

DCDHS Crisis Billing Roster Form Instructions

Contents

DCDHS Crisis Billing Roster Form Instructions	1
Purpose:	3
How the form works:	3
What you need before starting:.....	4
Introduction	5
Start page menu & next button	5
Agency Information	6
Agency.....	6
Agency Contact Person	6
Agency = Non-contracted provider.....	6
Agency = Tullerian Inc	6
New Staff Member Information	7
Personnel information	7
Résumé	7
Professional Level	8
Substance Abuse and Peer Specialist Certification.....	9
Role & Qualifications.....	9
Reference Check	9
Caregiver Background Check	10
Background Information Disclosure (BID)	10

DOJ Background Check Results	10
Caregiver Background Check	10
Lived Outside of Wisconsin	11
Military discharge	12
Experience.....	13
Progress Check	14
Appendix: Professional Level	15
Appendix: Role & Qualifications	16

The DCDHS Crisis Billing Roster form can be accessed here: <https://bit.ly/CrisisRoster>

Purpose: This form will ultimately hold the record of staff who can bill to MA crisis. It includes agency information, staff member information and credentials, proof of reference and background checks, as well as training logs. Not all fields have to be completed at once, and for those not required right away, DCDHS clerks will update the staff member’s record as documents are submitted. Information in this form will be used to establish ongoing eligibility to bill to crisis as well as serve as a repository for annual compliance audits by the Wisconsin DHS.

How the form works:

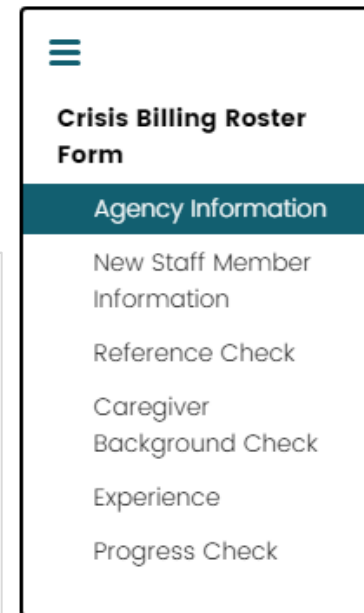
Submitting forms

- The form remembers your progress so you need to submit one form before starting a new one
- If you close out of the form before submitting it, the next time you go to the link it will remember what you had previously entered as long as you access the form from the same device
- Your progress automatically saves when you change pages

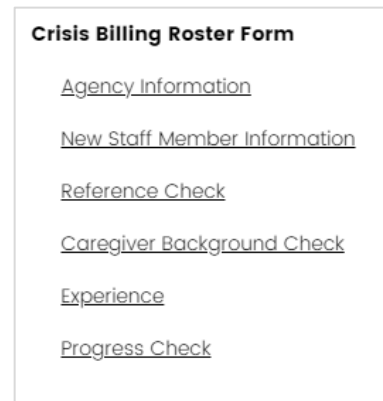
Navigation & requirements

- The form allows you to skip around sections
- “Progress Check” includes section headers and descriptions of what is needed before the form can be submitted
- Once all requirements are met, the “Progress Check” page will display a Submit button
- The start page allows you to choose what section you want to start at
- After starting a form, the hamburger menu on the left of the survey allows you to navigate to different sections
- There are Next (→) and Back (←) buttons to navigate through the form in the order of the menus to the right

Hamburger menu:



Start page menu:



What you need before starting: Be sure you have the following before starting the form:

- New Staff Member Information
 - Last name
 - First name
 - Date of birth (on BID)
 - Start date in position providing Crisis services
 - Determination of Crisis services [professional level](#)
 - Determination of DHS 34 [role & qualifications](#)
 - Know if person lived outside of Wisconsin in the last three (3) years (Section B, Question 4 on BID)
 - Know if the person was discharged from the military in the last three (3) years (Section B, Question 3 on BID)
- Agency Information
 - Agency name
 - Agency contact person **name**
 - Agency contact person **email**
 - Agency contact person **phone number**
- Two reference checks (letters of recommendation or documentation of other reference check)
- Digital copies of
 - Résumé or other documentation of the work history of the person being rostered
 - Completed [Background Information Disclosure \(BID\)](#) form
 - WI Department of Justice (DOJ) background check result
 - WI Department of Health Services (DHS) background check response letter
 - *For Bachelors, Doctoral, and some Master professional level staff, copy of degree (or other proof of degree attainment)*
 - *For Certified Peer Specialist professional level staff, Certified Peer Specialist credential*

Troubleshooting: Questions about the form or technical difficulties should be emailed to crisisbillingsupport@danecounty.gov. Questions about definitions of roles, qualifications, or other rostering questions may be answered in the Dane Crisis Provider Network (DCPN) [DHS 34 Crisis Services Medicaid Billing Handbook](#) or can be directed to your contract manager.

Home Screen

Introduction

Provides a brief introduction of needed information and documentation to complete this form (see [What you need before starting](#)).

Start page menu & next button

The bottom of the page provides information on how to navigate the form - Next (→) and Back (←) buttons, start page menu, and a hamburger menu that is anchored on the left of subsequent pages.

Either choose a section to start at by clicking on the title in the start page menu, or use the Next (→) button to begin with Agency Information.

Home screen:



This fillable form will collect all the information needed to add a new staff person to the crisis billing roster. Please see the Provider Instruction Guide for detailed instructions and requirements (note this is linked in the header of every page).

Please do not submit the form until all required documentation is uploaded. A completed Background Information Disclosure (BID) form is required, so please have an electronic copy available before beginning this form. Depending upon the staff person's licensure status and education level, additional documentation (such as a copy of a degree or Certified Peer Specialist credential) may be required.

You can use the menu below to start in any section. There is a menu to the left that you can use to move between sections. To advance through the form use the arrow button. If you want to hop between sections, you will need to complete all required questions on the page and then you can use the home button or menu on the left to go to a different section.

Crisis Billing Roster Form

[Agency Information](#)

[New Staff Member Information](#)

[Reference Check](#)

[Caregiver Background Check](#)

[Experience](#)

[Progress Check](#)



Agency Information

Agency

Use the drop down menu to select the agency where the staff member works. If an agency is not listed and is a non-contracted group home provider, select Non-contracted provider.

Agency Contact Person

Provide the name (first and last) and email of the person DCDHS should follow-up with if there are questions or more information is needed after initial roster submission. This contact email address is where the form submission confirmation will be sent.

If Agency = Non-contracted provider

If you select “Non-contracted provider” as the agency, an additional pair of fields will appear between Agency and Agency Contact Person.

This section requires you to input the Agency or Business name and phone number. If known, you should also provide the program number for which the staff member will bill crisis. If you do not know the program number, please leave this box blank and move on to the Agency Contact Person section.

If Agency = Tellurian Inc.

If you select the agency is “Tellurian Inc.” an additional question will appear between Agency and Agency Contact Person. Review the list of program numbers and select all the program numbers the staff member **may** work in / bill to.

Be comprehensive - even if a staff member will only fill in or cover a program, that program should be selected.

Tellurian programs:

Please select all program numbers under which the staff person **may** bill the Crisis MA benefit (including programs where they may fill in/cover).

Please check all that apply.

- 13235 - Acewood
- 13269 - Care Center
- 13236 - Crawford
- 13523 - Rethke
- 13234 - THP

Agency Information screen:

Agency Information

Please fill out your agency information and contact information below.
Your contact information will be used for follow-up if we have any questions or need more information about the roster submission.

Agency

Agency Contact Person

This is the person at your agency who should be contacted with follow-up requests or information regarding this entry.

Name

Email

Phone (including area code)

Additional information for Non-contracted providers:

Please provide the following information.

Agency/Business Name

Crisis Billing program number (if known)

New Staff Member Information

Personnel information

Fill in the form fields as they appear. The first box should have the staff member's **last** name and the second box should contain their **first** name. This name should match the full name that appears on the staff member's criminal background check.

You will need to enter the staff member's date of birth in mm-dd-yyyy format. This field is restricted to only allow dates of birth for providers between 18 years old and 95 years old.

The last field is for the staff member's start date. Start date is the first date in the position where the staff member is responsible for providing crisis services. You are allowed to enter start dates in the future.

The date fields will display a calendar. If you prefer, you can scroll the calendar to select the date or you can type it by hand with dashes between month, day, and year. Typed dates may automatically change formatting but it won't change the date entered.

Résumé

Use the interactive box to upload a copy of the staff member's résumé or other documentation of the staff member's work history (such as a completed employment application that includes this information).

You may only upload one document in the box. To ensure DCDHS can open the file, we encourage you to upload PDFs, JPG, PNG or Microsoft Word files. Files must be saved locally on the computer, the box cannot communicate with programs like Google Drive.

Personnel information:

Please fill out the following information about the **PERSON YOU ARE ROSTERING**

Last name of new staff person	<input type="text"/>
First name of new staff person	<input type="text"/>
Date of birth of new staff person (mm-dd-yyyy)	<input type="text"/>
Start date in position providing Crisis services (mm-dd-yyyy)	<input type="text"/>

Résumé:

Please upload the résumé of the person you are rostering.

Drop files or click here to upload

When uploading files, we encourage you to upload the following formats: PDF, JPG, PNG, DOC or DOCX. Uploading other types of files may result in errors. If you cannot get a file in one of those formats you can try

1. Putting the file within a [ZIP file](#)
2. Making sure the file is one of the following extensions: DOC, DOCX, TXT, ODT, CSV, XLS, XLSX, ODS, JPG, PNG, GIF.

Professional Level

Read the instructions carefully to identify the staff member’s [professional level](#) for [crisis services](#). This may be different than their professional level for other types of Medicaid services like CRS and CCS. Read through the professional level table and select the highest level that is applicable to the staff member. The highest level is the one closest to the top of the chart. You will indicate the level in the drop down box below the table.

If you select...

- **Psychiatrist or APNP**, no further documentation is required as DCDHS will use public records to verify the staff member’s current licensure.
- **Doctoral or Bachelors**, you are required to upload a copy of the staff member’s degree (or other proof of degree attainment) before submitting the form. We only need a copy of the highest, most relevant degree achieved. Should the staff member hold multiple degrees and you want to provide a copy of all of their degrees, you may upload them in a zip file.
- **Masters**, you are asked to confirm if the staff member holds any additional credentials from this list: Licensed Clinical Social Worker (LCSW), Certified Advanced Practiced Social Worker (CAPSW), Licensed Marriage and Family Therapist (LMFT), or Licensed Professional Counselor (LPC). Respond “yes” or “no” to each credential in the matrix table (see [Additional Credentials for those with a Masters](#) on the next page).
 - If the staff member has any of those credentials (“yes” is selected at least once) no further documentation is required. DCDHS will verify current licensure using public records.
 - If the staff member does not hold any of those credentials (“no” is selected for all) you are required to upload a copy of the staff member’s Masters degree (or other proof of degree attainment, such as a transcript that shows a degree was conferred)
- **First Responder Level 2 or First Responder Level 1** is selected then no further documentation is required. DCDHS will verify current licensure using public records.
- **Certified Peer Specialist** requires you to upload a copy of the staff member’s certification.
- **Paraprofessional** no additional documentation is required.

Professional Level:

Professional Level means the level at which the staff member may bill Medicaid for Crisis services. A staff member’s Professional Level for Crisis services may differ from their Professional Level for a different type of Medicaid service (e.g., CCS). Professional Levels for Crisis are established in [Forward Health topic #6777](#) and are distinct from staff member qualifications under [DHS 34.21\(3\)\(b\)](#). Please use the description provided below to identify and select the appropriate (highest) Professional Level.

Professional Level	Modifier	Description
Psychiatrist	UA	Psychiatrist
APNP	UB	Advanced Practice Nurse Practitioner
Doctoral	HP	Doctoral degree in a field of psychology, social work, human services, counseling, education, or another closely related discipline.
Masters	HO	Masters degree in a field of psychology, social work, human services, counseling, education, or another closely related discipline.
Bachelors	HN	Bachelors degree in a field of psychology, social work, human services, counseling, education or another closely related discipline.
First Responder Level 2	U3	Paramedic or Paramedic with Critical Care Endorsement for Inter-Facility Transport
First Responder Level 1	U2	Emergency Medical Responder, EMT (Emergency Medical Technician), Advanced EMT, or EMT-Intermediate
Certified Peer Specialist	U8	Certified Peer Specialist
Paraprofessional	U7	Other qualified staff member

Substance Abuse and Peer Specialist Certification

A response is not required in order to submit the form. However, it is appreciated and will be used to understand what proportion of the crisis services workforce have these additional credentials. If the staff member has a Substance Abuse credential such as *Clinical Substance Abuse Counselor, Substance Abuse Counselor, Substance Abuse Counselor-In-Training*, then check the first box. If they do not, then do not check the box. Likewise if they have their Peer Specialist Certification then check the second box. If they do not hold a Peer Specialist Certification then leave that box unchecked. If they do not hold either type of certification then check the third option, “Neither”.

Role & Qualifications

In addition to selecting a professional level, you are required to indicate the [role and qualifications](#) of the staff member being rostered. These qualification categories are different than professional level and are defined in DHS 34. There are several numbers in blue underline within the response options. Hover over each number in the online form to see more information – be patient as it may take a few seconds for the box with additional information to appear. Definitions are also provided in an [appendix](#) to this document. After reviewing the categories, pick the one that best describes the staff member’s role and qualifications. If you have questions about a staff member’s qualifications, please consult your contract manager.

Reference Check

There is only one yes/no question in this section that must be answered before submitting the form. You do not need to upload any documentation of reference checks. However, you will not be allowed to submit a staff member for rostering if you answer “no” to this question. In the event of an audit, you will be asked to provide documentation of completed reference checks within the same business day as the audit request. Documentation of reference check completion include a formal letter, email, or other written communication with contact information and date of completion. Reference checks conducted via phone should be documented in writing.

Additional Credentials for those with a Masters:

Does the staff member hold any of the following credentials?
Please choose one response per row.

	Yes	No
Licensed Clinical Social Worker	<input type="radio"/>	<input type="radio"/>
Certified Advanced Practice Social Worker	<input type="radio"/>	<input type="radio"/>
Licensed Marriage and Family Therapist	<input type="radio"/>	<input type="radio"/>
Licensed Professional Counselor	<input type="radio"/>	<input type="radio"/>

Substance Abuse & Peer Specialist Certification:

Please indicate whether the staff member you are rostering has either of the following.
This question is for information only. Please check all that apply.

- A Substance Abuse credential such as Clinical Substance Abuse Counselor, Substance Abuse Counselor, Substance Abuse Counselor-In-Training
- Peer Specialist Certification
- Neither

Role & Qualifications:

Please select which of the following categories best describes the role and qualifications of the staff member you are rostering.

These qualification categories are established in [DHS 34.21\(3\)\(b\)](#), and DHS 34 regulation uses them to specify the responsibilities, capabilities, and limitations of staff members with various qualifications, including, but not limited to, dictating the scope of practice with regard to crisis services and providing guidelines around clinical supervision. **These qualification categories are distinct from Professional Levels used for Medicaid billing.**

Select only one. Hover over blue text for more information.

- Psychiatrist or Psychologist qualified under DHS 34.21(3)(b) [1](#) [2](#)
- Clinical supervisor, psychiatric nurse, or other staff qualified under DHS 34.21(3)(b) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#)
- Other professional staff qualified under DHS 34.21(3)(b) [9](#) [10](#) [11](#) [12](#) [13](#) [14](#)
- Staff qualified under DHS 34.21(3)(b) [15](#) [16](#) [17](#) [18](#) [19](#)

Caregiver Background Check (CBC)

For more information from DHS about Caregiver Background Checks, click [here](#).

Background Information Disclosure (BID)

Use the interactive box to upload a copy of the staff member’s background information disclosure (BID) form. You may only upload one document in the box. That document can be in any file format. To ensure DCDHS can open the file, we encourage you to upload PDFs, JPG, PNG or Microsoft Word files. Files must be saved locally on the computer, the box cannot communicate with programs like Google Drive. **This document is required before you can submit the form.**

DOJ Background Check Results

Use the interactive box to upload a copy of the staff member’s DOJ Background Check Results. Recall, you may only upload one document in the box. That document can be in any file format. To ensure DCDHS can open the file, we encourage you to upload PDFs, JPG, PNG or Microsoft Word files. Files must be saved locally on the computer, the box cannot communicate with programs like Google Drive.

This document is required before you can submit the form.

DHS Response Letter

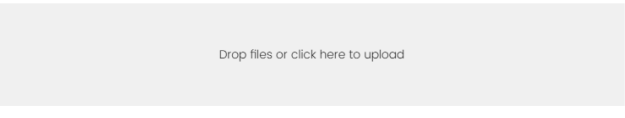
Use the interactive box to upload a copy of the staff member’s “Response to Caregiver Background Check” letter. Recall, you may only upload one document in the box. That document can be in any file format. To ensure DCDHS can open the file, we encourage you to upload PDFs, JPG, PNG or Microsoft Word files. Files must be saved locally on the computer, the box cannot communicate with programs like Google Drive. **This document is required before you can submit the form.**

BID:

Please upload a copy of the new staff person’s Background Information Disclosure (BID) form.

This is required at time of form submission.

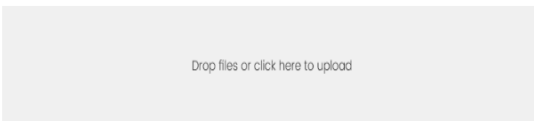
Background Information Disclosure (BID) form upload:



Drop files or click here to upload

DOJ Background Check Results:

Q4.2. DOJ Background Check results:



Drop files or click here to upload

Please upload a copy of the “Response to Caregiver Background Check” letter from Wisconsin DHS.

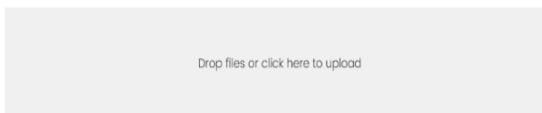
This is required at time of form submission.

DHS Response Letter:

Please upload a copy of the “Response to Caregiver Background Check” letter from Wisconsin DHS.

This is required at time of form submission.

Q4.3. Response to Caregiver Background Check letter:



Drop files or click here to upload

Lived Outside of Wisconsin

The next question requires you to indicate if the staff member has resided outside of the state of Wisconsin at any time during the past three (3) years preceding the **date of the background check**. The answer to this question is reported by the staff member in Section B, Question 4 of their Background Information Disclosure (BID). Input this answer into the rostering form. If you choose “No” nothing else is required.

If you choose, “Yes” then out-of-state records (or documentation of a good faith effort to obtain such records) is required within three (3) months of the staff member’s start date. Documentation is necessary, even for a good faith effort.

If out-of-state background check documentation is available now, it can be uploaded by selecting “Yes” to the question **Are you ready to upload the out-of-state background check record?** A file upload question will appear. Upload the file into the interactive box. Recall, you may only upload one document in the box. That document can be in any file format. To ensure DCDHS can open the file, we encourage you to upload PDFs, JPG, PNG or Microsoft Word files. Files must be saved locally on the computer, the box cannot communicate with programs like Google Drive. Multiple files can be combined into one zip file for uploading.

If such documentation is unavailable at the time of rostering, choose “No.” You will be responsible for submitting these records to crisisbillingsupport@danecounty.gov within three (3) months of the staff member’s start date to finish staff’s rostering. The new staff can bill MA Crisis until the Out-of-State results are submitted. Results must be submitted within 3 months to continue billing MA Crisis.

Lived Outside of Wisconsin:

Additional Background Check Information:

Has the staff person resided outside of the state of Wisconsin at any time during the 3 years preceding the date of the background check?

This information is reported by the staff member on the Background Information Disclosure (BID) form, Section B, Question 4.

Yes

No

Lived Outside of Wisconsin (Yes):

Out-of-state records (or documentation of a good faith effort to obtain such records) is required.

If you do not have this document yet you must submit them within 3 months of the person’s start date in the position providing Crisis services by emailing it to DCDHS (crisisbillingsupport@countyofdane.com).

Are you ready to upload the out-of-state background check record?

Yes

No

Out-of-state background check record:

Drop files or click here to upload

Military discharge

The next question requires you to indicate if the staff member has been discharged from the military within the three (3) years preceding the **staff member's start date**. The answer to this question is reported by the staff member in Section B, Question 3 of their Background Information Disclosure (BID). Input this answer into the rostering form. If you choose "No" nothing else is required.

If you choose "Yes" then military discharge documentation (DD-214) is required. If a copy of the staff member's DD-214 is available now, it can be uploaded by selecting "Yes" to the question **Are you ready to upload the military discharge documentation?** A file upload box will appear. Upload the file into the interactive box. Recall, you may only upload one document in the box. That document can be in any file format. To ensure DCDHS can open the file, we encourage you to upload PDFs, JPG, PNG or Microsoft Word files. Files must be saved locally on the computer, the box cannot communicate with programs like Google Drive. Multiple files can be combined into one zip file for uploading.

If the DD-214 is unavailable at the time of rostering, choose "No". You will be responsible for submitting it to crisisbillingsupport@danecounty.gov within three (3) months of the staff member's start date to finish staff's rostering. The new staff can bill MA Crisis until the Military Discharge results are submitted. Results must be submitted within 3 months to continue billing MA Crisis.

Military Discharge:

Additional Background Check Information:

Was the person discharged from the military within the three years preceding the start date?

This information is reported by the staff member on the Background Information Disclosure (BID) form, Section B, Question 3.

Yes

No

Discharged from Military (Yes):

Military discharge documentation is required.

If you do not have this document yet you must submit them within 3 months of the person's start date in the position providing Crisis services by emailing it to DCDHS (crisisbillingsupport@countyofdane.com).

Are you ready to upload the military discharge documentation?

Yes

No

Military discharge documentation:

Drop files or click here to upload

Experience

The final section asks you to attest to the amount of experience the staff member has in providing **emergency mental health services**, prior to their start date. Recall, start date is the first date in the position where the staff member is responsible for providing crisis services. This means that a staff member who provided crisis services at another agency prior to their start date at their current agency can count historical crisis services provisions toward their cumulative months of experience. If the staff person has **at least six (6) months** of applicable experience, select “Yes”. If they have **less than six (6) months** of applicable experience, select “No.”

The length of their experience will determine the number of hours of Crisis services orientation the staff member must complete. These hours must be completed within three (3) months of the staff member’s start date in the position providing Crisis Services.

A link to the orientation training log template will be emailed to the Agency Contact person and is linked on the Crisis Billing website: <https://providers.dcdhs.com/DCPN>. That person is responsible for sharing the training link with the staff member being rostered and/or their supervisor. Upon completion of the hours, the Agency Contact person should email DCDHS at crisisbillingsupport@danecounty.gov to update the staff member’s record with proof of orientation completion. Staff members with 6 months or more of applicable experience must complete 20 hours of training. Staff with less than 6 months of applicable experience must complete 40 hours of training.

Experience:

Does the new staff person have at least six months of experience providing emergency mental health services, obtained prior to their start date?

Yes

No

The new staff person must complete **40 hours** of Crisis services orientation training per DHS 34 requirements. You will receive a link to the orientation training checklist upon submission of this form. You must submit the completed checklist within three months of the person’s start date in the position providing Crisis services by emailing it to DCDHS (crisisbillingsupport@countyofdane.com).

Progress Check

The progress check page does not allow any input. It is the system scanning the form and letting you know what information is missing or if the form is ready for submission. There are two screens – First, is a message that the program is reviewing your entry. The second screen will either

- (1) **indicate what pieces of information are still required.** This information is broken out by tab name. To fix these issues, use the hamburger menu to navigate to sections with needed responses. There are no other navigation buttons available when information is missing.
- (2) **show that all information is complete and display a Submit button.** Use the button to turn in your form. *The form is not completed until it has been submitted.*

The system automatically bounces between these pages each time you navigate to the Progress Check page. Be aware the screen may flash and bounce quickly between these two pages more than once. That means the system worked a little too fast in its check and got ahead of itself. Please be patient as it will work itself out and stop on the 2nd page. Should this go on and not seem like it will stop, close your browser and come back to <https://bit.ly/CrisisRoster>. If you are still having trouble after doing this, email crisisbillingsupport@danecounty.gov and include “Crisis Billing Form malfunction” in the subject line.

1st page, message checking form

Crisis Billing Roster Form

- ✓ Agency Information
- ✓ New Staff Member Information
- ✓ Reference Check
- ✓ Caregiver Background Check
- ✓ Experience
- Progress Check

We are reviewing your submission...

Please reach out to crisisupport@danecounty.gov with any questions or concerns. Thank you!

Dane County Department of Human Services

2nd page, missing pieces

Crisis Billing Roster Form

- Agency Information
- New Staff Member Information
- Reference Check
- Caregiver Background Check
- Experience
- Progress Check

See the errors listed below. Use the menu to the left to go back and fix these. Once everything is fixed, you will see a submit button on this page.

Under **Agency Information** please provide:

- Agency name
- Agency contact person **name**
- Agency contact person **email**
- Agency contact person **phone number**

Under **New Staff Member Information** please provide:

- Last name
- First name
- Date of birth
- Start date in position providing Crisis services
- Resume
- Crisis services Professional Level
- Description of the role and qualifications of the staff member being rostered

2nd page, form complete and ready to submit

Crisis Billing Roster Form

- Agency Information
- New Staff Member Information
- Reference Check
- Caregiver Background Check
- Experience
- Progress Check

Click the submit button to turn in your roster entry!

Agency information is complete!

New Staff Member Information is complete!

Reference Check is complete!

You have entered enough information in the Caregiver Background Check section to submit this form! Be aware more documentation may be due in these first three months.

Experience is complete!

Submit

Appendix: Professional Level

Professional Level means the level at which the staff member may bill MA for Crisis services. A staff member's Professional Level for Crisis services may differ from their Professional Level for a different type of Medicaid service (e.g., CCS). Professional Levels for Crisis are established in [Forward Health topic #6777](#) and are distinct from staff member qualifications under [DHS 34.21\(3\)\(b\)](#).

Please use the description provided below to identify and select the appropriate (highest) Professional Level.

Professional Level	Modifier	Description
Psychiatrist	UA	Psychiatrist
APNP	UB	Advanced Practice Nurse Practitioner
Doctoral	HP	Doctoral degree in a field of psychology, social work, human services, counseling, education, or another closely related discipline.
Masters	HO	Masters degree in a field of psychology, social work, human services, counseling, education, or another closely related discipline.
Bachelors	HN	Bachelors degree in a field of psychology, social work, human services, counseling, education or another closely related discipline.
First Responder Level 2	U3	Paramedic or Paramedic with Critical Care Endorsement for Inter-Facility Transport
First Responder Level 1	U2	Emergency Medical Responder, EMT (Emergency Medical Technician), Advanced EMT, or EMT-Intermediate
Certified Peer Specialist	U8	Certified Peer Specialist
Paraprofessional	U7	Other qualified staff member

Appendix: Role & Qualifications

These qualification categories are established in [DHS 34.21\(3\)\(b\)](#), and DHS 34 regulation uses them to specify the responsibilities, capabilities, and limitations of staff members with various qualifications, including but not limited to, dictating the scope of practice with regard to crisis services and providing guidelines around clinical supervision.

These qualification categories are distinct from and may not align with the Professional Levels used for MA billing.

- **Psychiatry or Psychologist qualified under DHS 34.21(3)(b)1-2**
 - DHS 34.21(3)(b)1: Psychiatrists shall be physicians licensed under ch 448, Stats., to practice medicine and surgery and shall have completed 3 years of residency training in psychiatry or child psychiatry in a program approved by the accreditation council for graduate medical education and be either board-certified or eligible for certification by the American board of psychiatry and neurology.
 - DHS 34.21(3)(b)2: Psychologists shall be licensed under ch 445, Stats., and shall be listed or meet the requirements for listing with the national register of health service providers in psychology or have a minimum of year of supervised post-doctoral clinical experience related directly to the assessment and treatment of persons with mental disorders.
- **Clinical supervisor, psychiatric nurse, or other staff qualified under DHS 34.21(3)(b)3-8**
 - DHS 34.21(3)(b)3: Psychology residents shall hold a doctoral degree in psychology meeting the requirements of s. 445.04(1)(c), Stats., and shall have successfully completed 1500 hours of supervised clinical experience as documented by the Wisconsin psychology examining board.
 - DHS 34.21(3)(b)4: Psychiatric residents shall hold a doctoral degree in medicine as a medical doctor or doctor of osteopathy and shall have successfully completed 1500 hours of supervised clinical experience as documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.
 - DHS 34.21(3)(b)5: Certified independent clinical social workers shall meet the qualifications established in ch 457, Stats., and be certified by the examining board of social workers, marriage and family therapists, and professional counselors.
 - DHS 34.21(3)(b)6: Psychiatric nurses shall be licensed under ch 441, Stats., as a registered nurse, have completed 3000 hours of supervised clinical experience and hold a master's degree in psychiatric mental health nursing from a graduate school of nursing accredited by the national league for nursing.
 - DHS 34.21(3)(b)7: Professional counselors and marriage and family therapists shall meet the qualifications required established in ch 457, Stats., and be certified by the examining board of social workers, marriage and family therapists, and professional counselors.
 - DHS 34.21(3)(b)8: Master's level clinicians shall be persons with a master's degree and coursework in areas directly related to providing mental health services, including clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance or counseling psychology. Master's level clinicians shall have 3000 hours of supervised clinical experience or be listed in the national registry of health care providers in clinical social work, the national registry of health care providers in clinical social work, the national association of social workers register of clinical social workers, the national academy of certified mental health counselors or the national register of health service providers in psychology.

- **Other professional staff qualified under DHS 34.21(3)(b)9-14**
 - DHS 34.21(3)(b)**9**: Post master’s level clinician interns shall have obtained a master’s degree as provided in subd. 8, and have completed 1500 hours of supervised clinical experience, documented as provided in subd. 4.
 - DHS 34.21(3)(b)**10**: Physician assistants shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 8 and 14 and shall have had at least one year of experience working in a clinical mental health facility, or there shall be a specific plan for the person to acquire equivalent training and skills within 3 months after beginning employment.
 - DHS 34.21(3)(b)**11**: Registered nurses shall be licensed under ch. 441, Stats., as a registered nurse, and shall have had training in psychiatric nursing and at least one year of experience working in a clinical mental health facility, or there shall be a specific plan for the person to acquire equivalent training and skills within 3 months after beginning employment.
 - DHS 34.21(3)(b)**12**: Occupational therapists shall have obtained a bachelors degree and have completed a minimum of one year of experience working in a mental health clinical setting, and shall meet the requirements of s. DHS 105.28(1).
 - DHS 34.21(3)(b) **13**: Certified social workers, certified advance practice social workers and certified independent social workers shall meet the qualifications established in ch. 457, Stats., and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists, and professional counselors.
 - DHS 34.21(3)(b) **14**: Other qualified mental health professionals shall have at least a bachelor’s degree in a relevant area of education or human services and a minimum of one year of combined experience providing mental health services, or work experience and training equivalent to a bachelor’s degree including a minimum of 4 years of work experience providing mental health services.
- **Staff qualified under DHS 34.21(3)(b)15-19**
 - DHS 34.21(3)(b)**15**: Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession, and shall have at least one year of experience in a mental health clinical setting.
 - DHS 34.21(3)(b)**16**: Certified occupational therapy assistants shall have at least one year of experience in a mental health clinical setting and shall meet the requirements of s. DHS 105.28(2).
 - DHS 34.21(3)(b)**17**: Licensed practical nurses shall be licensed under ch. 441, Stats., as a licensed practical nurse and have had either training in psychiatry nursing or one year of experience working in a clinical mental health setting.
 - DHS 34.21(3)(b)**18**: Mental health technicians shall be paraprofessionals who are employed on the basis of personal aptitude and life experience which demonstrates their ability to provide effective emergency mental health services.
 - DHS 34.21(3)(b)**19**: Clinical students shall be students currently enrolled in an academic institution and working toward a degree in a professional area identified in this subsection who are providing services to the program under the supervision of a staff member meeting the qualifications under this subsection for that professional area.