



## **CERTIFICATION GUIDE**

Rev. 1/1/2018

### **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 years 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 program participants keep on file with their agency, verification of a valid Wisconsin driver's license and proof of Wisconsin minimum auto insurance coverage.

### **Medical Assistance Number (required for Mental Health and AODA Providers)**

Providers, or provider agencies, who do not have a **current and valid** Medical Assistance (MA) number, will be given 6 months to obtain an MA number. Clinicians who fail to obtain their MA number within 6 months of entry into the network 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:

- State of Wisconsin Physician/Clinician license
  - o If a QTT license, they must be working within a DHS 35 certified outpatient mental health clinic
- 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**

### **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, or PA)
- Medical Assistance Number

### **FAMILY 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

## **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:

- 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

## OUTPATIENT SERVICES Continued

### **INDIVIDUAL 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

### **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

## **NON-TRADITIONAL SERVICES**

### **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)

### **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 Continued**

### **BEHAVIOR MANAGEMENT SERVICES (Not Applied Behavioral Analysis)**

Submit to CCF:

- Bachelor's degree in a human service 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), (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

### **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

### **INDEPENDENT LIVING SKILLS**

#### Submit to CCF:

- Resume or letter of recommendation documenting at least 2 years experience providing independent living skills services to children, youth or adults in an educational, mental health, or human services program
- Minimum of a Bachelor's Degree in a human service related field; OR
- Verification of at least 12 hours of training on an annual basis\*\*

### **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 AIDE/MENTORING**

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
- Minimum of a Bachelor's Degree in a human service related field; OR
- Verification of at least 12 hours of training on an annual basis\*\*

### **PARENT COACHING**

Submit to CCF:

- Resume or Curriculum Vitae
- Present Moment Parent Coach Certification
- Minimum of a Bachelor's Degree in a human service 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
- Minimum of a Bachelor's Degree in a human service 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 service 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 staff training 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