



**FREQUENTLY ASKED QUESTIONS
FOR WRAP® FACILITATORS
ABOUT MEDICAID BILLING AND RELATED TOPICS**

	QUESTION	ANSWER
1	Does the person facilitating WRAP® classes and billing for them have to be a person with life experience in recovery from a mental illness or addictions, such as a Recovery Support Specialist?	<p>No. Anyone can learn to be a WRAP® Facilitator. The person facilitating WRAP® classes should be a certified WRAP® Facilitator. (See the Levels of WRAP® Education)</p> <p>WRAP® is expected to be delivered according to the WRAP® Values and Ethics. A Certified WRAP® Facilitator delivers WRAP® and not another type of education using the name WRAP®</p> <p>Anyone who qualifies for the WRAP® Facilitator training, completes the course and is certified can facilitate WRAP®.</p>
2	If I am a Certified WRAP® Facilitator, and I am employed at a community mental health center, can Medicaid be billed for the WRAP® Classes I facilitate?	Yes, if all the necessary qualifications to bill Medicaid are met. (See below).
3	If I am employed at a mental health center and I am facilitating WRAP® Classes, but I am not a Certified WRAP® Facilitator, can Medicaid be billed?	Yes, if all the necessary qualifications to bill Medicaid are met. (See below). However, the person facilitating WRAP® classes should be a certified WRAP® Facilitator so it is delivered in the best way. (See the Levels of WRAP® Education)
4	If I am a Certified WRAP® Facilitator, and I am contracting my services out independently (i.e., I am not a regular employee of an agency, but rather come to the agency only to provide WRAP® services), can the agency bill Medicaid for the clients served in my class?	Only if you are contracted by the provider to provide the service and document directly what you do. The documentation must describe a Rule 132 service provided, be signed and dated by the person who delivered the service and include the credentials of that person. Note that Certified WRAP Facilitator is not a Rule 132 recognized credential.
5	What are the necessary qualifications to bill Medicaid?	<ol style="list-style-type: none"> (1) A Medicaid certified agency (2) A Medicaid eligible service (included on the agency's Medicaid certificate as one of the services listed in Rule 132) (3) A Medicaid eligible provider (LPHA, QMHP, MHP, RSA) (4) A Medicaid eligible client (has a Recipient Identification Number (RIN)) (5) The mental health assessment is done and a current treatment plan includes the service to be billed (6) Documentation on what service was provided, when, and by whom
6	What are the <u>Medicaid eligible services</u> which can be used to bill when providing WRAP®?	<p>WRAP® can be provided using any appropriate Rule 132 service. Medicaid can be billed as long as all qualifications to claim Medicaid are met.</p> <p>Examples of services where WRAP® can be offered include:</p> <p>Assertive Community Treatment (If you are a member of an ACT team you can provide WRAP® as part of the ACT services)</p> <p>Community Support – Group (The largest size of the CS Group which can be billed is 15, even if there are two Co-Facilitators.)</p>

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		<p>Community Support – Individual (Can't be billed for group settings)</p> <p>Community Support – Residential (Can only be billed if CS is provided in CILA or Supervised Residential settings.)</p> <p>Community Support – Team (If you are a designated member of the CS Team and providing WRAP® to consumers who are using the CS service)</p> <p>Psycho Social Rehabilitation (PSR) groups (At a ratio of 1 Facilitator to 15 participants; may be Co-Facilitated. WRAP® must be on the PSR schedule to be billed.)</p>
7	Can WRAP® classes or individual WRAP® be provided and billed in two programs at the same time?	Only one Rule 132 service (ACT, PSR, CST, etc) may be provided and billed for any one consumer at any one time for a certain length of time.
8	Can Recovery Support Specialists bill Medicaid when facilitating WRAP® classes?	The same basic qualifications noted above about necessary qualifications (#5) apply. Additionally, the Recovery Support Specialist must be a paid agency staff person who meets the minimum requirements (RSA, MHP or QMHP) for delivery of the specific Rule132 service.
9	What is a Recovery Support Specialist?	A Recovery Support Specialist (RSS) is a paid staff person with lived experience in recovery from a mental illness and sometimes from addictions. An RSS uses that life experience plus training to provide Medicaid and Non-Medicaid billable mental health services to peers. Other titles include Consumer Specialist, Recovery Specialist, Peer Specialist. In order to bill, the person must be employed in a Rule 132 qualified job category (LPHA, QMHP, MHP, RSA).
10	What is a Certified Recovery Support Specialist?	A Certified Recovery Support Specialist (CRSS) is the name of the credential someone receives who has met the qualifications for the credential through the Illinois Certification Board (also known as IAODAPCA) and is in good standing with that credentialing board. Per Rule 132, the CRSS credential permits an individual employed by an agency to provide service and bill at the MHP level.
11	I am a Certified WRAP® Facilitator and I work for an agency. Can I also be an RSA/MHP/QMHP/LPHA and a Recovery Support Specialist at the same time?	Yes. The WRAP® Facilitator certificate means that you are qualified to facilitate WRAP® either with individuals or with groups of people. An employee is assigned a job designation (RSA/ MHP/ QMHP/ LPHA) based on which Rule 132 qualified job category they fulfill. Per Rule 132, the CRSS credential permits an individual employed by an agency to bill at the MHP level.

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12	What staff can bill for providing WRAP® as a Medicaid eligible service or a Non-Medicaid service?	Any person in a Rule 132 qualified job category called a Medicaid eligible provider (LPHA, QMHP, MHP, RSA) can bill for WRAP® services depending on the specific service provided, e.g. billing for WRAP® in Community Support Team (CST) and Assertive Community Treatment (ACT) must be done by a team member.
13	What are the qualifications required to be an RSA (Rehabilitative Services Associate)?	21 years of age, be a high school graduate or have a GED certificate, have demonstrated skills in the field of services to adults or children,, have demonstrated ability to work within the agency's structure and accept supervision,, and have demonstrated the ability to work constructively with clients, treatment resources and the community.
14	What are the qualifications required to be an MHP (Mental Health Professional)?	Have a bachelor's degree in counseling and guidance, rehabilitation counseling, social work, education, vocational counseling, psychology, pastoral counseling, family therapy, or related human service field; a bachelor's degree in any other field with two years of supervised clinical experience in a mental health setting; a practical nurse license under the Nurse Practice Act [225 ILCS 65]; a certificate of psychiatric rehabilitation from a DHS-approved program plus a high school diploma or GED plus 2 years experience in providing mental health services; a recovery support specialist certified from, and in good standing with, the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc.; a family partnership professional certificate from and in good standing with the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc.; an occupational therapy assistant licensed under the Illinois Occupational Therapy Practice Act [225 ILCS 75] with at least one year of experience in a mental health setting; or a minimum of a high school diploma or GED and 5 years supervised clinical experience in mental health or human services.
15	What are the qualifications required to be a QMHP (Qualified Mental Health Professional)?	<p>An LPHA, or one of the following:</p> <p>A licensed social worker (LSW) possessing at least a master's degree in social work and licensed under the Clinical Social Work and Social Work Practice Act [225 ILCS 20] with specialized training in mental health services or with at least 2 years experience in mental health services;</p> <p>A licensed professional counselor possessing at least a master's degree and licensed under the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107] with specialized training in mental health services or with at least two years experience in mental health services;</p> <p>A registered nurse (RN) licensed under the Nurse Practice Act [225 ILCS 65] with at least one year of clinical experience in a mental health setting or who possesses a master's degree in psychiatric nursing;</p> <p>An occupational therapist (OT) licensed under the Illinois Occupational Therapy Practice Act [225 ILCS 75] with at least one year of clinical experience in a mental health setting; or</p> <p>An individual possessing at least a master's degree in counseling and guidance, rehabilitation counseling, social work, vocational counseling, psychology, pastoral counseling, or family therapy or related field, who has successfully completed a practicum or internship that included a minimum of 1,000 hours of supervised direct service in a mental health setting, or who has one year of clinical experience under the supervision of a QMHP.</p>

	QUESTION	ANSWER
16	Do I have to know if the client is <u>Medicaid eligible</u> before billing for services?	No, but you should know the client's Recipient Identification Number (RIN) and date of birth to verify that the client is registered in ProviderConnect. If not, then a RIN needs to be requested for the client. When a bill is submitted for someone who is not Medicaid enrolled, it will be rejected.
17	Do all the persons in the class have to be <u>Medicaid eligible clients</u> , or can there be a mixture of some who are and some who are not?	There is no rule prohibiting a mixture of Medicaid eligible/non-eligible clients in the same group. You may only bill Medicaid for those who are eligible.
18	Can services be billed for all clients in a WRAP [®] class?	Services can be billed for all Medicaid eligible clients whose mental health assessment is done and who have a current treatment plan which includes the service to be billed and one or more goals related to the material covered in the WRAP [®] class.
19	Does WRAP [®] have to be on a person's treatment plan in order to bill Medicaid?	No, however, each actual Rule 132 service provided and billed must be on the ITP (Individual Treatment Plan). WRAP [®] does not have to be specified on the treatment plan. However, there does need to be a goal on the treatment plan that relates to or is inclusive of WRAP [®] , such as self-management, wellness planning, peer support or empowerment.
20	Do I have to write anything in a person's clinical record in order to bill Medicaid?	Six things must be documented in order for Medicaid to be billed: (1) the service rendered (2) the date (3) who rendered the service (4) where the service was rendered (5) start time and how long the session lasted (or start and end time) (6) a brief statement of client progress in relation to goals on his/her ITP, signed and dated by the provider
21	How do I fulfill the necessary documentation requirements for billing Medicaid without violating the values and ethics of WRAP [®] ?	By keeping the statement of client progress simple and brief, not to include information shared during the class which was shared in confidence with the group. However, any information related to client safety (risk of danger to self) must be shared with supervisory personnel and documented. Documentation must be sufficient to support the provision of service as described above. Stating only that WRAP class was facilitated is not sufficient documentation.
22	Does a person have to be referred to WRAP [®] in order to participate?	There is nothing in Rule 132 about a person needing a referral to attend WRAP [®] . A person can decide to attend WRAP [®] . WRAP [®] can be billed as long as the service under which it will be delivered (CS Group, ACT, CS Individual, etc) is in a current Treatment Plan. You can only bill if the Treatment Plan is current (reviewed by the end of every 6 th month.)
23	Where can I get more information on Medicaid billing?	Rule 132 is the Illinois code for Medicaid billing. To review the Rule, go to http://www.dhs.state.il.us/page.aspx?item=32626 . To review previous questions and their answers go to http://www.dhs.state.il.us/page.aspx?item=32635 .
24	Where can I get more information on the CRSS credential?	www.iaodapca.org Click on Credentialing, then Credentialing Forms, then select Certified Recovery Support Specialist (CRSS), click the link for the Illinois Model. Email contact: CRSS@iaodapca.org Phone: 1-800-272-2632