**Western Region Integrated Care**

**CCS Request For Proposal**

**2022 - 2024**

**Vendor Services Outline**

**Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check which service array category you plan to offer:**

Wellness Management and Recovery Services

**Brief Description of Service Methodology:** *(i.e. what makes your agency’s services unique/standout)*

Click or tap here to enter text.

**Please check service location(s) you plan to serve:**

La Crosse

Jackson

Monroe

**Rates for each service: (complete Budget Rate Sheet to obtain)**

Wellness Management and Recovery Services: Click or tap here to enter text.