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To: [Certified Mental Health](#) and [Substance Abuse Service Providers](#)
Area Administrators/Human Services Area Coordinators
County Departments of Human Services Directors
County Departments of Social Services Directors
County Departments of Community Programs Directors
Tribal Chairpersons/Human Services Facilitators

CMHA 05

From: Cremear Mims, Director
Bureau of Health Services

Via: Otis Woods, Administrator
Division of Quality Assurance

**Addendum to Division of Quality (DQA) Assurance Outpatient Mental Health and
Substance Abuse Program Branch Office Policy**

The purpose of this addendum is to provide guidance to outpatient clinics certified under Chapter DHS 35 and/or Chapter DHS 75.13, seeking approval to provide mental health and substance abuse treatment services to children 4K through Grade 12 in public, private or tribal schools throughout Wisconsin.

Background

The Department of Health Services (DHS) allows certified outpatient clinics to provide services at one or more offices. "Branch Offices" have been recognized for a number of years under Chapter DHS 75.13, Chapter DHS 61.91 and Chapter DHS 35. The branch office policy was amended in 2009 in order to permit certified clinics to certify low volume (Tier 1) branch offices and higher volume (Tier 2) locations of service. Branch offices are used for the convenience of the consumer and are not intended to enhance convenience for staff members. Branch office certification is subsumed under the main clinic/service site certification. The clinic administrator is responsible for oversight of main clinic and branch offices. The balance of branch office information is available on DQA form [F-00191](#), effective December 1, 2009.

The establishment of branch offices in schools is designed to engage students and family members, who might not seek these services in clinic settings, in mental health and substance abuse treatment services offered by qualified licensed clinical staff. It is expected that timely

access to services and interface with school pupil services professionals will improve student success.

The expansion of the opportunity for establishing branch offices in schools is expected to:

- Improve accessibility; provide opportunity to timely access to services and treatment.
- Reduce and prevent suicide and/or violence against others among school-age children by early identification and intervention.
- Engage students and family members in mental health and substance abuse treatment services offered by licensed clinical staff.
- Promote coordinated treatment and services by interfacing with school pupil service professionals to improve student success when there is a written consent to permit exchange of client information.
- Maintain workforce productivity and improve school performance by reducing travel time, parents miss less work to take their child to an appointment, and by minimizing absences.

The result of inquiries from a growing number of school districts and requests from certified outpatient clinics, the School Branch Office Policy was created in 2013 in order to permit certified outpatient clinics to provide mental health and substance abuse services on site at either public or private schools during school operation.

School Branch Office Definition

A School Branch Office is established at a school location away from the main certified clinic office. It is used for the convenience of the consumer and is not intended to enhance convenience for clinic staff members. A School Branch Office is used for more than one consumer for more than four consecutive weeks. Certified outpatient clinics may identify the school administration office as the primary post office site for inclusion on the clinic certificate. However, each unique school location for delivery of service must be identified on the school branch office application. The DQA surveyor (Health Services Specialist assigned) must be notified no later than the effective date of any change in the location of delivery of services. The remaining school branch office information is available on form [F-00191A](#), effective October 17, 2013.

School Branch Tiers and Fees

- a. Tier "A", one to three unique school locations, \$200 per year.
- b. Tier "B", four to eight unique school locations, \$550 per year.
- c. Tier "C", eight or more unique school locations, \$800 per year.

DHS Guidance on Use of Branch Offices in Schools

1. As with any branch office, the clinic administrator is responsible for oversight of staff activity in branch offices located in schools. The clinic administrator must ensure that licensed clinical staff providing services in schools have the necessary training and education for provision of services to the age of students served. The practice of psychotherapy or substance abuse treatment shall be within the scope of practice of the clinician. Copies of current Wisconsin clinical licenses shall be prominently displayed at each school branch office.
2. Clinical licensure through the Department of Safety and Professional Services (DSPS) and pupil services licensure through the Department of Public Instruction (DPI) convey different knowledge, skill sets and competencies. Mental health and substance abuse treatment services provided in school branch offices will be consistent with applicable state licensure statutes and administrative rules. Educational services to public school students delineated under federal and state statute and administrative rules shall be provided by DPI-licensed educators.
3. The clinic shall develop policies and procedures in collaboration with school officials specific to the delivery of services in a school setting. These policies and procedures should address, but are not limited to:
 - a. Entrance and egress policies;
 - b. Operating hours, including potential operation outside regular school hours;
 - c. Parameters for school staff access to branch office (e.g., maintenance and cleaning, emergencies);
 - d. Adherence to school rules, including participation in emergency drills and procedures;
 - e. Supervision of students;
 - f. Appropriate clinician responses in case of violent outbursts by students, including communication with school staff and law enforcement; and
 - g. Management of disagreements between branch clinic and school staff.
4. Co-location of a school branch office in school does not in any way waive the confidentiality of treatment records or pupil records as defined in state or federal law. Communication of any confidential information between the school branch office and the school is done only with consent or as otherwise authorized in statute. Clinical records created in the school branch office are the property of the certified clinic. Pupil records of students receiving services in the school branch office are in the custody of the school. Access to records or information is via properly created and executed releases of information or as otherwise authorized in the law, consistent with s. Chapter 51 and 118, stats.; 42CFR2; and 34 CFR99 (Family Education Rights and Privacy Act).
5. Communications to families and students about the school branch office will clearly specify the school branch office is co-located in the school for the benefit and

convenience of students and families seeking clinic services and is not an agent of the school.

6. The certified clinic will provide evidence of adequate liability insurance to the school.
7. Space within the school for use by the school branch office, including storage of records, will be identified and will ensure the privacy and confidentiality of students and family members receiving services from the school branch office. Access to electronic and hard-copy clinical files will be limited to school branch office staff.
8. Client Rights information shall be prominently displayed at each school branch office.
9. Referral for assessment for mental health or substance abuse services to certified clinics shall originate from the parent/guardian or the school after informed consent is obtained from the parent/guardian. The referral shall identify the rationale for the assessment and contact information for the family. Arrangements for the student to be released from class for the assessment will be made after the parent/guardian has authorized the assessment and release.
10. Information from school branch office assessments, treatment plans, school evaluations and educational plans may be shared to inform and support each other with the informed consent of the parent/guardian.
11. DHS recommends the certified clinic and school collaborate to create an annual report including client outcomes and parental feedback that will be submitted to DHS for review. This report will not include identifying information about specific students or families unless informed consent is obtained or as otherwise authorized by statute. These reports shall, in part, be a determining factor in renewal of school branch offices.
12. DHS may conduct reviews of school branch office staffing records, policy and procedure or clinical records at branch offices, or request branch office samples for review at main clinic reviews or investigations. Reviews may include unannounced site visits at school branch offices for the purpose of evaluating compliance or investigating complaints. Site visits will comply with local school building rules regarding visitors, student access, emergency drills and procedures, and entrance and egress policies and procedures.
13. The certified clinic and school will develop and sign a memorandum of understanding (MOU) that will at minimum address items #1-12 above. The MOU will be signed annually and be in place prior to the beginning of the school year unless otherwise permitted.

Applicability

Request for school branch approval applies only to certified mental health and/or substance abuse outpatient clinics, currently certified or seeking certification under Chapter DHS 35 and/or

Chapter DHS 75.13, Wisconsin Administrative Code. Reimbursement is not available from Wisconsin Medical Assistance unless providers are associated with a certified mental health or substance abuse treatment program/service.

If certified outpatient clinics wish to deliver mental health or substance abuse treatment services to children at schools via telehealth during or after school hours, certified outpatient clinics must seek approval for telehealth certification and school branch approval.

This School Branch Office Certification is not applicable to certified children's mental health day treatment program under DHS 40-Level II, Wisconsin Administrative Code.

Guiding Principles

1. Proper consent to treatment. Parental consent for treatment per s. 51.14, stats. and s. 51.47 must be identified.
2. Parent choices regarding care and location of delivery of services.
3. School initiation of need for in-school services.
4. Coordinated and integrated services as evidenced by documentation in the clinical record. This includes proper release of information and coordination of therapy appointments and the child's classroom schedule.
5. Forming partnership among school personnel, parents and qualified professional to support student's success, predicated on consents for release of information.
6. Measurable positive outcomes identified in the treatment planning process.
7. Focus on children and meeting their needs.

Prohibited Practices

1. A therapist/counselor's vehicle is not a practice location or place of service.¹
2. A Clinic that provides intensive in-home counseling to a child at a child's home may not practice counseling or provide therapeutic service at the child's school unless the clinic obtains the approval of School Branch under this Certification Guide.
3. A school may not use any funds administered through DPI to contract for mental health or substance abuse assessment or treatment services.

If you have questions regarding branch offices in schools please contact regional Health Services Specialists staff assigned to your agency. You may also contact the Behavioral Health Certification Section main office at (608) 261-0656 or email, DHSDQAMentalHealthAODA@dhs.wisconsin.gov.

¹ MN State Task Force on Collaborative Services: Co-Located Mental Health Services in Schools. February 2006 http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16_141256.pdf