

**COMMUNITY SUBSTANCE ABUSE SERVICES (CSAS)  
 MEDICALLY MANAGED RESIDENTIAL DETOXIFICATION SERVICE RECERTIFICATION APPLICATION  
 Chapter DHS 75.07**

- This application is used to verify that the medically managed residential detoxification service complies with Chapter DHS 75.07, 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 alcohol and other drug abuse intervention services.

SIGNATURE – Director	Date Signed	Full Name – Director ( <i>Print or type.</i> )
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- YES     NO    **1. Chapter DHS 75.07(1) Service Description**  
 This CSAS medically managed residential detoxification service is equivalent to the service description in ch. DHS 75.
- YES     NO    **2. Chapter DHS 75.07(2) General Requirements**  
 This service complies with requirements in ch. DHS 75.03 that apply to medically managed residential detoxification services.
- YES     NO    **3. Chapter DHS 75.07(3) Organizational Requirements**  
 This service is approved under ch. DHS 124 as a hospital or licensed under ch. DHS 83 as a community-based residential facility.

**ATTENTION**

Facilities certified under DHS Chapters 75.07, 75.09, and 75.11 may not need to be licensed under ch. DHS 83 because they do not meet key components of the rule. In order to be licensed under ch. DHS 83, the facility must provide care, treatment, or services above the level of room and board **and** persons must intend to remain in the CBRF permanently or continuously for more than 28 consecutive days. However, these facilities do need an appropriate physical environment with safety and structural protections. Therefore, these facilities must meet subchapters VIII, IX, X, or XI of ch. DHS 83. Facilities certified under ch. DHS 75.14 must be licensed as a CBRF because the length of stay exceeds 28 days.

If more information regarding these requirements is needed, contact your individual surveyor.

YES  NO**4. Chapter DHS 75.07(4) Required Personnel**

This medically managed residential detoxification service has personnel arrangements sufficient to meet its functional responsibilities.

 YES  NO

a. This service ensures that a patient receives consultation from a substance abuse counselor before the patient is discharged from the service.

 YES  NO

b. This service has a nursing director who is a registered nurse.

 YES  NO

c. A registered nurse is available on site on a 24-hour basis.

 YES  NO

d. A physician is available on site (on call) on a 24-hour basis

**Note:** The department's intent is that physicians will be on call rather than on site.

**5. Chapter DHS 75.07(5) Service Operations** YES  NO

a. A physician reviews and documents the medical status of a patient within 72 hours after admission.

 YES  NO

b. This service has written policies and procedures for the management of belligerent and disturbed patients as described in ch. DHS 75.07(5)(b).

 YES  NO

c. This service has a written agreement with certified substance abuse service providers or systems to provide care after the patient is discharged from the service.

 YES  NO

d. This service has a written agreement with a hospital for the hospital to provide emergency medical services as described in ch. DHS 75.07(5)(d).

 YES  NO

e. This service develops with each patient a detoxification plan and a discharge plan for the patient as described in ch. DHS 75.07(5)(e)

 YES  NO

f. This service has a treatment room that has in it at least the following

 YES  NO

1. First aid supplies maintained and readily available to all personnel responsible for the care of patients.

 YES  NO

2. Separate locked cabinets exclusively for all pharmaceutical supplies.

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**To provide self-corrections for improved program quality and to mitigate non-compliance citations, applicants may provide explanatory narratives or plans for improvement below or via attachments.**