

Fall 2021 QTT Grants Applications

Start of Block: Disclaimers



Q1.1 Read before proceeding to the QTT Grants Program Application:

The completion of this application is not a guarantee of a grant award. Applications are ensured consideration if they are complete and received by 6:00 PM on (due date). Any applications received after that time may be considered at the discretion of the QTT Grants Program Steering Committee in cooperation with the Wisconsin Department of Health Services. Once successful grant awardees have been notified and have accepted their awards, the remaining applicants will be notified that the grants period is complete.

By completing this grant application, you are representing that you are legally entitled to provide information about the named agency. You are also representing that all information provided is true and current to the best of your knowledge. Submission is not binding until all parties have fully executed the signed funding agreement. This application may only be modified or amended by a submission by authorized representatives of all parties, and shall be submitted in accordance with the laws of the State of Wisconsin.

If you have questions about this application or if you are unable to complete this application online due to a disability or a system problem, please contact us at qttgrants@uww.edu or at (262) 472-1702.

I agree, and am ready to proceed.

End of Block: Disclaimers

Start of Block: Agency Information

Q2.1 Agency Name

(The name of your agency as it appears in the Medicaid Directory)



Q2.2 Agency Information

(If your agency has multiple locations or clinics, please complete the following using information on the location or clinic where the QTT will primarily provide services.)

- Agency Name _____
 - Mailing Address Line _____
 - City _____
 - State _____
 - Zip Code _____
 - Main Phone Number _____
-

Q2.3 Applicant Information

(Who is completing this application?)

- First Name _____
- Last Name _____
- Title/Position at Agency _____
- Email _____
- Office Phone _____

End of Block: Agency Information

Start of Block: Supervisory Experience and Capacity



Q4.2 How many licensed professionals within your agency are qualified to serve as a QTT supervisor?

Q65 Describe any activities/projects trainings that demonstrate a commit to quality supervision/professional development to develop supervisory skills:



Q4.3

Do you currently provide placements for QTT interns? (graduate students completing internship hours as a part of their licensure program)

- Yes, any time we have an opportunity
 - Yes, frequently, as caseloads, resources, and available supervisors allow
 - Yes, rarely, as caseloads, resources, and available supervisors allow
 - No, we have never been contacted to take placement of a QTT intern, but may be willing
 - No, we do not accept QTT intern placements
-

Q4.4

Do you currently hire Post-Graduate QTTs? (individuals who have finished their graduate degrees but have not yet completed their supervisory hours as a part of their licensure)

- Yes
 - Sometimes
 - No
-

Q67 *average number of interns/post-grads each year, previous 3 years

- Click to write Choice 1
 - Click to write Choice 2
 - Click to write Choice 3
-

Q4.7 Over the last 5 years, approximately how many post-graduate QTTs has your agency hired in total?

Q62

Providing high-quality supervision to a post-graduate QTT requires time and effort outside of normal billable time or other duties. If your agency currently has or plans to implement adjustments in order to allow for that additional time and effort required of the clinical supervisor, be sure to note those plans in the descriptions below.

In this context, if you answer "No Differentiation", it means that a QTT Supervisor's duties, compensation or other requirements are the same as all other employees with a similar position.

An answer of "Differentiated Standards" means that a QTT Supervisor's duties, compensation, or other requirements are distinct from those of employees in a similar position who are not actively providing supervision.

For example, a clinic may have a general requirement that at least 80% of clinician hours are billable. However, the agency would choose "Differentiated Standards" under the "Differentiated Productivity Standard" in this instance if a QTT Supervisor's billable hours standard is at 70% while providing supervision. The agency would then describe the terms of that distinct standard in the description line.

Note: Partial scoring of this section is based on the depth and detail of the description of the differentiated standard or requirement for clinical supervisors.

	Differentiation		Description
	<p>No Differentiation: QTT Supervisors meet or follow the same standards as all other similar professionals.</p>	<p>Differentiated Standards: QTT Supervisors follow or meet an alternate standard or provisions.</p>	<p>Describe the alternate standard or provision. (Note- partial scoring of this section is based on depth and detail of the evidence provided around the differentiated standard or provision)</p>

<p>Differentiated Productivity Standard (i.e. QTT Supervisors have 70% of their workload as dedicated billable hours versus a normal standard of 80%)</p>	<input type="radio"/>	<input type="radio"/>	
<p>Additional Pay or Compensation Provisions (i.e. QTT Supervisors receive a wage increase during the supervisory period)</p>	<input type="radio"/>	<input type="radio"/>	
<p>Release from Administrative or Other Duties (i.e. QTT Supervisors are provided with support from a billing specialist rather than completing their own billing)</p>	<input type="radio"/>	<input type="radio"/>	
<p>Other Standards or Requirements (must be described in detail)</p>	<input type="radio"/>	<input type="radio"/>	



Q4.11 Does your agency (in current or planned practice) set any adjusted productivity standards for pre- or post-graduate QTTs while they are completing their clinical hours in order to allow

them to continue their training and learning outside of their direct practice and billable hours?

Choose and explain any allowances or adjusted productivity standards from the list below.

Differentiated productivity standard (please explain)

Other (please explain)

None of the above (please explain)

Q64

As a QTT moves through the supervisory period, their experience, independence, abilities, and confidence naturally grow and expand. If your agency currently has or plans to implement adjustments in order to allow for that additional time, be sure to note those plans in the descriptions below.

In this context, if you answer "No Differentiation", it means that a QTT's duties, compensation or other requirements are the same as all other employees with a similar position.

An answer of "Differentiated Standards" means that a QTT's duties, compensation, or other requirements are distinct from those of employees in a similar position.

For example, a clinic may have a general requirement that at least 80% of clinician hours are billable. However, the agency would choose "Differentiated Standards" under the "Differentiated Productivity Standard" in this instance if a QTT begins their supervisory period with a 50% requirement and moves incrementally up to the 80% standard as time passes. The agency would then describe the terms of that distinct standard in the description line.

Note: Partial scoring of this section is based on the depth and detail of the description of the differentiated standard or requirement for clinical supervisors.

Differentiation	Description
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No Differentiation:
QTT's meet or follow
the same standards
as all other similar
professionals.

Differentiated
Standards: QTT's
follow or meet
alternate standards or
provisions.

Describe the alternate
standard or provision.
(Note- partial scoring
of this section is
based on depth and
detail of the evidence
provided around the
differentiated
standard or provision)

<p>Differentiated Productivity Standard <i>(i.e. QTT's spend a set amount of time working up to a full standard of billable hours)</i></p>	○	○	
<p>Additional Pay or Compensation Provisions <i>(i.e. QTT's receive a wage increase periodically as they complete the supervisory period)</i></p>	○	○	
<p>Release from Administrative or Other Duties <i>(i.e. QTT's are released from certain required activities while completing the supervisory period)</i></p>	○	○	
<p>Other Standards or Requirements <i>(must be described in detail)</i></p>	○	○	

End of Block: Supervisory Experience and Capacity

Start of Block: Agency and Service Provision Characteristics

Q5.1 List your agency's NPI number.

See [NPI site](#) to find your number quickly.

Q5.2 Is your agency certified as a DHS 35 Clinic?

Yes (List certification number here)

No

Q5.4 Is your agency a Federally Qualified Health Center?

Yes

No

Q5.5 Is your agency an Indian Health Service, Tribal Health, or Urban Indian Health Organization?

Yes

No

Q5.6 Is your agency a Free/Charitable clinic listed by WAFCC?

Yes

No



Q5.7 Is your agency certified as a Health Center Program or a Federally Qualified Health Center Look-Alike through the Health Resources and Services Administration- Bureau of Primary Health Care (HRSA-BPHC)?

See (<https://bphc.hrsa.gov/programrequirements>) for definitions and a list of qualifying agencies.

- Yes
 - No
 - Unsure (please explain) _____
-

Q5.8 In order to qualify for any of the QTT Grants Program Awards without holding a DHS 35 certification, FQHC certification, Health Center Program designation, or Federally Qualified Health Center Look-Alike designation, your agency must consist of at least 2 licensed professionals providing psychotherapy or outpatient mental health services who are qualified to bill Medicaid for those services.

Does your agency include at least 2 licensed professionals providing psychotherapy or outpatient mental health services who are qualified to bill Medicaid for those services?

- Yes
 - No
-

Q5.10 If your agency does not meet any of the qualifications listed previously (DHS 35 Clinic, Federally Qualified Health Care Center, Free/Charitable Clinic, Indian Health Clinic, or 2 or more licensed professionals providing psychotherapy or outpatient mental health services), please describe your agency.

In the description, include certifications, professional makeup, and capabilities in mental health service provision and the clinical supervision of post-graduate QTTs.

Otherwise, leave this space blank.

Q57 If there is a unique structure, focus, make-up, or other attribute of your agency that you feel the reviewing committee should be aware of, please describe it here.

Otherwise, leave this space blank.



Q5.11

Which of the following mental health services are provided by your agency? (Choose all that apply)

(See [Forward Health Topic #7677](#) for definitions and applicable billing codes)

- Psychiatric diagnostic evaluation
 - Psychotherapy (30, 45, or 60 minutes with patient)
 - Psychotherapy for crisis
 - Psychoanalysis
 - Family psychotherapy (without patient present)
 - Family psychotherapy (conjoint psychotherapy) (with patient present)
 - Multiple-family group psychotherapy
 - Group psychotherapy (other than of a multiple-family group)
 - Individual psychophysiological therapy incorporating biofeedback training
 - Hypnotherapy
 - Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
 - None of the above (please explain)
-

Q66 Place of service question (pull from <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=44&s=2&c=10&nt=Place+of+Service+Codes>)

- Click to write Choice 1
 - Click to write Choice 2
 - Click to write Choice 3
-

Q5.12 How many licensed mental health professionals are employed by your agency in total?

- 1-10
 - 11-50
 - 51-100
 - 101-500
 - More than 500
 - None of the above (please explain)
-

End of Block: Agency and Service Provision Characteristics

Start of Block: Characteristics of Population and Region Served

Q55

Health Professional Shortage Areas and Rural Health Areas

A priority of the QTT Grants program is to increase access to mental health services by targeting support toward geographical regions classified as a Mental Health Professional Shortage Area or a Rural Health Area.

Below is a map of Wisconsin broken into DHS regions and counties. In order to help us understand the region your clinic serves, please select the counties served by the clinic where your current or future post-graduate QTTs will be based.

You may select more than one region.

The county in which your clinic is physically located should always be selected.

Select other counties if at least approximately 1% of your average client list includes residents

of that county.

For example, if your clinic physically located in Eau Claire, you would select Eau Claire county automatically. If you have an average of 100 active clients and 2 of those clients live in Chippewa Falls, you would also select Chippewa. While we understand that many agencies are working to expand their geographic reach, this question's purpose is to understand your agency's current coverage.

For more information about Health Professional Shortage Areas and Rural Health Areas, visit HRSA's Map Tool at data.hrsa.gov/maps/map-tool/.

	Off	On
Southern Region Vernon County		
Southeastern Region Milwaukee County		
Western Region St Croix County		
Northern Region Bayfield County		
Northern Region Taylor County		
Southeastern Region Kenosha County		
Southern Region Green County		
Southern Region Rock County		
Southern Region Dane County		
Southern Region Dodge County		
Southern Region Columbia County		
Southern Region Juneau County		
Southeastern Region Walworth County		
Southeastern Region Jefferson County		

Southeastern Region Racine
County

Southeastern Region
Waukesha County

Southeastern Region
Washington County

Northeastern Region
Waushara County

Western Region Douglas
County

Western Region Pierce
County

Western Region Eau Claire
County

Western Region Pepin County

Western Region Monroe
County

Northern Region Marathon
County

Northern Region Wood
County

Northeastern Region
Marinette County

Northeastern Region
Menominee County

Northeastern Region Door
County

Northeastern Region Oconto
County

Northeastern Region Brown
County

Northeastern Region
Outagamie County

Western Region
BarronCounty

Western Region Chippewa

Western Region Clark

Western Region Dunn

Western Region Trempealeau
Western Region Buffalo
Western Region La Crosse
County
Western Region Jackson
Western Region Rusk
Western Region
WashburnCounty
Western Region Burnett
Western Region Polk
Northern Region
SawyerCounty
Northern Region Price
Northern Region Lincoln
Northern Region Portage
County
Northern Region Ashland
Northern Region Iron
Northern Region Forest
Northern Region Florence
County
Northern Region Vilas County
Northern Region Oneida
County
Northern Region Langlade
County
Northeastern Region
Waupaca County
Northeastern Region
Shawano County
Northeastern Region
Kewaunee County
Northeastern Region
Manitowoc County
Northeastern Region Calumet
County

Northeastern Region
Sheboygan County

Northeastern Region
Winnebago County

Northeastern Region Fond du
Lac County

Southern Region Richland
County

Southern Region Adams
County

Southern Region Sauk
County

Southern Region Iowa County

Southern Region Lafayette
County

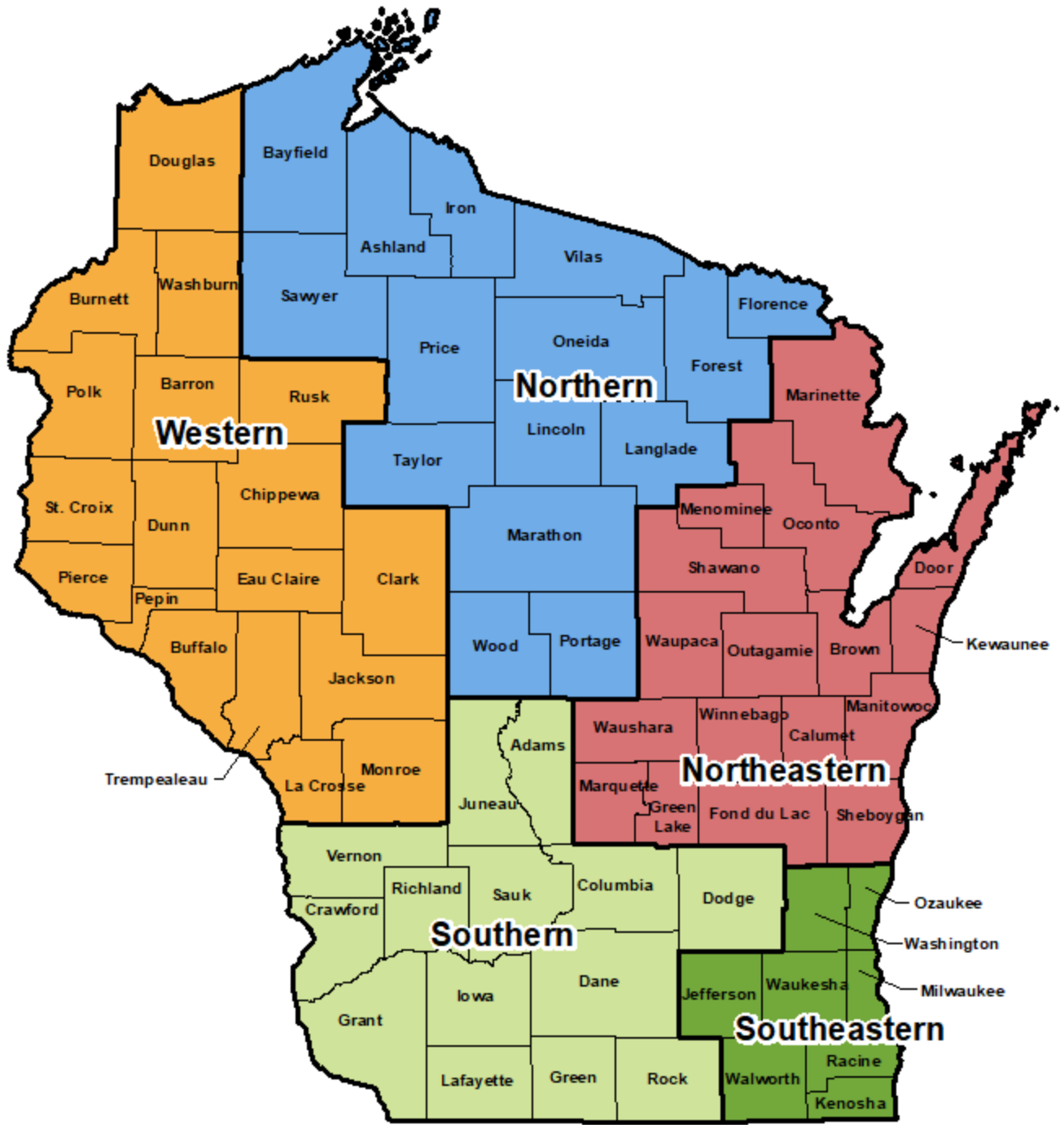
Southern Region Grant
County

Southern Region Crawford
County

Northeastern Region
Marquette County

Northeastern Region Green
Lake County

Southeastern Region
Ozaukee County



Q59 (Add question about age ranges of general clientele breakdown)

Targeted	Served	Not served
_____ Birth to adolescence	_____ Birth to adolescence	_____ Birth to adolescence

_____ Age 13-17
 _____ Age 18-25
 _____ Age 26-49
 _____ Age 50 and older

_____ Age 13-17
 _____ Age 18-25
 _____ Age 26-49
 _____ Age 50 and older

_____ Age 13-17
 _____ Age 18-25
 _____ Age 26-49
 _____ Age 50 and older

Q59 Does your agency have a specific commitment to serve any of the following communities?
 If so, please describe.

In this context, if you answer "Specific", it means that a major part of your agency's main mission, goal, or funding priorities are targeted toward providing mental health services to this community.

An answer of "Standard" does not signify that your agency does not provide services to this community, but rather that your agency's mission, goals, or funding priorities do not specifically target the provision of services to this community.

For example, a clinic located in Janesville may serve clients who live in the rural areas surrounding the city. However, the agency would only choose "Specific" in this instance, if their mission, goals, or funding priorities specifically target services to clients in the rural areas around Janesville.

Note: Partial scoring of this section is based on the depth and detail of the description of the commitment to serve target populations.

	Commitment		Description
	Standard: Our agency provides services to this population as a part of standard operations.	Specific: Our agency has specific outreach, funding, personnel, and/or other commitments toward serving individuals within this community.	Describe the population and your agency's commitment. (Note-partial scoring of this section is based on depth and detail of the evidence provided around the commitment to

service target
populations)

Asian-American, Pacific Islander	<input type="radio"/>	<input type="radio"/>	
Black, Indigenous, or People of Color	<input type="radio"/>	<input type="radio"/>	
Deaf or Hard of Hearing	<input type="radio"/>	<input type="radio"/>	
Immigrants or refugees	<input type="radio"/>	<input type="radio"/>	
Intellectual or Developmental Disabilities (IDD)	<input type="radio"/>	<input type="radio"/>	
LGBTQIA+	<input type="radio"/>	<input type="radio"/>	
Native American or Tribal	<input type="radio"/>	<input type="radio"/>	
Poverty	<input type="radio"/>	<input type="radio"/>	

Rural	<input type="radio"/>	<input type="radio"/>	
Unsheltered or Housing Insecure	<input type="radio"/>	<input type="radio"/>	
Veterans	<input type="radio"/>	<input type="radio"/>	
Any other underserved group	<input type="radio"/>	<input type="radio"/>	



Q6.4 What methods do your patients/clients use to pay for mental health services through your agency? (Choose all that apply)

- Medicaid
 - HMO Medicaid
 - Medicare
 - Private/Employer insurance
 - Self-pay
 - Nonprofit- donation/grant funded
 - Sliding Scale
 - Free/Charitable
 - Other (please explain)
-

Q48 Approximately what level of Medicaid-Eligible billing did your agency have in each of the following fiscal years?

Fiscal Year 2021 (July 2020-June 2021)	▼ None (0%) ... Other/None of these
Fiscal Year 2020 (July 2019-June 2020)	▼ None (0%) ... Other/None of these
Fiscal Year 2019 (July 2018-June 2019)	▼ None (0%) ... Other/None of these

End of Block: Characteristics of Population and Region Served

Start of Block: Emerging Agency Grant Proposal Information

Q54 Budget Request

Please note the specific dollar amount (between \$500 and \$5,000) being requested.

Q8.1 Planned Activities

Describe the planned activities that will allow your agency to begin hiring Post-Graduate QTT's. Include the individuals at your agency who will be participating in the activities, the timeline of activities, and the budget for these activities.

Awards of Emerging Agency Grants will not exceed \$5,000 in total.

Agencies that successfully receive and complete an Emerging Grant will receive additional points in the subsequent year's Expanding Agency Grant application.

End of Block: Emerging Agency Grant Proposal Information

Start of Block: Agency Goals and Commitments

Q7.1

Describe the impact that the addition of a post-graduate QTT to your agency will have on the availability and quality of mental health services for individuals within the community you serve.

(500 words or less)

End of Block: Agency Goals and Commitments

Start of Block: Submit

Q44 Are you ready to submit your application?

Submit

End of Block: Submit

Start of Block: Regrant Agreement Questions
