



CERTIFICATION GUIDE

Rev. 1/1/2019

General Information

The *Certification Guide* is intended to offer Children Come First (CCF) Providers guidelines regarding the documentation that they must maintain on file and/or submit to CCF when adding new service providers.

Credentials

All credentials/licenses must be **current**. Agencies must maintain a copy of all certification materials submitted to CCF in their agency files. One copy of credentials is sufficient for providers who are seeking certification under multiple service types.

Background Check Requirements

Background checks (completed by the agency within the last 4 years) are required for all direct service providers prior to the provision of services. Background checks must include: 1) Background Information Disclosure Form; 2) Criminal History Record Request Form indicating "No Record Found"; 3) Response to Caregiver Background Check letter from the Department of Health and Family Services (DHFS) that reports administrative finding or licensing restriction Status; 4) Out-of-State conviction records from any State or other US jurisdiction for caregivers who resided outside of Wisconsin at any time during the 3 preceding years.

Background checks that show a criminal record and/or license denial or revocations are to be forwarded to the CCF Provider Network Coordinator for review prior to adding the individual as a direct service provider.

Human Service Field

For purposes of CCF, a "human services degree" includes degrees from an accredited college or university in: social work, human services, sociology, psychology, educational psychology, education, rehabilitation counseling, counseling and guidance, criminal justice, nursing, music therapy, occupational therapy, art therapy, or therapeutic recreation.

Minimum Required Experience

Service Providers who do not have at least 2 year's experience working with a similar population are required to obtain 1 hour of supervision for every 30 hours of CCF service delivery time. Supervision must be documented and kept on file with the agency.

Transporting Clients

CCF requires that all providers who transport enrollees keep on file with their agency, verification of a valid Wisconsin driver's license and proof of Wisconsin minimum auto insurance coverage.

Medical Assistance Enrollment (required for Mental Health and AODA Providers)

Providers, or provider agencies, who are not currently enrolled with ForwardHealth as a provider for Mental Health/Substance Abuse services, will be given 6 months, from date of enrollment, to complete this. Clinicians who fail to become enrolled with ForwardHealth will be inactivated following written notification. Providers not meeting this requirement may resubmit an application after all credentialing requirements are met.

Adding/Deleting Providers

All requests to add or delete direct service providers **must be made** on the *Children Come First Provider Change Form*.

OUTPATIENT SERVICES

ASSESSMENT

Submit to CCF:

- Verification of master's degree AND a Qualified Treatment Trainee license*; OR Copy of current State of Wisconsin Clinical/Physician License;
- Medical Assistance Number
- Resume or Curriculum Vitae

BEHAVIORAL TREATMENT SERVICES

Submit to CCF:

- Medical Assistance Number
- Resume or Curriculum Vitae

Behavioral Treatment Technician

- Drivers license verifying age of 18 years or older; AND
- High school diploma or a General Education Development (GED) certificate; AND
- Registered Behavior Technician (RBT) certification from the BACB, or verification of 40 hours of training provided by a licensed Behavior Analyst

Behavioral Treatment Senior Therapist

- Board Certified Assistant Behavior Analyst (BCaBA) verification and 400 hours of documented experience delivering ABA treatment; OR
- Master's degree in psychology, counseling, marriage and family therapy, social work, education, or a behavioral sciences field and 400 hours of documented experience delivering ABA treatment; OR
- Bachelor's degree in psychology, counseling, marriage and family therapy, social work, education, or a behavioral sciences field and 2,000 hours of documented experience delivering ABA treatment; OR
- Registered Behavior Technician certification from the BACB and 3,000 hours of documented experience delivering ABA treatment

Behavioral Treatment Licensed Supervisor

- DSPS Behavior Analyst licensure; AND
- 4,000 hours of documented experience as a supervisor of Behavioral Treatment Technicians and/or Senior Therapists

OUTPATIENT SERVICES Continued

CONSULTATION WITH SCHOOL PERSONNEL

- Verification of master's degree AND a Qualified Treatment Trainee license*; OR Copy of current State of Wisconsin Clinical License;
- Medical Assistance Number
- Resume or Curriculum Vitae

DAY TREATMENT

Submit to CCF:

- Agency License/Credentials as required by State of Wisconsin Regulations (Day Treatment License)
- Medical Assistance Number
- Resume or Curriculum Vitae

DAY TREATMENT – AODA

Submit to CCF:

- Agency License/Credentials as required by State of Wisconsin Regulations (Day Treatment License)
- Medical Assistance Number
- Resume or Curriculum Vitae

EVALUATION & MANAGEMENT (E/M)

Submit to CCF:

- State of Wisconsin license (MD, APNP)
- Medical Assistance Number

FAMILY THERAPY

Submit to CCF:

- Verification of master's degree AND a Qualified Treatment Trainee license*; OR Copy of current State of Wisconsin Clinical License;
- Medical Assistance Number
- Resume or Curriculum Vitae

OUTPATIENT SERVICES Continued

GROUP THERAPY

Submit to CCF:

- License or Verification of 3000 hours clinical experience (submit one of the following):
 1. Copy of current State of Wisconsin Clinical License; OR
 2. Letter from the Program Certification Unit of the State of Wisconsin Bureau of Quality Assurance verifying attainment of 3,000 clinical hours and Status as a psychotherapist to provide services under supervision in a Certified Mental Health Clinic; OR
 3. EDS letter verifying a Provider's Billing Status as a Master's Level Psychotherapist in a Certified Mental Health Clinic
- Verification of a certified outpatient mental health clinic (DHS 35) if employing QTTs*
- Medical Assistance Number
- Resume or Curriculum Vitae

GROUP AODA THERAPY

Submit to CCF:

- Copy of License (one of the following):
 1. Certified Clinical Substance Abuse Counselor (CSAC), OR
 2. Certified Substance Abuse Counselor (SAC), OR
 3. 1.09 Specialty
- Medical Assistance Number
- Resume or Curriculum Vitae
- Degree verification

IN-HOME TREATMENT

Submit to CCF:

- Verification of master's degree AND a Qualified Treatment Trainee license*; OR Copy of current State of Wisconsin Clinical License;
- Medical Assistance Number
- Resume or Curriculum Vitae

INDIVIDUAL THERAPY

Submit to CCF:

- Verification of master's degree AND a Qualified Treatment Trainee license*; OR Copy of current State of Wisconsin Clinical License;
- Medical Assistance Number
- Resume or Curriculum Vitae

OUTPATIENT SERVICES Continued

INDIVIDUAL AODA THERAPY

Submit to CCF:

Bachelors

1. Minimum of a Bachelor's Degree in a relevant area; and
 2. State of Wisconsin Substance Abuse Counselor certification (#131), OR
 3. State of Wisconsin Clinical Substance Abuse Counselor license (#132)
- *QTTs with their SAC/CSAC state license would fall under this billing category

Masters

1. Licensed psychotherapist (LPC, LCSW, LMFT); and
2. State of Wisconsin Substance Abuse Counselor certification (#131), OR
3. State of Wisconsin Clinical Substance Abuse Counselor license (#132)

PhD

1. Licensed Psychologist (#57)

- Medical Assistance Number
- Resume or Curriculum Vitae
- Degree verification

SPECIAL THERAPY

Submit to CCF:

-Resume or Curriculum Vitae, and (submit verification of one of the following):

1. Minimum of a Bachelor's Degree in Dance, Art, Music Therapy and a resume documenting a minimum of 1,000 hours of work experience (non-licensed); OR
2. Minimum of a Bachelor's Degree AND a Certified member of the North American Riding for the Handicapped Association (NARHA) or the Equine Assisted Growth and Learning Association (EAGALA) in connection with Equine Facilitated Experiential Learning (non-licensed); OR
3. Minimum of a Bachelor's Degree with State of Wisconsin licensure in one of the following areas (licensed):
 - a. Acupuncturist (55)
 - b. Art Therapist (36)
 - c. Dance Therapist (37)
 - d. Massage Therapist/Bodywork Therapist (146)
 - e. Music Therapist (38)
 - f. Occupational Therapist (26)
 - g. Physical Therapist (24)
 - h. Speech/Language Pathologist (154); OR
4. State of Wisconsin Clinical License with certification in a specialty, area such as yoga, EAGALA, NARHA, Neurofeedback, Biofeedback, Brainspotting, or MNRI (licensed)

OUTPATIENT SERVICES Continued

SPECIALIZED OFFENDER TREATMENT

Submit to CCF:

- License or Verification of 3000 hours clinical experience (submit one of the following):
 1. Copy of current State of Wisconsin Clinical License; OR
 2. Letter from the Program Certification Unit of the State of Wisconsin Bureau of Quality Assurance verifying attainment of 3,000 clinical hours and Status as a psychotherapist to provide services under supervision in a Certified Mental Health Clinic; OR
 3. EDS letter verifying a Provider's Billing Status as a Master's Level Psychotherapist in a Certified Mental Health Clinic
- Minimum of 2 years (full time equivalent) in working with sex offenders
- Medical Assistance Number
- Resume or Curriculum Vitae

NON-TRADITIONAL SERVICES

BEHAVIOR MANAGEMENT SERVICES (Not Applied Behavioral Analysis)

Submit to CCF:

- Bachelor's degree in a human services field; and Resume or letter of recommendation confirming 2 years (full time equivalent) experience working with Severely Emotionally Disturbed or Developmentally Disabled youth; OR
- Master's degree in a human services field; and Resume or documentation of at least 1 year of direct service working with Severely Emotionally Disturbed or Developmentally Disabled youth; OR
- Master's degree in a human services field; and License or Verification of 3000 hours clinical experience (submit either (1) or (2) below)
 1. Copy of current State of Wisconsin Clinical License; OR
 2. Letter from the Program Certification Unit of the State of Wisconsin Bureau of Quality Assurance verifying attainment of 3,000 clinical hours and Status as a psychotherapist to provide services under supervision in a Certified Mental Health Clinic;

COMMUNITY/INTENSIVE SUPERVISION

Submit to CCF:

- Resume or Curriculum Vitae
- Minimum of a Bachelor's degree in a human services field
- Documentation of at least 2 years (full time equivalent) experience working in a human services or youth development setting

FAMILY TO FAMILY MENTORING

Submit to CCF:

- Certificate of Liability Insurance

Maintain in Agency File:

- Treatment foster care license as required under Wisconsin Administrative Code HFS 38
- Documentation of at least 2 years of experience working with children or families in the context of mentoring, foster care, childcare or some specialized area
- Documentation of at least 20 hours of annual training in the areas of child development, behavior management, home management, advocacy or mental health

NON-TRADITIONAL SERVICES Continued

FAMILY PRESERVATION

This service is currently only available through Journey Mental Health Center

Maintain in Agency File:

Child and Family Specialists

- Resume or Curriculum Vitae
- License or Verification of 3000 hours clinical experience (submit either (1), (2), or (3) below)
 1. Copy of current State of Wisconsin Clinical License; OR
 2. Letter from the Program Certification Unit of the State of Wisconsin Bureau of Quality Assurance verifying attainment of 3,000 clinical hours and Status as a psychotherapist to provide services under supervision in a Certified Mental Health Clinic; OR
 3. EDS letter verifying a Provider's Billing Status as a Master's Level Psychotherapist in a Certified Mental Health Clinic

Family Skills Specialist

- Bachelor's degree in a related field; OR Certified Alcohol and Drug Counselor (CADC) license
- Resume or letter of recommendation documenting at least 2 years experience in case management, child protective services, mental health, or AODA;
- Documentation of at least 2 hours of supervision per month with a licensed clinician

INDIVIDUAL SKILL DEVELOPMENT

Submit to CCF:

- Resume or letter of recommendation documenting at least 2 years' experience working with children/youth/parents in an educational, community, or residential setting; AND
 1. Minimum of a Bachelor's Degree in a human service related field; OR
 2. Verification of at least 12 hours of training on an annual basis and receiving Supervision from a clinically licensed staff within the contracted agency

OUTDOOR EXPEDITION

Submit to CCF:

- Bachelor's degree; OR documentation of at least 2 years (full time equivalent) experience working with children/youth/parents in an educational, community, or residential setting
- CPR Certification
- Wilderness First Responder Certificate

NON-TRADITIONAL SERVICES Continued

PARENT SUPPORT

Submit to CCF:

- Resume or letter of recommendation documenting at least 2 years' experience working with children/youth/parents in an educational, community, or residential setting; AND
 1. Minimum of a Bachelor's Degree in a human service related field; OR
 2. Verification of at least 12 hours of training on an annual basis and receiving Supervision from a clinically licensed staff within the contracted agency
 3. WI certification as a Parent Peer Support Specialist

PARENT COACHING

Submit to CCF:

- Resume or Curriculum Vitae
- Present Moment Parent Coach Certification
- Minimum of a Bachelor's Degree in a human services related field; OR
- Verification of at least 12 hours of training on an annual basis**

PARENT/FAMILY SKILLS TRAINING GROUPS

Submit to CCF:

- Resume or letter of recommendation documenting at least 2 years experience providing parenting skills training

SKILL DEVELOPMENT GROUP

Submit to CCF:

- Resume or letter of recommendation documenting at least 2 years experience working with children/youth/parents in an educational, community, or residential setting
 - Providers with less than 2 years experience – documentation of at least 30 minutes of supervision for every 10 hours of service provided is required, ongoing
- Minimum of a Bachelor's Degree in a human services related field; OR
- Verification of at least 12 hours of training on an annual basis**

SUPPORTED DAY SERVICES

Submit to CCF:

- Resume or letter of recommendation documenting at least 2 years experience working with children/youth/parents in an educational, community, or residential setting
 - Providers with less than 2 years experience – documentation of at least 30 minutes of supervision for every 10 hours of service provided is required, ongoing
- Minimum of a Bachelor's Degree in a human services related field; OR
- Verification of at least 12 hours of training on an annual basis**

NON-TRADITIONAL SERVICES Continued

SUPPORTED WORK ENVIRONMENTS

Submit to CCF:

-Certificate of Liability Insurance

Maintain in Agency File:

Program Supervisor

-Bachelor's degree AND documentation of at least 2 years (full time equivalent) providing direct service to children, youth or adults in an educational, mental health, or human services program

Direct Service Staff

-Orientation/training curriculum for staff

TRANSPORTATION

Maintain in Agency File:

-Valid Wisconsin driver's license

-Proof of Wisconsin minimum auto insurance

*QTT- Qualified Treatment Trainees are clinical students or masters-level professionals who have an "in-training" license and are required by DHS 35 to be working within a certified outpatient mental health clinic. See DHS 35.03 for the qualifications of a QTT.

**Agency must maintain documentation of all training of staff in their personnel files

INPATIENT SERVICES

ASSESSMENT INPATIENT

Submit to CCF:

- State of Wisconsin – Physician/Clinician license
- Medical Assistance Number
- Certificate of Liability Insurance

PARTIAL HOSPITALIZATION

Maintain in Agency File:

- Agency License/Credentials as required by State of Wisconsin Regulations
- Certificate of Liability Insurance

PSYCHIATRIC HOSPITALIZATION

Maintain in Agency File:

- Agency License/Credentials as required by State of Wisconsin Regulations
- Certificate of Liability Insurance

PSYCHIATRIC HOSPITALIZATION – ER VISIT

Maintain in Agency File:

- Agency License/Credentials as required by State of Wisconsin Regulations
- Certificate of Liability Insurance