

WRIC CCS Current Vendor New Provider Checklist

Please check that every applicable 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 to ISRSProgramSpec@lacrossecounty.org.

Please allow 5 business days for review of these documents. When all documents have been received, the provider will be notified by email of their credential date. The provider cannot bill prior to their credential date. All claims will be denied.

Vendor Agency Name: Click or tap here to enter text.

Provider Credential Date: **TBD**

Provider Name: Click or tap here to enter text.

Provider Degree: Choose an item.

Service Arrays

*What services will you be providing? Send applicable certificates/licenses for services with *.*

- | | |
|--|---|
| <input type="checkbox"/> Individual Skills Development & Enhancement | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Family Psychoeducation | <input type="checkbox"/> Family Psychoeducation by Therapist* |
| <input type="checkbox"/> Psychotherapy* | <input type="checkbox"/> Employment Related Skills |
| <input type="checkbox"/> Wellness Management* | <input type="checkbox"/> Specialty Therapy Wellness* |
| <input type="checkbox"/> Substance Abuse Treatment* | <input type="checkbox"/> Diagnostic Evaluation* |
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Provider Documentation Expectations

- Read through the [CCS Consumer Handbook](#)
 - Read through the [Provider Documentation Expectations](#)
 - Sign Provider Packet/Documentation Expectations (pg. 31 or pg. 15)
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Ethical Standards

- Read through the [WRIC Ethical Standards](#)
 - Fill out and sign Code of Ethics Acknowledgement (pg. 8)
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Background Information Disclosure

- Complete and Sign BID [click to access BID Form](#)
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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 using a PBSA accredited source.

[Click this link to access Accredited Third Party background check companies](#)

- 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

[Click this link to make a Background Check Request](#)

Education

- Degree(s)

Transcripts will be requested if the major is not listed on the degree.

Licensure

Do you have a DSPS regulated license or a certificate that is applicable to the services you will provide?

If yes:

- Copy of Licensure/Certificate

If no:

- proceed to next step
-

2 References

Can't be from vendor you are currently working for. Can be from previous employers, previous co-workers, etc.

- Professional Reference letter #1
 Professional Reference letter #2
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Clinical Supervision

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

- If yes** - Clinical Supervision requirements 1 hour of clinical supervision: 120 hours of face-to-face CCS Consumer Time
 Read through [CCS Clinical Supervision Expectations](#)
 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](#)
 Describe how you will obtain these requirement (pg. 11)
 Sign Clinical Supervision Agreement (pg.11)

An email is sent to those with SharePoint access at the beginning of each calendar year with a link to attend weekly WRIC clinical supervision meetings virtually. These are provided by La Crosse County free of charge. Please note that you still need your own Clinical Supervisor and are responsible for tracking all of your clinical supervision hours. These hours are to be sent in quarterly.

Training Requirements

Rehabilitation Worker Training Log

Do you hold a bachelor's/master's degree or state certification in a relevant health, education or human services profession as described in [DHS 36.10\(2\)\(g\)](#)

If yes

- Proceed to the next step

If no

- Complete 30 hours of training in related mental health and/or substance use topics
 Collect proof of trainings and include with training log
 Log each hour of training in the [Training log - Rehabilitation worker](#)
 Obtain Employee and Supervisor Signatures on completed training log
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***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 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 of recent experience working directly in the field of mental health and substance use? Have you provided a resume or employment experience document highlighting the mental health and substance use work experience?

If yes

- Complete 20 hours of training in related mental health and/or substance use topics within 90 days of provider credential date. See *Policy - CCS Training* on SharePoint for details on what trainings can be accepted.
- Collect proof of trainings and include with training log
- Log each hour of training in the [Training Log](#)
- Filled out Position Specific form for Topic #11 on training log (pg 4)
- Obtain Employee and Supervisor Signatures on completed training log
- Resume

If no

- Complete 40 hour of training in related mental health and/or substance use topics within 90 days of provider credential date. See *Policy - CCS Training* on SharePoint for details on what trainings can be accepted.
- Collect proof of trainings and include with training log
- Log each hour of training in the [Training Log](#)
- Filled out Position Specific form for Topic #11 on training log (pg 4)
- Obtain Employee and Supervisor Signatures on completed training log

Additional Documents for your review and use:

Clinical Supervision Log Template: it is required that all vendors and their providers track their clinical supervision hours so it can be easily read. This should be sent quarterly.

Progress Note Template: all billable services must include a progress note with specific details; it is recommended that vendors use this template to ensure they have all required information in their notes.

Invoice: *required by vendors to use WRIC CCS invoice document for all billing; it can be accessed on the WRIC CCS Vendor SharePoint site. Please indicate below on the agency application the email and name for access to the SharePoint site.

WRIC Administrative Comments:

Provider Credential Date: **TBD**

Orientation Log Due Date: **TBD**