

**COMMUNITY SUBSTANCE ABUSE SERVICES (CSAS)
 EMERGENCY OUTPATIENT SERVICE RECERTIFICATION APPLICATION
 Chapter DHS 75.05**

- This application is to verify that the emergency outpatient service complies with Chapter DHS 75.05, Wisconsin Administrative Code. By completing and submitting this form, the clinic indicates that it is in compliance with the program standards as required by state statutes.
- Applicants affirm compliance with each "YES" answer. A response of "NO" indicates likely non-compliant practices.
- **Attach additional narrative or plans for improvement for every "NO" answer.**
- To provide the opportunity to begin self-corrections for improved program quality and to mitigate non-compliance citations, applicants may attach explanatory narratives or plans for improvement for negative responses.

Name - Facility					Certification Number				
Address – Physical			City		State	Zip Code		County	
Telephone Number ()			E-mail Address <input type="checkbox"/> <i>May be published in Provider Directory.</i>						
Fax Number ()			Internet Address <input type="checkbox"/> <i>May be published in Provider Directory.</i>						
Name - Contact Person			Telephone Number ()		E-mail Address <input type="checkbox"/> <i>May be published in Provider Directory.</i>				
Name – Person Who Completed this Form			Telephone Number ()		E-mail Address <input type="checkbox"/> <i>May be published in Provider Directory.</i>				
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 emergency outpatient services.									
SIGNATURE – Director				Date Signed			Full Name – Director (<i>Print or type.</i>)		

- YES NO **1. Chapter DHS 75.05(1) Service Description**
 This emergency outpatient service is equivalent to the service description in Ch. DHS 75.
- YES NO **2. Chapter DHS 75.05(2) General Requirements**
 This service complies with requirements in Ch. DHS 75.03 that apply to emergency outpatient services.
- YES NO **3. Chapter DHS 75.05(3) Required Personnel**
 This service has personnel arrangements sufficient to meet its functional responsibilities.
- YES NO a. Staff are capable of providing coverage for an emergency phone service and for providing on-site crisis interventions.
- YES NO b. This service has a written plan for staffing the service and has documented that all of the following have been taken into consideration:
1. The nature and probability of emergencies
 2. The adequacy emergency communications systems when consultation is required
 3. Types of emergency services to be provided
 4. The skills of staff members
 5. Difficulty in contacting staff
 6. Estimated travel time to locations of emergencies
- YES NO **4. Chapter DHS 75.05(4) Service Operations**
- YES NO a. This service provides emergency telephone coverage as described by Ch. DHS 75.05(4)(a)(1) and (2).
- YES NO b. This service has written procedures to ensure prompt evaluation and determination of treatment required.
- YES NO c. This service has written procedures to address medical and psychiatric complications of substance abuse emergencies.
- YES NO d. This service is capable to provide medical support for substance abuse-related emergencies on-site or is capable of transporting individuals to a local hospital or medical facility.
- YES NO e. If this service is not part of a general hospital, there is a formal agreement with a local hospital to receive referrals from the service on a 24-hour basis and provide a quality of care as described in Ch. DHS 75.05(4)(e).