**Comprehensive Community Services  
Request For Proposal**

**Contracting Period 2026-2028**

**The purpose of this document is to gather information about the vendor agency submitting a proposal for requested services. Each service array is defined in the RFP document. The vendor agency must meet all conditions of the service array described in the RFP document. Please answer the questions below in order to confirm what service arrays best fit for your agency.**

**Vendor Agency Name:**

**Number of WRIC CCS Credentialed Providers:**

**Please check the service array(s) for which you are submitting a proposal:**

Psychotherapy

Substance Use Treatment

**Tell us about how you provide services for each service array selected:**   
*We want to know what makes your agency’s services unique.*

**If your agency is submitting a proposal for Psychotherapy, what evidence-based models, curriculums and/or certifications does your agency use to provide services?**

**If your agency is submitting a proposal for Substance Use Treatment, what evidence-based models, curriculums and/or certifications does your agency use to provide services? What certifications or licensures do your providers hold?**

**Beginning January 1, 2025, all WRIC CCS credentialed providers who hold a DHS licensure as a mental health professional, per DHS 36.11 (3), “shall participate in at least one hour of either supervision or clinical collaboration per month for every 120-clock hours of face-to-face psychosocial rehabilitation or service facilitation they provide”. WRIC CCS will not provide primary clinical supervision. Does your agency have an identified clinical supervisor for WRIC CCS credentialed providers?**

Yes  
Name of Clinical Supervisor:        
Licensure of Clinical Supervisor:

No, and I acknowledge that our agency will need to have a clinical supervision arrangement reported to WRIC before January 1, 2025, to be in compliance with the contract requirements.

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

La Crosse

Jackson

Monroe

**Based on your Agency Budget Request Form what is the individual rate for each service you will provide?**

Psychotherapy rate:      

Substance Use Treatment rate: