

WSIB Mental Health Program of Care (MH POC) - Response to Questions #5

Can an organization register a clinician that does not have 3 years' experience, but is working under supervision?

Clinicians under supervision do not have to submit a Clinician Application Form. The Clinician Application Form must be completed by clinicians practicing autonomously only.

Can a psychologist in supervised practice conduct an assessment under supervision of an autonomous psychologist? And how should this be indicated on the application?

It is the discretion of the autonomous psychologist delivering MH POC services to decide on using a supervised model and what supervised clinicians will do under the autonomous psychologist. Supervised clinicians do not need to complete the Clinician Application Form.

I plan on registering as a mental health clinician to deliver treatment; however, I will also occasionally work under supervision with a psychologist to deliver treatment. How does the service get billed under a Psychologist if supervision was provided for that claim/case?

It is at the discretion of qualified MH POC clinicians if they provide services autonomously or under the supervision of a psychologist. If services are provided under supervision, the supervising psychologist is responsible for services and psychology fees are billed by the supervising psychologist.

When a psychologist completes the initial assessment and makes treatment recommendations, is it the psychologist's responsibility to connect the client with a clinician to complete the recommended treatment, or does the report go into WSIB and WSIB works with the client to find a clinician to conduct the recommended treatment?

There are a few ways workers can access treatment after a Psychological Evaluation. If the assessing psychologist provides MH POC psychological evaluation services only, following review of the evaluation report, the WSIB will support the person in finding a treatment provider using the MH POC directory that will be developed.

If the assessing psychologist provides MH POC psychological evaluation and treatment services, following approval from WSIB, they can provide recommended treatment or if they work with other qualified MH POC clinicians who deliver services autonomously, these clinicians could provide recommended treatment to the worker.

Who determines when a psychological re-assessment is needed? Could it be any of: WSIB, the psychologist who conducted the initial assessment or the treating therapist?

Yes, the need for a Follow-up Psychological Evaluation could be determined by WSIB and/or the treating clinician. If the psychologist who conducted the initial Psychological Evaluation is consulted during treatment, this psychologist could support making this recommendation. WSIB approval is required for a Follow-up Psychological Evaluation.

What will the “refresh” period for onboarding new clinicians look like? If there are not regular opportunities to join the WSIB MH-POC, this may result in fragmented services for clients who are working with a clinician pre-WSIB claim (who is not registered with the WSIB MH-POC) and wish to continue working with their same established clinician once they are approved through WSIB.

The application deadline has been extended to February 13, 2026, and we encourage everyone that is interested to apply before this date. WSIB however recognizes that new providers, including new graduates, will be interested in applying in the future and we may have areas with gaps in service across the province. WSIB will re-open the registration process, however the timing and frequency will be dependent on these factors.

Our group practice operates exclusively virtually. Can you provide some information on how clinicians and clinics will be represented with the new POC on the WSIB website? Will there be an option to specify a practice's modality (e.g., in-person or online)? How often will the website be updated/monitored/kept current?

The WSIB is actively working on the design of the MH POC Provider Directory that will be posted to the WSIB's website. It will likely contain information such as provider names, services, locations, languages, service delivery methods, and contact information. The directory will be updated regularly.

If your organization has multiple locations, will all the locations be listed in the provider list, available to the workers seeking services?

The WSIB is actively working on the design of the MH POC Provider Directory that will be posted to the WSIB's website. The WSIB intends to include all locations in which every proponent can provide services.

I run a clinic with several providers. I have completed the proponent form for the clinic. When I completed the clinician form for myself, I received a message that I am completing this clinician application as the "proponent". Is this correct given that I am submitting the clinician application? Also, when my associate completed the clinician application to work in my clinic, she also got the message that she is submitting as the "proponent". This seems incorrect as she is not the proponent of my clinic."

This message is not an error. The message you are seeing is confirming to the individual who completed the Clinician Application form that the form was successfully submitted and linked to the proponent.

For group practices with many practitioners, should the email address on the application form for each clinician be the clinic administrator's email address if the clinic administrator is the main contact for client inquiries, WSIB inquiries/uploading documents from WSIB to clinical files, etc.?

When completing the Proponent Response Form, proponents are asked to provide primary practice contact information, including a primary phone number and email. It is this information that the WSIB intends to use for the purposes described above. Successful proponents will have an opportunity to confirm this information. When clinicians are completing the Clinician Application Form, the intention is for them to provide personal contact information to be used by the WSIB only when needed.

Sometimes a worker calls for service after being injured or exposed to trauma at work and they don't have a case number. Without a WSIB case number, there is no way to upload the document. What should we do? Wait for the case number first?

To deliver services in the MH POC you require WSIB approval. If an individual contacts you for services and you have not received approval, you will need to contact WSIB to confirm that services are approved.

I am a sole practitioner operating under my incorporated organization, do I register under sole practitioner?

Yes, register under sole practitioner.

Having supervised psychotherapy 50 hours of supervision to perform the act of psychotherapy is new for the Ontario Occupational Therapy college since 2023. Many OTs have been practicing psychotherapy modalities including CBT prior to this new law including working in WSIB mental health sector, working with first responders, veterans with PTSD etc. The supervising person is not responsible for the file rather the 50 hours is performed consultatively. It is very difficult to obtain a supervisor therefore many share files to offset costs. Please keep in mind when reviewing the years of experience the OT has but still needs to complete the hours as per college for audit purposes. Many have demonstrated competency through years of experience and training. OTs do not receive formal certificates stating we can perform psychotherapy according to College. "

WSIB is aware of the points raised above and will be considered during the evaluation of RFS submissions.

Do current/ongoing clients in the CMHP require an additional/new assessment to continue treatment in the MHPOC?

When ongoing clients transition from CMHP to MH POC they will not require a new assessment. For the majority, treatment will likely transition to the Psychotherapy service. If another treatment service is required, either Recovery Support or Functional Recovery, this can be determined and arranged as needed prior to transition or during Psychotherapy treatment.

For out-of-province providers, could you please confirm whether they need to apply to the new WSIB program? If we choose not to, or are not permitted to, apply to the new program, could we continue working with the current clients we have under the old program until they are discharged from our care?

No, out-of-province providers do not need to apply, this program is specific to Ontario. Yes, out-of-province providers can provide ongoing care that is approved by the nurse consultant.

If a clinician works at multiple locations for the same organization, should they submit one form or submit one form for each location where they provide in-person services? The form only looks to have a place to list one location.

In this case, the organization captures the services to be delivered and in which locations on the proponent form. The clinician that intends to travel across multiple locations for the same organization should submit only one Clinician Application form and input the location that is primarily used. Doing so will not preclude the clinician's ability to deliver to multiple sites within the same organization, we will gather this information when completing the agreements. It is at the discretion of the clinician and organization to ensure that the qualified clinicians are available at the locations noted on the proponent form.

Will the training before the April 2026 program launch be virtual or in person?

The WSIB is working on MH POC provider training and details will be shared once finalized.

I am a psychotherapist and have an existing service provider number with WSIB, will I need to register as a sole clinician to deliver MH POC?

If you are interested in delivering MH POC services, yes, you will need to apply as a sole practitioner before February 13, 2026, to be considered for this opportunity.

We have done the full bidding for our clinic. When will we get the results? Also, if we already are treating some patients with a particular psychologist, will we be able to continue with them or will the psychologist be able to move them to their own psychotherapist of choice?

This opportunity closes on February 13, 2026. Following this, there will be a period to evaluate all the submissions, which can take up to several weeks. If workers are being treated by a clinician under the supervision of a psychologist, that psychologist is the most responsible clinician. Decisions regarding the continuity of care with currently supervised clinicians are at the discretion of the parties involved.

Is it expected that the treatment blocks be continuous, or do they start and end whenever the first session of the block occurs, regardless of the end date of the previous block?

Approved treatment is intended to be continuous with subsequent treatment blocks starting immediately after a previous block ends. However, there may be exceptional situations where the period between blocks ending and starting is not continuous.

When we seek approval from the WSIB for initiating MH POC treatment services, does this approval “cover” the first 2 blocks of treatment or does that have to be explicitly obtained in terms of the # of blocks?

At the initiation of MH POC treatment, the initial approval will be for 2 blocks. All additional blocks recommended will require WSIB approval.

A treatment report is completed a week prior to the end of each block. Is this also the case for the final block, or would the final “DC” report be completed 2 BD after the final visit?

The final discharge report could be completed 2 BD after the final visit.

Will the billing process also be changing, or will it continue to be managed through TELUS? If the process has changed, will we be able to view the status of claims (paid or rejected) directly within the system? In the previous system, this information was only available via mail notification.

The billing process is unchanged; it will continue to be managed through Telus at this time and the functionality you experience currently remains the same.

As a Clinical Psychologist, am I able to register to provide all services at the time of initial application but choose to only provide select services when receiving referrals (i.e., only accept referrals for assessment and decide to accept referrals for treatment at a later point in time)?

We encourage proponents to register for services that they can deliver. It will be at the discretion of each MH POC provider to manage your capacity and determine how many claimants you are able to accept while maintaining program performance requirements.

There is a recognition of the importance of "in-vivo" services and experience minimums. Yet, these skilled clinicians will not be fairly compensated for the time it will take to navigate the community to deliver "in-vivo" services for exposure needs. How will the WSIB monitor the impact of this incongruence (especially on OTs)?

A comprehensive environmental scan reviewing industry rates in private practice, insurance and other compensation boards was completed. Fees for this program have been set in alignment with the findings of this review which considers the scope of services that each clinician type is able to provide.

Will you be identifying Clinicians that offer cultural appropriate care?

This information is collected in both the Proponent Response and Clinician Application Form. The directory and the types of information that will be shared is still in development.

Will workers with physical injuries, who also have mental health concerns related to that injury, receive services under this new program?

Yes. MH POC is the primary method to deliver community-based mental health services to people with entitlement to mental health services.

I own 2 clinics that I operate independently. I plan to fill out two different organization forms/ proponent forms. However, does this mean I list myself as a clinician in both the organization along with the respective associates (there is no overlap in the associates working at the clinics).

If you as the individual own two separate organizations and you intend to provide clinical services for each organization, you should complete a Proponent Response Form and a Clinician Application Form for each organization. If you do not intend to provide clinical services for one or both organizations, you do not need to complete a Clinician Application Form for one of both organizations.

Will there be new provider ID numbers under this new POC or will approved providers keep their pre-existing provider ID?

All MH POC providers will require new provider IDs. This will be part of the billing registration process that will occur after contract signing.

A very depressed worker often cannot find a practitioner on their own. Will WSIB RN make any referrals for Functional Recovery on behalf of the worker?

Yes, the WSIB case management team, including nurse consultants support workers to access care as needed.

Schedule C SLA indicates that a Psychological Evaluation report, and a Follow-up Psychological Evaluation report are to be submitted within five (5) business days or less from the approval date. It does not seem reasonable to expect an Evaluation to be scheduled and completed within this time period. Under the CMHP, a Psychological Assessment report is to be submitted within 5 business days of the last assessment visit. Is this shortened deadline an oversight under the new POC? Is it possible to reconsider a more reasonable deadline such as that in current practice under CMHP.

This is not an oversight under the new POC. There is the enhanced rate when reports are submitted within the timeline. The regular rate compensates for completion of reports outside of this timeline.