

**COMMUNITY SUBSTANCE ABUSE SERVICES (CSAS)
 AMBULATORY DETOXIFICATION SERVICE RECERTIFICATION APPLICATION
 Chapter DHS 75.08**

- This application is used to verify that the ambulatory detoxification service complies with Chapter DHS 75.08, 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 75.08(1) Service Description**
 This CSAS ambulatory detoxification service is equivalent to the service description in ch. DHS 75.
- YES NO **2. Chapter DHS 75.08(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 75.08(3) Required Personnel**
 This ambulatory 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 a 24-hour basis

4. Chapter DHS 75.08(5) Service Operations

- YES NO a. This ambulatory detoxification service provides patients with 24-hour access to medical personnel and a substance abuse counselor.
- YES NO b. This service has written agreements with certified substance abuse service providers or systems to provide care after the patient is discharged from the service.
- YES NO c. A physician documents review of admission data within 24 hours after a person's admission.
- 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 75.08(5)(d).
- YES NO e. 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.
- YES NO f. This service has written policies and procedures for the management of belligerent and disturbed patients, which includes transfer of a patient to another appropriate facility if necessary.
- YES NO g. This service develops with each patient a detoxification plan and a discharge plan for the patient as described in ch. DHS 75.08(4)(g).

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.