

**COMMUNITY SUBSTANCE ABUSE SERVICES (CSAS)
RESIDENTIAL INTOXIFICATION MONITORING SERVICE RECERTIFICATION APPLICATION
Chapter DHS 75.09**

- This application is used to verify that the residential intoxicification monitoring service complies with Chapter DHS 75.09, 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>)
----------------------	--	-------------	--

- YES NO **1. Chapter DHS 75.09(1) Service Description**
This CSAS residential intoxicification monitoring service is equivalent to the service description in ch. DHS 75.
- YES NO **2. Chapter DHS 75.09(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 75.09(3) Organizational Requirements**
This service is approved under ch. DHS 124 as a hospital, licensed under ch. DHS 83 as a community-based residential facility, certified under ch. DHS 82, or licensed under ch. DHS 88 as an adult family home.

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 75.09(4) Required Personnel**

This residential intoxication monitoring service has personnel arrangements sufficient to meet its functional responsibilities.

YES NO **a.** This service has at least one staff person trained in the recognition of withdrawal symptoms on duty 24 hours per day, 7 days per week.

YES NO **b.** This service ensures that a patient receives consultation from a substance abuse counselor before the patient is discharged from the service.

5. Chapter DHS 75.09(5) Service Operations

YES NO **a.** This service screens patients as described in ch. DHS 75.09(5)(a).

YES NO **b.** This service prohibits admissions as stated in the requirements in ch. DHS 75.09(5)(b).

YES NO **c.** Trained staff make observations of patient as required in ch. DHS 75.09(5)(c).

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 75.09(5)(d).

YES NO **e.** This service complies with the medication administration requirements as stated in ch. DHS 75.09(5)(e).

YES NO **f.** This service develops with each patient a discharge plan for the patient as described in ch. DHS 75.09(f).

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.