

INDIVIDUAL PROVIDER STATUS APPROVAL APPLICATION AND SUPERVISOR AFFIDAVIT

- Outpatient psychotherapy clinics certified under DHS 35, Wis. Admin. Code, must maintain the minimum personnel and service requirements specified in DHS 35.123, Wis. Admin. Code. Staff meeting those requirements may also qualify as a provider for purposes of third party insurance for mandated benefits (per Chapter 632.89, Wis. Stats.) and for community service payments made to county-contracted providers (per Chapter 51.42, Wis. Stats.).
- This application is required for providers that need confirmation that their master's level course work and post-master's supervised clinical experience meet the minimum requirements identified in DHS 35.02(10), Wis. Admin. Code. This process is distinct from the licensure process established through the Department of Safety and Professional Services (DSPS) for Social Workers, Marriage and Family Therapists, and Professional Counselors. Professionals currently licensed by DSPS as a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, or Licensed Professional Counselor are not required to complete the Individual Provider Status Approval application.
- If you wish to obtain individual certification and an MA provider number, you will also need to contact Forward Health / Provider Maintenance / Medical Assistance Fiscal Intermediary at **1-800-947-9627**. Approval as an outpatient psychotherapy provider (Mental Health Practitioner) under DHS 35.02(10), Wis. Admin. Code, does not automatically extend to MA approval.
- Personal information collected on this form will be used during the review process and is subject to disclosure under Wisconsin's Open Records Law.
- Additional copies of this form may be accessed at: <http://www.dhs.wisconsin.gov/forms/DQAnum.asp>
- If you have questions about the completion of this form, call: **608-261-0656**.
- Mail this completed form to: **Division of Quality Assurance / ATTN: Chief, BHC Section / P.O. Box 2969 / Madison, WI 53701-2969**

Requirements for Individual Provider Status Approval

To qualify as a master's level mental health practitioner, persons employed by a certified mental health clinic must meet the following requirements:

1. An acceptable and appropriate master's degree from an accredited college or university:
 - A social worker with a master's degree from a graduate school of social work accredited by the Council on Social Work Education (**with clinical emphasis**, rather than administrative, research, or other course emphasis);
 - Master's degree in psychiatric mental health nursing from a graduate school of nursing accredited by the National League for Nursing;
 - Master's degree and course work in psychology, clinical psychology, school psychology, counseling and guidance, counseling psychology, or another behavioral science or related field. **NOTE:** Master's degrees in the behavioral sciences or related fields include a minimum of 60% (or 28 semester hours) of graduate course credit in mental health theory and supervised clinical practicum that is documented by an official transcript.
2. Three thousand (3,000) hours of supervised clinical practice experience, including at least 1,000 hours of face-to-face contact with consumers, is required for all master's degree "mental health practitioners." This experience shall have been gained after the granting of a master's degree (or before, if the professional had an appropriate bachelor's degree and was in a paid position as a social worker in an inpatient psychiatric unit or a mental health professional in a community support program). The clinical experience must have been gained providing psychotherapy to clients diagnosed as mentally ill under DSM-IV. Experiences providing AODA counseling to clients will count only if clients were diagnosed using DSM-IV criteria. A maximum of 750 hours may be earned providing AODA services as a clinical substance abuse counselor. All other requirements must be met before these hours will be counted.

Psychotherapy – Clinical Practice

Clinical practice experience means psychotherapeutic "eyeball-to-eyeball" contact with diagnosed mentally ill clients and any activity associated with that contact (e.g., assessments, evaluation, the writing of treatment plans, progress notes, and supervision). It does not mean **all** job experiences in a social services setting or as a school social worker or those duties whereby a person might have performed a variety of tasks (e.g., grant writing, prevention, talking to local groups).

Chapter DHS 35.03(17) provides references to the definition of psychotherapy set forth in s. 457.01(8m) or 455.01(6), Wis. Stats. These definitions state:

- **s. 457.01(8m)** "Psychotherapy" means 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.
- **s. 455.01(6)** "Psychotherapy" means the use of learning, conditioning methods, and emotional reactions in a professional relationship to assist persons to modify feelings, attitudes, and behaviors which are intellectually, socially, or emotionally maladjustive or ineffectual.

INDIVIDUAL PROVIDER STATUS APPROVAL APPLICATION

I. Applicant Contact Information

Name - Applicant	Telephone Number	E-mail Address		
Mailing Address	City	State	Zip Code	

II. Qualifying Academic Information – Master’s Degree(s)

Name of Educational Institution	Degree Attained	Date Conferred

If you have standing in any of the following, (1) check the applicable box, (2) skip Sections II and III, and (3) submit verification, i.e., a copy of certificate from the organization.

- National Registry of Health Care Providers in Clinical Social Work
- National Academy of Certified Mental Health Counselors
- National Register of Health Care Providers in Psychology
- National Board of Certified Counselors with Certified Clinical Mental Health Counseling (CCMHC) approval

III. Post Master’s Clinical Experience

Name of Facility	Dates		Supervisor / Degree
	From	To	

IV. Paid Pre-Master’s Social Work Experience in Psychiatric / Inpatient Programs

Name of Facility	Dates		Supervisor / Degree
	From	To	

V. Attestation

I attest that the information provided on this application is true and correct.

SIGNATURE – Applicant	Date Signed
-----------------------	-------------

The following items are enclosed:

- Copy of diploma
- Official copy of college transcript(s) of Master’s and / or Ph.D. (Psy.D.) coursework
- Supervisor Affidavit(s)
- Copy of certificate(s) validating membership in professional organization(s)

SUPERVISOR AFFIDAVIT

Completion of the affidavit portion of this form is voluntary; however, the information provided to the Department will be used to confirm that clinic personnel employed by a certified outpatient mental health clinic meet the minimum requirements as specified in DHS 35.03(10), Wis. Admin. Code. Failure to provide the information requested on this form may result in denial of the application.

Name – Applicant

Date Submitted

The applicant has applied for approval as an outpatient psychotherapy provider and to qualify for third-party insurance and other mandated benefits reimbursement. In addition to appropriate master's degree educational credentials, the applicant must accumulate a total of 3,000 hours of post-master's clinical practice experience (defined as providing psychotherapy to clients with a primary diagnosis of mental illness under DSM-IV) under qualified supervision. At least 1,000 hours of the clinical experience must be face-to-face contact with consumers.

For every 40 hours of clinical practice, the applicant must have received a minimum of one hour of supervision from one of the following "qualified" professions: a master's degreed social worker (MSW) or other master's prepared professional who has individual provider status approval, a master's degreed psychiatric nurse; a psychiatrist or licensed psychologist that would meet Wisconsin licensure / certification requirements; or, other licensed psychotherapy provider under Wisconsin licensure requirements of the Department of Safety and Professional Services (DSPS).

This is an affidavit that you have provided supervision during the period indicated and that you meet the appropriate supervisory credentials.

Supervisor's Statement

I. I provided a minimum of one hour of supervision for each 40 hours of clinical practice, while the applicant served as a mental health psychotherapy clinician.

Agency Name and Address	Applicant Dates	Hours (of Qualifying Practice)
TOTAL HOURS		

II. Describe applicant's functions below.

III. Attestation: I swear that the information provided on this form is true and correct.

SIGNATURE – Supervisor

Date Signed

IV. Qualification of Supervisor (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> MD Psychiatrist Lic. No.: _____ | <input type="checkbox"/> Qualified Master's Degree Psychiatric Nurse |
| <input type="checkbox"/> Licensed "Clinical" Psychologist Lic. No.: _____ | <input type="checkbox"/> 3,000 Hours Approved Provider |
| <input type="checkbox"/> Qualified MSW Social Worker | <input type="checkbox"/> Licensed Treatment Professional (LCSW, LMFT, LPC) |