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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-00059 (08/2016) | | | | | | **STATE OF WISCONSIN**  Wis. Admin. Code ch. DHS 35  Page 1 of 16 | | | | | | | |
| **OUTPATIENT MENTAL HEALTH CLINIC**  **INITIAL APPLICATION – DHS 35**  **INSTRUCTIONS:** Completion of this application verifies that an outpatient mental health clinic is organized in compliance with Chapter DHS 35, Wisconsin Administrative Code, as required by state statutes. | | | | | | | | | | | | | |
| **Branch Offices**  Branch office requirements are described under § DHS 35.07, *Location of service delivery*, and are found on-line at <http://www.legis.state.wi.us/rsb/code/dhs/dhs035.pdf>. DQA form F-00191, *Certified Oupatient Clinic Request for a Branch Office*, is available at <https://www.dhs.wisconsin.gov/forms/index.htm>, in both PDF and Word-fillable versions, and may be submitted with this application.  Branches shall exist for the convenience of the consumer and should be operated under clinic policies Wis. Admin. Code §§ DHS 35.123(1) and (2), 35.14(1), 35.15(1) and (2), and comply with § DHS 35.23(2), “confidentiality of treatment files” in all offices. Additional fees are assessed for branch office locations. | | | | | | | | | | | | | |
| **Optional Agreement for Electronic Transmissions**  In order to streamline communications and move toward paperless office environments, the Department is asking providers to cooperate, to the extent possible, in using electronic transmissions to communicate official business (e.g., email). It is expected that business information can be transmitted and approved more rapidly via e-communication. Examples include re-applications, application reviews, survey findings, statements of deficiency, plans of correction, or other information.  ***Optional:*** This applicant agrees to permit and cooperate with the Department in using electronic transmission to communicate official business, including applications, survey findings, statements of deficiency, and plans of correction. The official effective email address of this provider is: | | | | | | | | | | | | | |
| **Official Effective Email Address:** |  | | | | | | | | | | | | |
| **Initial to agree:**  For questions or information about electronic transmissions, contact the regional Health Services Specialist of the Behavioral Health Certification Section.    **DHS 35.01 Authority and purpose**  This application is promulgated under the authority of Wis. Stat. §§ 49.45(2)(a) 11, 51.04, 51.42(7)(b) 11, and 227.11 (2)(a) to establish minimum standards for certification of outpatient mental health clinics that receive reimbursement for outpatient mental health services from the Wisconsin medical assistance and BadgerCare Plus programs or private insurance under Wis. Stat. § 632.89(2)(d) or that utilize federal community mental health services block grant funds under 42 USC § 300x, et.seq., or receive state community aids funds under Wis. Stat. § 51.423(2).    **Application Notes**   * Initial certifications must meet all requirements, including staffing requirements (hired and in place) before services begin. * This document paraphrases the rule language for application purposes.     **Initial Provider Certification**   * **Applicants for a new clinic must demonstrate preparedness to comply with all DHS 35 standards.** Use the check boxes (  ) to affirm readiness to meet standards. Applicants will have completed all required policies, including ch. DHS 94 (Patient Rights), have staffing plans for qualified staff that meet § DHS 35.123(2) requirements, and sample forms available on-site. * **ATTENTION:** The clinic must contact the regional Health Services Specialist to arrange a site visit following the submission of fees and this application.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DHS 35.02 Applicability**  This application is directed to public and private outpatient mental health clinics that request reimbursement for services from the Wisconsin medical assistance and BadgerCare Plus programs and from private insurance required under Wis. Stat. § 632.89(2) or who utilize federal community mental health services block grant funds under 42 USC § 300x, et.seq., or receive state community aids funds under Wis. Stat. § 51.423(2).  This application does not apply to ch. DHS 75 outpatient programs that provide services to substance abusers and related treatment needs but do not provide mental health services.  The Department shall waive an on-site inspection of a **clinic applying for certification** that holds **current accreditation** as an outpatient mental health clinic from a national accrediting body that has developed standards for outpatient mental health clinics, **if all of the following apply**:  1. The clinic has submitted a complete application and all of the materials required under sub. (1).  2. The Department determines that the standards of the accrediting body are at least as stringent as the requirements under this chapter.  3. The Department determines that the clinic’s record of compliance with this chapter or with the standards of the accrediting body shows no indication that an on-site inspection may be necessary.  The clinic has current accreditation and seeks waiver of on-site inspection?  Yes  No  The Department may grant or deny certification to the clinic if it determines the clinic has deficiencies or major deficiencies. If the Department grants initial or renewal certification to a clinic with a deficiency, the Department shall issue a notice of deficiency under § 35.11(1m)(a).  The Department may grant an initial provisional certification for up to one year. | | | | | | | | | | | | | |
| **OUTPATIENT MENTAL HEALTH CLINIC**  **INITIAL APPLICATION – DHS 35** | | | | | | | | | | | | | |
| Completion of this application verifies that an outpatient mental health clinic is organized in compliance with Wis. Admin. Code ch. DHS 35, as required by state statutes. | | | | | | | | | | | | | |
|  | | | | Date – Application Completed | | | | | Certification No. | | | | |
|  | |  |  |  |
| Name – Facility | | | | | | | | County | | | | | |
| Street Address – Main Office | | | | | City | | | State | | Zip Code | | | |
| Mailing Address – Main Office | | | | | City | | | State | | Zip Code | | | |
| Name – Contact Person | | | | | Telephone No. | | | Fax No. | | | | | |
| Website  *May be published in provider directory* | | | | | Email Address  *May be published in provider directory* | | | | | | | | |
| Other service locations are requested.  Attach DQA form F-00191, *Certified Oupatient Clinic Request for a Branch Office*, for each branch office requested. (See instructions.) | | | | | | | | | | | | | |
| **Accreditation** | | | | | | | | | | | | | |
| JCAHO  COA  CARF  Other – *Specify:* | | |  | | | | | | | | | | |
| Accreditation End Date | | | | | Date – Last Accreditation Visit | | | | | | | | |
| **Attestation** | | | | | | | | | | | | | |
| I hereby attest that all statements made in this application and any attachments are correct to the best of my knowledge and that I will comply with all laws, rules, and regulations governing mental health outpatient services. I will notify the Department of any changes in administration, ownership or control, office locations, clinic name or program, and any change in the clinic’s policies and practices that may affect clinic compliance by no later than the effective date of the change.  ***Optional:*** *This applicant agrees to permit and cooperate with the Department in using electronic transmission to communicate official business, including applications, survey findings, statements of deficiency, and plans of correction. The official effective email address of this provider is entered above.*  **Initial to agree:** | | | | | | | | | | | | | |
| **SIGNATURE** – Clinic Administrator | | Name – Clinic Administrator *(Print or type.)* | | | | | Date Signed | | | | | | |

**DHS 35.123 – Staffing requirements for clinics**

1. The clinic has an assigned “clinic administrator” responsible for clinic operations.

Yes  No

2. The clinic has a sufficient number of qualified staff members available to provide outpatient mental health services to consumers admitted to care.

Yes  No

§ DHS 35.123(2), minimum staffing combinations to provide outpatient mental health service will be required after January 1, 2012, and include combinations (a), (b), or (c):

(a) Two or more licensed treatment professionals who combined are available to provide outpatient mental health services at least ***60*** hours per week.

(b) One or more licensed treatment professionals who combined are available to provide outpatient mental health services at least ***30*** hours per week and one or more mental health practitioners or recognized psychotherapy practitioners who combined are available to provide outpatient mental health services at least ***30*** hours per week.

(c) One or more licensed treatment professionals who combined are available to provide outpatient mental health services at least ***37.5*** hours per week, and at least one psychiatrist or advanced practice nurse prescriber who provides outpatient mental health services to consumers of the clinic at least ***4*** hours per month.

*The department may grant a variance to a clinic that is unable to meet the minimum staffing requirements under § DHS 35.123(2). To be eligible for a variance under this subsection, the clinic shall establish that it has made and continues to make a good faith effort to recruit and retain a sufficient number of staff with the qualifications specified in § DHS 35.123 (2). In addition to any other conditions the department may impose on a variance issued under this paragraph, the department shall require that the clinic submit evidence on a continuous basis of the clinic’s good faith efforts to recruit and retain qualified staff.*

**DHS 123.3 – Attach Appendix A: DHS 35 - Qualified Staff Roster**

1. The clinic has attached a full roster of clinical staff available to provide outpatient mental health services to consumers admitted to care.

Yes

***The application is not complete without Appendix A: DHS 35 - Qualified Staff Roster.***

2. Does the clinic comply with any of the minimum outpatient MH staffing combinations?

Yes Circle appropriate § 35.123(2) combination – (a) or (b) or (c).

3. If the clinic has more than one office, do both the clinic as a whole and its main office comply with the staffing requirements of § 35.123(2)?

Yes

4. Does this clinic provide services to persons 13 years old or younger?

Yes If “Yes,” the clinic shall have staff qualified by training and experience to work with children and adolescents. These credentials must be identified on Appendix A and will be reviewed at the next regularly scheduled on-site survey.

No

**DHS 35.127 – Persons providing psychotherapy services through this clinic**

1. This clinic shall operate in accordance with sections § 35.127(1)-(4), italicized below.

*1. Any mental health professional may provide psychotherapy to consumers through a clinic certified under this chapter.*

*2. A qualified treatment trainee may provide psychotherapy to consumers only under clinical supervision as defined under § DHS 35.03(5)(a).*

*3. A clinic may choose to require clinical supervision of a mental health practitioner or recognized psychotherapy practitioner.*

*4. No person with a suspended, revoked, or voluntarily surrendered professional license or one whose license or certificate is limited or restricted is providing psychotherapy to consumers**under circumstances prohibited by the limitation or restriction.*

Yes  No

2. The clinic operates in accordance with §35.127(1)-(4).

Yes

**DHS 35.13 – Personnel policies**

The clinic has developed and implemented written personnel policies and procedures that ensure all of the following § 35.13(1)-(3).

1. Each staff member who provides psychotherapy or who prescribes medications is evaluated to determine if the staff member possesses current qualifications and demonstrated competence, training, experience, and judgment for the privileges granted to provide psychotherapy or to prescribe medications for the clinic.

Yes

2. Compliance with the caregiver background check and misconduct reporting requirements in Wis. Stat § 50.065, Wis. Admin. Code ch. DHS 12 and the caregiver misconduct reporting and investigation requirements in ch. DHS 13.

Yes

3. A record, available to the surveyor upon request, is maintained for each staff member and includes all of the following:

(a) Confirmation of an applicant’s training, clinical experience or professional license or certification, if a training, clinical experience or professional license or certification is necessary for the staff member's prescribed duties or position. All limitations and restrictions on a staff member’s license shall be documented by the clinic.

Yes

(b) The results of the caregiver background check including a completed background information disclosure form for every background check conducted and the results of any subsequent investigation related to the information obtained from the background check.

Yes

(c) A vita of training, work experience, and qualifications for each prescriber and each person who provides psychotherapy.

Yes

**DHS 35.14 – Clinical supervision and clinical collaboration**

1. The clinic administrator has responsibility for administrative oversight of the job performance and actions of each staff member and requires each staff member to adhere to all laws and regulations governing the care and treatment of consumers and the standards of practice for their individual professions.

Yes  No

2. The clinic has a written policy for clinical supervision as defined under § DHS 35.03(5) and for clinical collaboration as defined under § DHS 35.03(4) which addresses:

Yes

These policies must address each of the italicized issues below.

* *A system to determine the status and achievement of consumer outcomes, which may include a quality improvement system or a peer review system to determine if the treatment provided is effective, and a system to identify any necessary corrective actions.*
* *Identification of clinical issues, including incidents that pose a significant risk of an adverse outcome for one or more consumers of the outpatient mental health clinic that should warrant clinical collaboration or clinical supervision that is in addition to the supervision specified under chs. MPSW 4, 12, or 16, or Psy 2, or for a recognized psychotherapy practitioner, in accordance with § DHS 35.03(5)(a), whichever is applicable.*
* *Except as provided under sub. (4)(b), the clinic’s policy on clinical supervision shall be in accordance with chs. MPSW 4, 12, or 16, or Psy 2, or for a recognized psychotherapy practitioner, whichever is applicable.*

3. The clinic’s policy on clinical collaboration shall require one or more of the following:

(a) Individual sessions, with staff case review, to assess performance and provide feedback.

Yes

(b) Individual side-by-side session while a staff member provides assessments, service planning meetings, or outpatient mental health services and in which another staff member assesses and gives advice regarding staff performance.

Yes

(c) Group meetings to review and assess quality of services and provide staff members advice or direction regarding specific situations or strategies.

Yes

(d) Another form of professionally recognized method of clinical collaboration designed to provide sufficient guidance to assure the delivery of effective services to consumers by the staff member.

Yes – *Describe below:*

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4. Within this clinic, clinical supervision and clinical collaboration records are dated and documented with the signature of the person providing these functions in a supervision or collaboration record or in the staff record of each staff member who attends the session or review.

Yes  No

5. When clinical supervision or clinical collaboration results in a recommendation for a change to a consumer’s treatment plan, the recommendation shall be documented in the consumer file.

Yes  No

6. A qualified treatment trainee who provides psychotherapy shall receive clinical supervision.

Yes  No

7. Any staff member, including a staff member who is a substance abuse counselor-in-training, substance abuse counselor, or clinical abuse counselor who provides services to consumers with a primary diagnosis of substance abuse, receives clinical supervision from a clinical supervisor as defined under ch. RL 160.02(7).

Yes  No

**DHS 35.15 – Orientation and training**

1. Is documentation of each staff member’s initial orientation, prior education, training, and continuing training, readily available?

Yes  No

The clinic must maintain a current copy of its orientation and training policies.

**DHS 35.16 – Admission**

1. The clinic has established written selection criteria for use when screening a consumer for possible admission.

Yes

Check any criteria with which the clinic limits is admissions per DHS § 35.16(1)(a-e).

(a) Sources from which referrals may be accepted by the clinic

(b) Restrictions on acceptable sources of payment for services or the ability of a consumer or a consumer’s family to pay

(c) The age range of consumers whom the clinic will serve based on the expertise of the clinic staff members

(d) Diagnostic or behavioral requirements that the clinic will apply in deciding whether or not to admit a consumer for treatment

(e) Any consumer characteristics for which the clinic has been specifically designed, including the nature or severity of disorders that can be managed on an outpatient basis by the clinic, and the expected length of time that services may be necessary

2. The clinic refers any consumer not meeting the clinic’s selection criteria for admission to appropriate services.

Yes – *Note below where the clinic has referral agreements.*

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3. Does the clinic have or plan a waiting list?

Yes  No If “Yes,”

The priorities or the procedures for the operation of the waiting list are maintained in writing and applied fairly and uniformly.

Yes

4. Each of the clinic’s licensed treatment professionals and recognized psychotherapy practitioners are documenting, in the consumer file, the recommendations for psychotherapy specifying diagnosis, date of recommendation, length of time recommended, services needed, and name and signature of the person issuing the recommendation.

Yes

5. The clinic is using a department-approved placement criteria tool to determine if a consumer who has a co-occurring substance use disorder requires substance abuse treatment services.

Yes

6. Consumers are referred to an appropriate department-certified provider if the consumer is determined to need a level of substance use services that are above the level of substance use services that can be provided by the clinic.

Yes

**DHS 35.165 – Emergency services**

1. The clinic shall have and implement a written policy on how the clinic will provide or arrange for the provision of services to address a consumer’s mental health emergency or crisis during hours when its offices are closed or when staff members are not available to provide outpatient mental health services.

Yes

2. The clinic shall include, in its written policies, the procedures for identifying risk of attempted suicide or risk of harm to self or others.

Yes

**DHS 35.17 Assessment**

The information collected during the initial assessment shall be sufficient to identify the consumer’s need for outpatient mental health services.

1.a. A mental health professional is completing an initial assessment of a consumer before a second meeting with a staff member.

Yes

1.b. The clinic conducts a comprehensive assessment that meets the requirements of § DHS 35.17(1)(b), as described below.

Yes

*The comprehensive assessment shall be valid; accurately reflect the consumer’s current needs, strengths, and functioning; be completed before beginning treatment under the treatment plan established under § DHS 35.19(1); and, include all of the following:*

*1. The consumer’s presenting problems*

*2. A diagnosis established from the current DSM*

*3. The recipient’s symptoms which support the given diagnosis*

*4. Information on the consumer’s strengths and current and past psychological data; information related to school or vocational, medical, and cognitive functioning; past and present trauma; and substance abuse*

*5. The consumer’s unique perspective and own words*

2. For consumers determined to have one or more co-occurring disorders, a licensed treatment professional, mental health practitioner, or a recognized psychotherapy practitioner, the clinic is documenting the treatments and services concurrently received by the consumers through other providers.

The clinic is documenting whether the clinic can serve the consumer’s needs using qualified staff members or in collaboration with other providers and is describing any recommendations for additional services, if needed.

When the clinic cannot serve a consumer’s needs independently or in collaboration with other providers, the clinic is referring the consumer, with the consumer’s consent, to an appropriate provider.

Yes, to all parts

No – The clinic will plan for compliance.

**DHS 35.18 – Consent for outpatient mental health services**

1. The clinic informs the consumer of the results of the assessment, including all of the following information.

Yes **Patient rights are non-negotiable.**

*(b) Treatment alternatives.*

*(c) Possible outcomes and side effects of treatment recommended in the treatment plan*

*(d) Treatment recommendations* ***and benefits of the treatment recommendations***

*(e) Approximate duration and desired outcome of recommendations in the treatment plan*

*(f) The rights of a consumer receiving outpatient mental health services, including the consumer’s rights and responsibilities in the development and implementation of an individual treatment plan*

*(g) The outpatient mental health services that will be offered under the treatment plan*

*(h) The fees that the consumer or responsible party will be expected to pay for the proposed services*

*(i) How to use the clinic’s grievance procedure under ch. DHS 94*

*(j) The means by which a consumer may obtain emergency mental health services during periods outside the normal operating hours of the clinic*

*(k) The clinic’s discharge policy, including circumstances under which a patient may be involuntarily discharged for inability to pay or for behavior reasonably the result of mental health symptoms*

2. The consumer or the consumer’s legal representative shall sign a clinic form to indicate the consumer’s informed consent to receive outpatient mental health services.

Yes **Patient Rights Requirement**

3. When a consumer is prescribed medication as part of the consumer's treatment plan developed under § DHS 35.19 (1), the clinic shall obtain a separate consent that indicates that the prescriber has explained to the consumer or to the consumer's legal representative, the nature, risks, and benefits of the medication and that the consumer or his representative understands the explanation and consents to the use of the medication.

Yes **Patient Rights Requirement**

4. The consent to outpatient mental health services shall be renewed in accordance with § DHS 94.03(1)(f).

Yes **Patient Rights Requirement**

**DHS 35.19 – Treatment plan**

1. A licensed treatment professional, mental health practitioner, or recognized psychotherapy practitioner shall develop **an initial treatment plan** upon completion of the comprehensive assessment required under § DHS 35.17(1)(b).

Yes

2. The treatment plan is based upon the diagnosis and symptoms of the consumer and describes all of the following:

*1. The consumer’s strengths and how they will be used to develop the methods and expected measurable outcomes that will be accomplished*

*2. The method to reduce or eliminate the symptoms causing the consumer’s problems or inability to function in day to day living, and to increase the consumer’s ability to function as independently as possible*

*3. For a child or adolescent, a consideration of the child’s or adolescent’s development needs as well as the demands of the illness*

*4. The schedules, frequency, and nature of services recommended to support the achievement of the consumer’s recovery goals, irrespective of the availability of services and funding*

Yes – Items 1-4 are addressed, as applicable.

***Note:*** *Nothing in this chapter is intended to interfere with the right of providers under Wis. Stat.* § *51.61(6) to use customary and usual treatment techniques and procedures in a reasonable and appropriate manner in the treatment of patients who are receiving services under the mental health system for the purpose of ameliorating the conditions for which the patients were admitted to the system.*

3. The treatment plan reflects the current needs and goals of the consumer as indicated by progress notes and by reviewing and updating the assessment as necessary.

Yes

4. The consumer or the consumer’s legal representative are offered an opportunity to approve and sign the treatment plan and agree with staff on a course of treatment.

Yes

5. If the consumer does not approve of the schedules, frequency, and nature of the services recommended, then appropriate notations regarding the consumer’s refusal are made in the consumer file.

Yes

6. Does the treatment plan include a written statement immediately preceding the consumer’s or legal representative’s signature that the consumer or legal representative had an opportunity to be informed of the services in the treatment plan and to participate in the planning of treatment or care?

Yes

7. Staff has established a process for a clinical review of the consumer’s treatment plan and progress toward measurable outcomes.

Yes

8. The review includes the participation of the consumer as an ongoing process.

Yes

9. The results of each clinical review are clearly documented in the consumer file.

Yes

10. Documentation in the consumer file addresses each of the following:

*1. The degree to which the goals of treatment have been met*

*2. Any significant changes suggested or required in the treatment plan*

*3. Whether any additional assessment or evaluation is recommended as a result of information received or observations made during the course of treatment*

*4. The consumer’s assessment of functional improvement toward meeting treatment goals and suggestions for modification*

Yes

11. A mental health professional conducts a clinical review of the treatment plan with the consumer as described in par. (a) at least every 90 days or 6 treatment sessions, whichever covers a longer period of time.

Yes

12. The clinic has developed and implemented written policies and procedures for referring consumers to other community service providers for services that the clinic does not or is unable to provide to meet the consumer’s needs as identified in the comprehensive assessment required under § DHS 35.17(1)(b).

Yes

13. The policies identify community services providers to which the clinic reasonably determines it will be able to refer consumers for services the clinic does not or cannot provide.

Yes

**35.20 – Medication management**

1. The clinic will provide medication management as part of its services in the next certification period.

Yes

2. Consumers receiving only medication management from the clinic are referred for psychotherapy by the clinic’s prescriber when appropriate to the consumer’s needs and recovery.

Yes

3. All medications prescribed by the clinic are documented in the consumer file as required per § DHS 35.23(1)(a)10.

Yes

**DHS 35.21 – Treatment approaches and services**

1. The clinic has implemented a written policy that identifies the selection of treatment approaches and the role of clinical supervision and clinical collaboration in treatment approaches.

Yes

No If “No,” what is the plan to comply?

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*The treatment approaches shall be based on guidelines published by a professional organization or peer-reviewed journal. The final decision on the selection of treatment approaches for a specific consumer shall be made by the consumer’s therapist in accordance with the clinic’s written policy.*

2. The clinic has made reasonable efforts to ensure that each consumer receives the recommended interventions and services identified in the consumer treatment plan or revision of the treatment plan that is created under § DHS 35.19(1).

Yes

3. Each consumer is willing to receive the interventions and services in the treatment plan as communicated by an informed consent for treatment.

Yes

**DHS 35.215 – Group therapy**

1. The maximum number of consumers receiving services in a single group therapy session is 16, and the minimum staff to consumer ratio in group therapy is 1 – 8.

Yes

*If different limits are justified based on guidelines published by a governmental entity, professional organization, or peer-reviewed journal indicate, the clinic may request a variance of either the limit of group size or the minimum staff-to-consumer ratio.*

**DHS 35.22 – Discharge summary**

1. In this clinic, a discharge summary is completed within 30 days of discharge and includes all of the following:

(a) A description of the reasons for discharge

(b) A summary of the outpatient mental health services provided by the clinic, including any medications

(c) A final evaluation of the consumer’s progress toward the goals of the treatment plan

(d) Any remaining consumer needs at the time of discharge and the recommendations for meeting those needs, which may include the names and addresses of any facilities, persons, or programs to which the consumer was referred for additional services following discharge.

Yes

**DHS 35.23 – Consumer file**

The clinic complies with the following statements:

1. The clinic maintains a consumer file for each consumer who receives outpatient mental health services.

2. Each consumer file is arranged in a format that provides for consistent recordkeeping that facilitates accurate and efficient retrieval of record information.

3. All entry in the consumer file is factual, accurate, legible, permanently recorded, dated, and authenticated with the signature and license or title of the person making the entry.

4. Treatment records contained in a consumer file are confidential to the extent required under Wis. Stat. § 51.30.

5. An electronic representation of a person’s signature is used only by the person who makes the entry.

6. The clinic shall possess a statement signed by the person, which certifies that only that person shall use the electronic representation via use of a personal password.

Yes

If the clinic cannot comply with 1-6 above, describe the plan for compliance.

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7. Each consumer file shall include accurate documentation of all outpatient mental health services received including all of the following:

1. Results of each assessment conducted
2. Initial and updated treatment plans
3. The recommendation or prescription for psychotherapy
4. For consumers who are diagnosed with substance abuse disorder, a completed copy of the most current approved placement criteria summary, **if required by § DHS 35.16(5)**
5. Documentation of referrals of the consumer to outside resources
6. Descriptions of significant events that are related to the consumer’s treatment plan and contribute to an overall understanding of the consumer’s ongoing level and quality of functioning
7. Progress notes, which shall include documentation of therapeutic progress, functional status, treatment plan progress, symptom status, change in diagnosis, and general management of treatment
8. Any recommended changes or improvement of the treatment plan resulting from clinical collaboration or clinical supervision
9. Signed consent forms for disclosure of information and for medication administration and treatment, and court orders, if any
10. A listing of medications prescribed by staff prescribers*,* and a medication administration record if staff dispenses or administers medications to the consumer
11. Discharge summary and any related information
12. Notice of involuntary discharge, if applicable
13. Any other information that is appropriate for the consumer file

Yes

8. If the clinic keeps composite consumer files of a family in treatment as a unit, the clinic will develop release provision policies made for individual confidentiality pursuant to Wis. Stat. § 51.30 and Wis. Admin. Code ch. DHS 92.

Yes ***Treatment records requirements***

9. **CONFIDENTIALITY.** Treatment records are kept confidential as required under Wis. Stat. § 51.30, Wis. Admin. Code ch. DHS 92, and 45 CFR Parts 160, 162 and 164, and 42 CFR Part 2 in a designated place in each clinic office at which records are stored that is not accessible to consumers or the public, but is accessible to appropriate staff members at all times.

Yes ***Patient rights requirement***

**Note:** If notes or records, recorded in any medium, maintained for personal use by an individual providing treatment services are available to others, the notes or records become part of the treatment records. See Wis. Stat. § 51.30(1)(b) and §§ DHS 92.02(16) and 92.03(1)(b).

10. **TRANSFERRING TREATMENT RECORDS**. Upon **written request** of a consumer or former consumer or – if required – that person's legal representative, the clinic transfers to another licensed treatment professional, clinic, or mental health program or facility the treatment records and all other information in the consumer file necessary for the other licensed treatment professional, clinic, or mental health program or facility to provide further treatment to the consumer or former consumer.

Yes ***Patient Rights requirement***

11. **RETENTION AND DISPOSAL**. The clinic has implemented a written policy governing the retention of treatment records that is in accordance with § DHS 92.12 and any other applicable laws. Upon termination of a staff member’s association with the clinic, the treatment records for which the staff member was responsible remain in the custody of the clinic.

Yes ***Treatment records requirements***

12. **ELECTRONIC RECORD-KEEPING SYSTEMS.** If the clinic maintains treatment records electronically, the clinic has written policies describing the record and policies for authentication and security.

Yes  Not applicable

13. The clinic does not permit electronic transmission of information from treatment records to information systems outside the clinic without the voluntary written consent of the consumer unless the release of confidential treatment information is permitted under Wis. Stat. § 51.30 or other applicable law.

Yes  Not applicable ***Patient rights requirement***

**Note:** Transmission of information must comply with 45 CFR parts 160, 162, and 164, Wis. Stat. § 51.30, and Wis. Admin. Code ch. DHS 92. If treatment records are kept electronically, the confidentiality of the treatment records shall be maintained as required under this section.

14. The clinic maintains a paper or electronic back-up system for any treatment records maintained electronically.

Yes  Not applicable

**DHS 35.24 – Consumer rights**

1. The clinic has written and implemented polices and procedures that are consistent with Wis. Stat. § 51.61 and Wis. Admin. Code ch. DHS 94 to protect the rights of consumers.

Yes

2. Consumers are offered options for ongoing services when former service providers are no longer available.

Yes

3. Before the clinic involuntarily discharges a consumer because of the consumer’s inability to pay for services or for behavior that is reasonably a result of mental health symptoms, the clinic notifies the consumer in writing of the reasons for the discharge, the effective date of the discharge, sources for further treatment, and of the consumer’s right to have the discharge reviewed, prior to the effective date of the discharge, by:

Behavioral Health Certification Section

Division of Quality Assurance

PO Box 2969

Madison, WI 53701-2969

FAX: 608-261-0655

Yes

No If “No,” what is the clinic plan of correction?

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**DHS 35.25 – Death reporting**

1. The clinic has a written policy to report the death of a consumer to the department if required under Wis. Stat. § 51.64(2).

Yes ***Statutory requirement***

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| **OUTPATIENT SERVICES PROVIDED IN A SCHOOL SETTING**  Copy and complete pages 13 and 14 **FOR EACH SCHOOL LOCATION.**  **NOTE:** Wis. Admin. Code § DHS 35.09 states, “The clinic shall notify the department of any changes in administration, ownership or control, office location, clinic name, or program, and any change in the clinic’s policies or practices that may affect clinic compliance by no later than the effective date of the change.” | | | | | | | | | | | | | |
| **MAIN CLINIC INFORMATION** | | | | | | | | | | | | | |
| Name – Main Clinic | | | | | | | | | | | Certification No. | | |
| **SCHOOL DISTRICT ADMINISTRATION OFFICE INFORMATION** | | | | | | | | | | | | | |
| Name – School District | | | | | | | | | | | | | |
| Street Address | | | | | | | City | | | | State | | Zip Code |
| ***Contact Person*** | | | | | | | | | | | | | |
| Name | | Telephone No. | | | Fax No. | | | | | Email Address – Contact Person | | | |
| **SCHOOL LOCATION AND CONTACT PERSON** | | | | | | | | | | | | | |
| Name – School Site | | | | | | | | | | | County | | |
| Street Address | | | | | | | City | | | | State | | Zip Code |
| ***Contact Person*** | | | | | | | | | | | | | |
| Name | | | Telephone No. | | Fax No. | | | | | Email Address – Site Contact Person | | | |
| Is this site a certified branch office?  Yes  No  If “yes,” no additional site information is required on this form. Complete DQA form F-00191A, *Certified Outpatient Clinic School Branch Office Request.* | | | | | | | | | | | | | |
| **OUTPATIENT SERVICES PROVIDED AT THIS SITE** | | | | | | | | | | | | | |
| Mental Health  Substance Use  Other *(Describe below.)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **DAYS AND HOURS SERVICES ARE PROVIDED AT THIS SITE** | | | | | | | | | | | | | |
| **DAY** | **Monday** | | | **Tuesday** | | **Wednesday** | | | **Thursday** | | | **Friday** | |
| **HOURS** |  | | |  | |  | | |  | | |  | |
| **STAFF ROSTER FOR THIS SITE** | | | | | | | | | | | | | |
| **Name** | | | | | | | | **License No.** | | | **Hours Available Per Week** | | |
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| **MEMORANDUM OF UNDERSTANDING** | | | | | | | | | | | | | |
| Is there a memorandum of understanding (MOU) in effect between the certified clinic and this school delivery site?  Yes  No If “yes,” attach a copy. | | | | | | | | | | | | | |
| **RECORDS** | | | | | | | | | | | | | |
| Are consumer records kept at this school site?  Yes  No  If “yes,” describe how records are stored. | | | | | | | | | | | | | |
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| **OVERSIGHT** | | | | | | | | | | | | | |
| Briefly describe the policies of oversight for the clinic administrator and the policies for collaboration and/or supervision for services delivered at this school site. | | | | | | | | | | | | | |
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|  | **APPENDIX A: QUALIFIED STAFF ROSTER** | | |  | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name – Program | | | | | | Certification No. | | | |
| Name – Client Rights Specialist | | | | | | Telephone No. | | | |
| **Clinic Role and Name**  (Last, First) | | **Credentials / Licenses**  (Not MA Number) | **Hours of Usual Availability**  **per Week** | | **CAREGIVER BACKGROUND** | | | | |
| **DHS-64 BID**  (mo/yr) | | **DOJ Report**  (mo/yr) | **DHS IBIS**  (mo/yr) | **Background Reviewed Within Last**  **4 Yrs.** |
| Clinic Administrator | |  |  | |  | |  |  | Yes |
|  | |
| Licensed Treatment Professional | |  |  | |  | |  |  | Yes |
|  | |
| Licensed Treatment Professional | |  |  | |  | |  |  | Yes |
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