per 15 min	The full time Professional Foster Parent (PFP), not employed outside the home, shall	162	198	Daily

Service	Set IPN	Avg IPN	Dilling Unit
Name / ID	Rate	Rate	Billing Unit

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.

Duties and Responsibilities:

1. Establish a caring, supportive, nurturing relationship with one youth.

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.

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.

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.

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.

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.

7. Maintain minimum weekly required contact with Care Coordinator, Professional 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.

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.

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.

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.

11. Provide respite and support to other youth placed in similar homes, participate in support groups as desired with other professionals in the program.

12. Document attendance at Monthly Wraparound in-services and designated

Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:		 required Care Coordination training modules. 13. Document weekly Progress Reports for youth in the home beginning the week of placement. 14. Attendance at Bimonthly Professional Foster Parent Collaborative, to include information sharing that is established based on needs. iploma or GED equivalent with at least two years' experience as a Foster Parent, Youth Worker, Mento be working with youth with serious emotional and mental health needs. 	r, Crisis Work	er or	
	 Will keep all Licenses, Will be evaluated on a 	4 Certification Specialized License by a Treatment Foster Care Agency as directed within DCF 56. Certifications and Insurance policies current and on file with the Foster Care Agency. bi-annual basis within the first year of licensing unless circumstances suggest the need for a special eva iliarizing themselves with the materials in the Treatment Foster Care Agency's manual and otherwise co		DCF 56	
	 group home, for 30 days a 2) Pre-placement visits an 3) If a PFP provides respirate for the PFP is whatev care respite rate). 	er Parent (PFP) is paid in full for non-placement days, including temporary and permanent days such as after the child leaves the home.	he PFP progran id La Causa's f	m, the foster	
S5145	nt Foster Care - Rate Adjustme	Used for making retroactive rate adjustments for youth in foster care.			Dollar
Credentials: 5311C Treatme \$5145 Foster ca	Same as for 5311	TEC SAFE HOMES are an acially licensed Level 4 Cartification Tractment Factor			Daily
diem	are, therapeutic, child, per	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.			
		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. 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			
		Page 201 of 217			

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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. 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.			

GOALS

• Provide a short-term (30-60 days) alternative to Detention, Shelter or Group Home placements for high risk girls

• 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

• Reduce runaway and risky behaviors

• Provide immediate crisis intervention services that may include: Mentors, Crisis Stabilizers, Specialized Care Coordinators and other needed mental health services FOSTER PARENT(S)

• Provide 24/7 availability for emergency placements

• 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 FINANCIAL

· Payment will be authorized and made through Wraparound Milwaukee

• 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

(http://county.milwaukee.gov/ImageLibrary/Groups/cntyHHS/Wraparound/OOHPay ments.pdf). A MONTHLY INVOICE FOR THIS PAYMENT NEEDS TO BE SUBMITTED TO THE ADMINISTRATIVE COORDINATOR OF FINANCE.

• 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

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	Billing Unit

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.

• 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

• 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.

QUALIFICATIONS/SKILL SET/CREDENTIALING OF FOSTER PARENTS SPECIALIZED TREATMENT TEAM

- TFC SAFE HOME Treatment Foster Parent
- Treatment Foster Care Specialist
- Specialized Crisis Stabilizer
- Specialized Mentors
- BMCW Family Care Workers
- Wraparound Care Coordinator
- Family Support Workers

LICENSING AGENCY RESPONSIBILITIES

• 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

• The TFC Specialist shall assist the TFC SAFE HOME TFC Parents in developing an immediate safety plan/crisis plan for each youth entering the home

• 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

• The Initial Assessment shall identify needs for each foster youth entering the program that are specific to

- 1. safety,
- 2. self-esteem building,
- 3. boundaries and
- 4. resources

• 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

• The TFC Specialist shall be responsible for completing a formal treatment plan for each youth in care whose placement extends beyond 30 days

- The TFC Specialist will do a face-to-face home visit $1x/\mbox{week}$ minimum with the TFC SAFE HOME TFC Parent

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	 The TFC Specialist will do a face-to-face home visit 1-2x/week with each foster youth TRAINING Training materials must submitted to Wraparound for review and approval prior to provision of service REFERRAL ReFerRAL 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) Girls eligible for placement will include: 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 TFC SAFE HOME TSC Delinquency Order who require emergency placement in the TFC SAFE HOME as an alternative to placement in secure detention or a shelter care facility 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 Those girls who have high risk sexual behaviors and/or are known or believed to be involved with sex trafficking If the 2 beds are filled, youth will go on a waiting list for placement Must meet all of the requirements of DCF 56 Wisconsin Administrative Code Foster Home Care For Children and maintain or licensure Must meet all of the requirements of DCF 56 Wisconsin Administrative Code Foster Home Care For Children and maintain or licensure Will be responsible for all of the transportation required for the children in their care unless otherwise arranged by the team n Will possess a nurturing, supportive quality as to engage with this high risk population to prevent further running or high risk will possess a nurturing, supportive quality as to engage with his high risk population to prevent further runnin	oviders nembers and behaviors o the foster	ead of time youth	
	• The TFC Specialist will be trained on specific sex trafficking material and resources within 90 days of approval to provide the	is service		

• The TFC Specialist will be trained on specific sex trafficking material and resources within 90 days of approval to provide this service.

• 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

Service Name / ID)			Set IPN Rate	Avg IPN Rate	Billing Unit
5222A H0032	Treatment MH svc p non-physi	t Plan Meeting Attendance lan development by ician	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.	96.00		Session
			 Providers of the following services are eligible to be reimbursed for attendance at treatment meetings: 1. AODA Assessment (5001) 2. Individual/Family Therapy-Office Based (5100) 3. Individual Therapy-Ph.DOffice Based (5111A) 4. Substance Abuse Counseling & Therapy (5101) 5. Group Counseling & Therapy (5120) 6. AODA Group Counseling & Therapy (5121) 7. Special Therapy (5130) 8. Special Therapy-Group (5131) 9. Psychiatric Review/Meds (5050) 10. Psychiatric Review/Meds-with Therapy (5051) 11. Individual/Family Therapy-Office Based (QTT) (5100QTT) 			
Credentia	uls:	See Credential required fo 5130 and 5131	Only the above treatment providers will be reimbursed. Providers of other services may obtain reimbursement as delineated in the service descriptions, Policy and Procedure, or Provider Bulletin. or providers under the respective services eligible for reimbursement, i.e. 5001, 5050, 5051, 5100	9, 5111A, 5101, 512	0, 5121,	
5521a H2021	Tutor Commun per 15 mi	ity-based wrap services,	A Tutor provides after school assistance with academic school assignments when the child has identified remedial needs and is below grade level.	22.00		Hour
			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.			
Credentia	uls:	academic accomplishmen	e required to have knowledge of the subject matter and possess at least one year past experience ir t. Tutors show evidence of experience/ training/ certification/ education specific to tutoring to be ted to Wraparound prior to providing services.			

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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Un
	Evidence of experience/tra	aining/ certification/ education can be submitted in the form of resume and two reference letters fron	m a past/current	employer	
	_	pree/degree in education or a letter from the agency director certifying the employee's prior experience	-	1 0	
H2017W Wellne	ess Mgmt/Rcvy Supportive Svc-E		5.36		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.			
		appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is			
Credentials:		Continuing care includes relapse prevention support and periodic follow-ups and is	within their scop	be of	
Credentials:	Must have a Bachelor's De practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.	within their scop	be of	
		Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act w	within their scop	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act we wellness management and recovery services, which are generally provided as a	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act we Wellness management and recovery services, which are generally provided as a mental health services, include empowering members to manage their mental health	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act we 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	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act vertices 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	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act vertices 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	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act we 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	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act vertices mental health 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 of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act vertices the member progresses in recovery services must act vertices are 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.	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act vertices described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act vertices 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	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act vertices described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act vertices 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	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act we well the 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).	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act we well the 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 services, which are generally provided as substance abuse services, services are proved without the other components of wellness management and recovery, it should be included under the individual and/or Family Psychoeducation services, which are generally provided as substance abuse services, which are generally provided as substance abuse services.	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act we 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	-	be of	Hour
	practice.	Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery. egree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act we 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 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	-	be of	Hour
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Staff person who is at least 18 years 00, 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, pay-to-tropic medications and sistile effects, functional assessment, local resources, shull vulnersbills, consumer confidentiality, a demonstrated aptitude for working with peers, and self-identified mental disvier or substance abuse use disorder. 8.04 Ibur N2017W Wellness Mgue/Rery Supporties Stores Wellness management and recovery services, which are generally provided as a manage their mental health and/or substance abuse issues, helping them develop their own goals, and touching the help working and skills necessary to help the marks informed treatment decisions. These services include: psychochazionis provide of disorder provide disorder or substance abuse issues, helping them develop their own goals, and touching the provide disorder or provide disorder or substance abuse issues. Helping them develop their own goals, and touching the provide disorder or provide disorder or substance abuse services can be taught using morivational, cleatational, and coping skills. Services can be taught using morivational, cleatational, and coping skills. Services can be taught using morivational (cleatational, and coping skills. Services can be taught using morivational (cleatational, and coping skills. Services can be taught using morivational (cleatational, and coping skills. Services can be taught using morivational, cleatational, and coping skills. Services can be taught using morivational, cleatational and substance abuse services include: approvide skills metabers to provide skills. Services and be caping appropriate coping skills. Serv	Name / ID		Set IPN Rate	Avg IPN Rate	Billing U
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practice. 3.49 H2017W Wellness Mgmt/Rcvy Supportive Svc-C 3.49 Wellness management and recovery services, which are generally provided as a mental health sarvices, 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.		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.		of	Hour
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Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	Providers described in DHS 36.10(ed to provide less intensive services as the member progresses in recovery. 2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practic a relevant area of education or human services.	ce. Other professiona	ls shall	
H2017W Wellr	ess Mgmt/Rcvy Supportive Svc-F Wellne mental and/or them ti decisio preven trainin be taug If psyce manag Psycho Recove include include	a relevant area of education of human services. ess management and recovery services, which are generally provided as a health services, include empowering members to manage their mental health substance abuse issues, helping them develop their own goals, and teaching he knowledge and skills necessary to help them make informed treatment ons. These services include: psychoeducation; behavioral tailoring; relapse tion; development of a recovery action plan; recovery and/or resilience g; treatment strategies; social support building; and coping skills. Services can ght using motivational, educational, and cognitive-behavioral strategies. choeducation is provided without the other components of wellness ement and recovery, it should be included under the individual and/or Family beducation service array category (#10). ery support services, which are generally provided as substance abuse services, e emotional, informational, instrumental, and affiliated support. Services e assisting the member in increasing engagement in treatment, developing priate coping strategies, and providing aftercare and assertive continuing care.	10.00		Hour
Credentials:	Contin design Providers described in DHS 36.10(licensed under Ch. 455, Stats. and s supervised post-doctoral clinical ex	uing care includes relapse prevention support and periodic follow-ups and is ed to provide less intensive services as the member progresses in recovery. 2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practic shall be listing with the national register of health service providers in psychology or h perience related directly to the assessment and treatment of individuals with mental di	nave a minimum of or	ne year of	
	Contin design Providers described in DHS 36.10(licensed under Ch. 455, Stats. and s supervised post-doctoral clinical ex disorders. wess Mgmt/Revy Supportive Svc-F Wellne mental and/or them ti decisic preven trainin be taug If psych Recove include include	uing care includes relapse prevention support and periodic follow-ups and is ed to provide less intensive services as the member progresses in recovery. 2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practic shall be listing with the national register of health service providers in psychology or h	nave a minimum of or	ne year of	Hour

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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:	Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. A re	habilitation w	orker,	
	meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehabilitati			
	substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have services as identified in the consumer's individual treatment plan who is at least 18 years old shall have services as identified in the consumer's individual treatment plan who is at least 18 years old shall have services as			
	hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment plann		-	
	co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local commu	-		
	vulnerability, and consumer confidentiality.	-		
H2017W Welln	ess Mgmt/Recovery Supportive S	40.00		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:	Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. Psychology 1.22, Wis. Admin. Code. *‡.	-		
	licensed under Ch. 455, Stats. and shall be listing with the national register of health service providers in psychology or have a n			
	supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders	s or substance	use	
	disorders.			
H2017W Welln	ess Mgmt/Recovery Supportive S Wellness management and recovery services, which are generally provided as a	3.49		Hour
	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			
	Page 209 of 217			

Psychoeducation service array category (410). Recovery support services, which are generally provided as subtance abuse services, include services, include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing affertare and associates continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide tess intensive services as the member progresses in recovery. Creatential: 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 calcuation or human services. H2017W Wellness Mgmt/Recovery Support services, which are generally provided as a substance abuse services, include empowering members to manage their mental health for their scope of practice. Other professionals shall have at least a bachelor's degree in a relevant area of calcuation or human services. 13.97 Hour H2017W Wellness Mgmt/Recovery Support services, which are generally provided as a substance abuse services, include empowering members to manage their mental health for them the knowledge and skills necessary to help their owna goals, and teaching them the knowledge and skills necessary to help their owna goals. Services can be tanget using motivational, elecational, and coping skills. Services can be tanget using motivational, elecational, and coping skills. Services can be tanget using to provide their substance abuse services, include empowering members to management in dreament developing appropriate coping strategies, and provided as substance abuse services. Include cenotional, informational, and cognitive-helwicon strateg	Service Name / ID			Set IPN Rate	Avg IPN Rate	Billing Unit
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Wellness management and recovery services, which are generally provided as a	Creaentials:			e. Other professional	5 Shan	
	H2017W Wellness M	Mgmt/Recovery Supportive S		21.43		Hour
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			decisions. These services include: psychoeducation; behavioral tailoring; relapse			
prevention; development of a recovery action plan; recovery and/or resilience			prevention; development of a recovery action plan; recovery and/or resilience			
training; treatment strategies; social support building; and coping skills. Services can			training; treatment strategies; social support building; and coping skills. Services can			
be taught using motivational, educational, and cognitive-behavioral strategies.			be taught using motivational, educational, and cognitive-behavioral strategies.			
If psychoeducation is provided without the other components of wellness			If psychoeducation is provided without the other components of wellness			
management and recovery, it should be included under the individual and/or Family			management and recovery, it should be included under the individual and/or Family			
Psychoeducation service array category (#10).			• • •			
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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	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			
Credentials:	designed to provide less intensive services as the member progresses in recovery. Must have a Bachelor's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act practice.	within their scop	be of	
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
Credentials:	Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. A staff person who is at least 18 years old, shall have successfully completed 30 hrs. of training during the past two years in recorrights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psyc side effects, functional assessment, local resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for self-identified mental disorder or substance abuse use disorder.	overy concepts, c cho-tropic medic	consumer ations and	
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 Page 211 of 217	32.14		Hour

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	 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. Must have a Master's Degree. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act v practice. 	within their scope	of	
H2017W Wellne	ss 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
Credentials:	Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice. If have at least a bachelor's degree in a relevant area of education or human services.	Other professional	s shall	
H2017W Wellne	ss 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 Page 212 of 217	13.97		Hour

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
Credentials:	 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. Providers described in DHS 36.10(2)(g) 1-22, Wis. Admin. Code. *‡. All providers must act within their scope of practice meaning a staff person working under the direction of a licensed mental health professional in the implementation of rehab substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall heal hours of training during the past two years in recovery concepts, consumer rights, consumer centered individual treatment plan who is an substance abuse, psychotropic medications and side effects, functional assessment, local co 	ilitative mental hea ave successful com planning, mental ill	llth, pleted 30 lness,	
5907A Yoga / M	vulnerability, and consumer confidentiality. editation-Group	25		Hour
H2017 Wellness HQ	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: 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 2) As an alternative service strategy, to help participants who are not ready/interested/appropriate for traditional clinical treatment. Yoga services will be developed to reflect the needs and strategies identified in the Plan of Care. Group size limited to 14 people. Clinical supervision of the Yoga worker must occur following all the guidelines that			
Credentials:	apply to clinical supervision of Crisis Stabilization/Supervision (see Wraparound Policy #036 Crisis Stabilization/Supervision Services-see Section B, pages 2-3). Documentation requirements: Provider Note entry in Synthesis, instructions at: http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf. Registered Yoga Teacher (RYT) 200 or higher (see: https://www.yogaalliance.org/Credentialing/Credentials_for_Teachers)			
	least 18 years old, have at least a bachelor's degree, and shall have successfully completed 30 hours of training during the p concepts, consumer rights, consumer-centered individual treatment planning, mental illness, trauma informed care, co-occu substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulner	urring mental illnes		

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Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
confidentiality, and ethics a	and boundaries.			
5907 Yoga / Meditation-Individual H2017 Wellness Mgt / Recovery U5 Credentials: Registered Yoga Teacher (F	 and boundaries. 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: 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 As an alternative service strategy to help participants who are not ready/interested/appropriate for traditional clinical treatment. Yoga services will be developed to reflect the needs and strategies identified in the Plan of Care. 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). Documentation requirements: Provider Note entry in Synthesis, instructions at: http://wraparoundmke.com/wp-content/uploads/2013/09/Provider-Note-Entry-Instruct ionsnonCrisisServices.pdf. RYT) 200 or higher (see: https://www.yogaalliance.org/Credentialing/Credentials_for_Teachers east a bachelor's degree. All Providers will need to complete 30 hours of training within the file	· • •		Hour
in the network. The trainin informed care, co-occurring resources, adult vulnerabili	ng must include: recovery concepts, consumer rights, consumer-centered individual treatment p g mental illness and substance abuse, psychotropic medications and side effects, functional asse (ty, consumer confidentiality, and ethics and boundaries. For ensuring that the training is complete, and certificate of completion uploaded into Synthesis	lanning, mental illne essment, local comm	ss, trauma unity	
State State <th< td=""><td>to ensuring that the training is complete, and certificate of completion uploaded into Synthesis</td><td>40</td><td>ine.</td><td>Hour</td></th<>	to ensuring that the training is complete, and certificate of completion uploaded into Synthesis	40	ine.	Hour
Credentials:				
5804 Youth Connect-Peer Specialist		40		Hour
Credentials:				
5800 Youth Peer Specialist Training(O-YEA)	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	750		Each
	Page 214 of 217			

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	

Healthy Transitions Initiative (Project O'YEAH) and possibly for the Wraparound Milwaukee and REACH Programs.

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.

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.

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:

-Understanding recovery/resiliency

-Understanding the positive and negative impact of life events such as sexuality, grief and loss, stigma and trauma

-Understanding person-centered planning

-Understanding empowerment and self-advocacy

-Problem solving and conflict resolution techniques

-Cultural awareness

-Fundamental knowledge of the mental health and substance abuse systems in Wisconsin

-Fundamental knowledge of mental health conditions, treatments and services

-Identifying and accessing community services and supports with emphasis on age appropriate services

-Understanding and maintaining confidentiality and appropriate boundaries -Recognizing when to seek guidance and support for other peers

-Working with other consumers in crisis and how to make referrals for crisis services

-Knowing how to keep self and others safe during and after crisis

-Working collaboratively in team

Service Name / ID		Set IPN Rate	Avg IPN Rate	Billing Unit
	-Listen and communicate clearly			
	-Observe and recognize when to report behavior changes			
	The provider of peer specialist training will involve young adults in the prepa and review of the curriculum content.	aration		
	Provider will develop a training schedule to teach curriculum and prepare yo adults for certification that will be done locally and incorporate schedule of y adults who may be in school, jobs, etc. so that weekends and/or evening train maybe required. Required training will include availability of food, snacks a transportation (if required) for young adults. Proposed training for 2012 wou place in August/September 2012 and completed by September/October 2012	young ning and ıld take		
	Materials (i.e. workbooks and handouts) for participants would be included i			
Credentials:	provider's rates. Provider of this service must be a recognized Wisconsin certified Peer Specialist agency with experience recommended by the Wisconsin Department of Health – Bureau of Mental Health Services. For 2012, the Empowerment, Inc. to provide these services based on their knowledge of young adult population and inv program.	ne State has recommended Grassroo	ots	
5704 Youth R	Relationship Building-A.S.A.P. As part of the Alternatives to Sexual Assault Program (A.S.A.P.), an eight-w module is provided to introduce youth referred to the program to the building of healthy relationships. The module is based on a curriculum developed by organization called Think Marriage.	g blocks		Session
	The relationship-building module is a part of the A.S.A.P. treatment program youth are required to attend.	n and the		
	 A.S.A.P. Healthy Relationships sessions will include the following topics: Sexually Transmitted Disease Adolescent Development and Relationships Developing Friendships First Dating as an Adolescent Learning About Unhealthy Relationships How to Build a Healthy Relationship Media, Pornography and Manipulation Empowerment and Making Personal Positive Choices 			
	oral Health Prevention ion Service Providers must have successfully completed Think Marriage training and maintain up-to-date participatio Think Marriage staff. All providers must have up-to-date background checks on file with the parent agen		-	

Service	Set IPN	Avg IPN	Billing Unit
Name / ID	Rate	Rate	

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.