



## **CERTIFICATION GUIDE**

Rev. 1/1/2020

### **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 and Quality Care Specialist 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

## **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

### **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