**WRIC CCS New Vendor Checklist**

Please check that every item on this checklist has been completed for each provider who will be billing for services provided to consumers in the WRIC CCS Consortium. Submit all documents in one email to Sarah Morschauser at [smorschauser@lacrossecounty.org](mailto:smorschauser@lacrossecounty.org) .

Vendor Agency Name:        
Provider Name:        
Provider Degree:

**Provider Packet**

Read through the [Provider Packet](https://lacrossecounty.org/docs/default-source/human-services/provider-packet.pdf?sfvrsn=f90118a0_6)

Read through the [Provider Documentation Expectations](https://lacrossecounty.org/docs/default-source/human-services/documentation-expectations.pdf?sfvrsn=9f317e0_4)

Sign Provider Packet/Documentation Expectations (pg. 31 or pg. 15)

Agency Application (see below)

**W9**

**DHS Certification:**Does your agency have a DHS 35, DHS 75 or any other DHS Certification?  
**If yes**

Attach certification

**If no**

Proceed to next step

**Background checks**

*Have you resided in another state other than Wisconsin within the last 3 years?*

**If yes: please provide background checks from each state in which you have resided in the last 3 years.**

Department of Justice background check State(s):

Caregiver background check State(s):

**If no**

Department of Justice background check State: Wisconsin

Caregiver Wisconsin background check State: Wisconsin

\*\*This will cost $10 to obtain the online results of both background checks if you have only resided in one state within the last 3 years**.\*\***

[Click this link to make a Background Check Request](https://recordcheck.doj.wi.gov/Anonymous/BackgroundRequest/AnonymousSearchRequest/0?userType=Guest)

**Background Information Disclosure**

Complete and Sign BID [click to access BID Form](https://dhs.wisconsin.gov/library/collection/f-82064)

**Education**

Degree(s)

Transcripts may be requested depending on degree.

**Licensure**

*Are you a licensed clinician or in-training (SAP, CSAP, SAP-IT, LPC, LCSW, LPC-IT, APSW or PhD and/or MD) providing Psychotherapy, Substance Abuse Treatment and/or Diagnostic Services*

**If yes:**

Copy of Licensure

**If no:**

proceed to next step

**Insurance Certificate**

Limited Liability Insurance Certificate

**Resume or CV**

**2 References**

Professional Reference letter #1

*Are you a graduate student providing psychotherapy services as part of a field placement or internship?*

**If yes:**  
 Reference letter from your Clinical Supervisor overseeing your field placement or internship

**If no:**

Professional Reference letter #2

**Clinical Supervision**

*Are you a licensed clinician (LPC, LCSW, PhD and/or MD)*

**If yes** - Clinical Supervision requirements 1 hour of peer consultation : 120 hours of face-to-face CCS Consumer Time

Read through [CCS Clinical Supervision Expectations](https://lacrossecounty.org/docs/default-source/human-services/clinical-supervision-expectations-(2022).pdf?sfvrsn=737bbaaa_2)

Describe how you will obtain these requirements (pg. 11)

Sign Clinical Supervision Agreement (pg. 11)

**If no** - Clinical Supervision requirement 1 hour of clinical supervision : 30 hours of face-to-face CCS Consumer Time

Read through [CCS Clinical Supervision Expectations](https://lacrossecounty.org/docs/default-source/human-services/clinical-supervision-expectations-(2022).pdf?sfvrsn=737bbaaa_2)

Describe how you will obtain these requirement (pg. 11)

Sign Clinical Supervision Agreement (pg.11)

*Would you like more information about attending the clinical supervisions provided by La Crosse County free of charge?*

**If yes** – email will be sent with link to attend the weekly clinical supervision meetings virtually

I**f no** – please describe on pg. 11 name of clinical supervisor, credentials and keep a log of your clinical supervision meetings.

**Training Requirements**

*Do you hold a bachelor's degree or state certification in a relevant health, education or human services profession as described in* [*DHS 36.10(2)(g)*](http://docs.legis.wisconsin.gov/document/administrativecode/DHS%2036.10(2)(g))

**If yes**

Proceed to the next step

**If no**

Complete 30 hours of training in related mental health and/or substance use topics

Log each hour of training in the [Training log - Rehabilitation worker](https://lacrossecounty.org/docs/default-source/human-services/rehabilitation-worker-training-form.pdf?sfvrsn=3b8bf7ad_4)

Obtain Employee and Supervisor Signatures on completed training log

*\*\*If you do not hold a bachelor’s degree or state certification in a relevant health, education or human services profession please answer the following question: have you completed your 30 hours of rehabilitation worker training?   
If no – do not proceed until 30 hours of training have been completed*

*If yes – you may proceed to the next step\*\**

Orientation Training Log - CCS Program

*Do you have at least 6 months experience working in your profession?*

**If yes**

Complete 20 hours of training in related mental health and/or substance use topics within 3 months of billing CCS services.

Log each hour of training in the [Training log](https://lacrossecounty.org/docs/default-source/human-services/ccs-training-log.pdf?sfvrsn=4b135afa_4)

Obtain Employee and Supervisor Signatures on completed training log

**If no** Complete 40 hour of training in related mental health and/or substance use topics within 3 months of billing CCS services.

Log each hour of training in the [Training log](https://lacrossecounty.org/docs/default-source/human-services/ccs-training-log.pdf?sfvrsn=4b135afa_4)

Obtain Employee and Supervisor Signatures on completed training log

**Additional Documents for your review and use:**

Clinical Supervision Log Template

Progress Note Template

Invoice



Agency Application

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Contact Information *who should we contact with general administrative questions and concerns related to the CCS contract* | | | | | | | | | | | |
| Agency Name: | | |  | | | | | | | | |
| Agency Address: | | |  | | | | | | | | |
| Contact Person: | | |  | | | | | | Phone: |  | |
| Email: | | |  | | | | | | Website: |  | |
| HIPAA Civil Rights Compliance Officer: | | | | | |  | | | | | |
| Agency Legal Status: | | | | Private, Non-Profit Private, For-Profit Other: LLC, LLP, Sole Proprietor | | | | | | | |
| DHS Certification: | | | | DHS 35 DHS 75  Other: | | | | | | | |
| Agency Billing Information *who should we contact when there are questions and concerns regarding billing, invoices, contracts and financial documents* | | | | | | | | | | | |
| Tax ID Number: | | | | | (EIN SSN) | | | | | | |
| NPI Number: | | | | |  | | WI Medicaid Number: | | | |  |
| Agency Billing Name: | | | | |  | | | | | | |
| Billing Address: | | | | |  | | | City, State, Zip | | |  |
| Billing Contact Person: | | | | |  | | | Phone: | | |  |
| Email: | | | | |  | | | | | | |
| Access to the Vendor Sharepoint *the sharepoint is an online site for WRIC CCS Vendors to access resources; access can only be granted to 3 individuals per agency* | | | | | | | | | | | |
| Name: | |  | | | | | Email: |  | | | |
| Name: | |  | | | | | Email: |  | | | |
| Name: | |  | | | | | Email: |  | | | |
| WRIC CCS Vendor Insurance  *the provider will at all times, during the terms of their contract, keep in force insurance policies issued by an insurance company authorized to do business and licensed in the State of WI. If applicable, the insurance coverage and minimum amounts shall be as follows:* | | | | | | | | | | | |
| Coverage Requirements: | Check all that apply A. Vendor employs staff  B. Services will be provided at an office or site that consumers visit  C. Vendor will transport consumers while providing services  D. Vendor employs staff who provide services that require state licensure through the Department of Safety and Professional Services (DSPS)  E. If B and/or C are marked then vendor will need Excess Liability | | | | | | | | | | |
| Insurance Coverage: | Workers’ Compensation – minimum amount statutory  Comprehensive General Liability - $1,000,000 per occurrence and in aggregate for bodily injury and property damage  Auto Liability - $1,000,000 per occurrence and in aggregate for bodily injury and property damage  Professional Liability – minimum amount $500,000  Excess Liability - $1,000,000 over General Liability and Automobile Liability Coverages | | | | | | | | | | |