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To: [Certified Mental Health/AODA](#)

CMHA 03

From: Crenear Mims, Director
Bureau of Health Services

Via: Otis Woods, Administrator
Division of Quality Assurance

Notice of Branch Office Policy and Certification Fees for Multi-County Comprehensive Community Services and Multi-County Community Support Programs

This memorandum announces the amendment of the branch office policy for mental health and substance abuse providers to include multi-county Comprehensive Community Services (CCS's) and multi-county Community Support Programs (CSP's) and related certification fees.

Background

The Department of Health Services (DHS) has historically limited but provided the opportunity for certified outpatient clinics to provide services at one or more offices. These offices are only associated with outpatient clinics and they are not individually certified. Approved branch offices are identified on the main clinic certificate. Branch offices are used for the convenience of the consumer and are not intended to enhance convenience for staff members. Certification is included under the main clinic/service site certificate.

The Division of Mental Health and Substance Abuse Services is currently considering initiatives that develop multi-county certifications for several levels of care beyond outpatient programs/services. One goal is to expand the access to services for CCS's and CSP's.

The Division of Quality Assurance, Behavioral Health Certification Section (BHCS) is responsible for the regulatory oversight of these programs and identifies certified programs eligible for third party or Medicaid reimbursement. CCS and CSP certificates have traditionally been assigned to each unique physical location where services are provided. CCS or CSP branch offices have not been previously permitted.

This memo announces the opportunity for multi-county certified CSP's or CCS's to establish branch offices to improve access to consumers, develop, enhance and stabilize program opportunities.

(1) A certified multi-county CCS or CSP may provide coordinated services at one or more offices. If a certified multi-county CCS or CSP provides services at more than one office, all of the following apply:

- (a) The multi-county CCS or CSP shall designate one office as its main office.
- (b) All notices under this chapter will be sent to the main office. The main office is responsible to ensure all affiliated counties are apprised of notices.
- (c) The clinic director/administrator shall be primarily located at the main office and is responsible to ensure policies and procedures are consistently implemented and monitored in all branch office locations.
- (d) The multi-county certified CCS or CSP and branch offices shall comply with all requirements established in Chapter DHS 36 or Chapter DHS 63.
- (e) The multi-county program shall adopt policies and procedures that are adequate to ensure that the clinic director/administrator is able to carry out the oversight and other responsibilities with respect to all other branch offices, given the location of the clinic's offices and their distance from the main office.

(2) A multi-county certified CCS or CSP may provide services in settings outside of the main or branch office where therapeutic reasons are documented in the consumer file to show that it is appropriate to use an alternative location. For example, Chapter DHS 36.17 (2m) requires the service plan to specify services recommended, the result of recovery team collaboration. Chapter DHS 63.10 (3) indicates, "Each CSP shall set a goal of providing over 50% of service contacts in the community, in non-office based or non-facility based settings."

(3) Chapter DHS 36.07 (3) and Chapter DHS 63.11(2) identify and emphasize the need to interface with crisis services. A multi-county CCS and/or CSP must ensure these services are readily available given potential distance from main clinic resources.

Branch Office Definition

A branch office is defined as the following:

1. A branch office is a location regularly used for the convenience of the consumer. A branch office is established at a location away from the main office and is used for more than one consumer for more than four consecutive weeks.
2. Under Chapter DHS 36 or Chapter DHS 63 there will be two-tiers of branch office based upon the number of consumer treatment hours provided per week. Any branch providing fewer than 20 consumer treatment hours will be known as a Tier 1 Branch. Branches providing 20 or more hours per week will be a Tier 2 Branch. "Consumer treatment hours" are calculated by multiplying the number of consumers who receive services times

the number of hours of services provided. Note: The calculation of the number of consumer treatment hours per week is to be based on scheduled visits during the eight week period preceding submission of the application for renewal certification or a notification of clinic changes to the Division of Quality Assurance.

3. The fee established for branch offices meeting the above conditions will be \$200 per year for Tier 1 and \$500 per year for Tier 2. Branch offices will be identified on the main office (clinic) certificate.
4. Billing activities shall not be conducted at the branch office.
5. Client Rights information shall be prominently posted at each branch office.

Guidance on Use of Branch Offices

Consumer files may be kept in the branch office. Consumer files must be kept safe and confidential, irrespective of where the records are maintained, and the consumer files must be accessible to all staff of the clinic who provide direct or indirect services to the consumer (e.g., staff persons who may provide psychotherapy services to the consumer when the consumer's assigned therapist is on vacation, staff persons involved in clinical supervision or clinical collaboration processes, staff persons who provide billing services, etc.);

The clinic must adopt policies and procedures that are adequate to ensure that the clinic director/administrator is able to carry out the oversight and other responsibilities with respect to all other offices, given the location of the clinic's offices and their distance from the main office.

Staff in branch offices must participate in clinical supervision or clinical collaboration either as a team of professionals within the branch office or as part of the team with staff in the main office (see Chapter 63.06 (5) and Chapter DHS 36.11). Irrespective of the composition of the team for clinical supervision or clinical collaboration, the clinic and the clinic administrator are responsible for the quality of services rendered within all of the clinic's locations and for compliance with all the requirements in DHS 36 and Chapter DHS 63 and other applicable statutes and regulations (e.g., documentation requirements, consumer rights, etc.).

The amount of time the clinic administrator needs to spend in providing oversight to staff in the branch office likely will be related to the amount of time that staff in the branch office spends in the main office in providing services or in clinical supervision/collaboration.

Department staff may conduct reviews of staffing records, policy and procedure or clinical records at branch offices, or request a branch office sample for review at main clinic reviews or investigations.

Department staff may conduct unannounced site visits at branch offices for purpose of evaluating compliance or investigating complaints.

If you have questions regarding multi-county branch office certification, please contact the regional Health Services Specialist staff assigned to your agency.

You may also contact the Behavioral Health Certification Section at (608) 261-0656 or email, DHSDQAMentalHealthAODA@dhs.wisconsin.gov.