

**COMMUNITY SUBSTANCE ABUSE SERVICES (CSAS)
DAY TREATMENT SERVICE RECERTIFICATION APPLICATION**

Chapter DHS 75.12

- This application is used to verify that the day treatment service complies with Chapter DHS 75.12, 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 75.12(1) Service Description**
This CSAS day treatment service is equivalent to the service description in ch. DHS 75.
- YES NO **2. Chapter DHS 75.12(2) General Requirements**
This service complies with requirements in ch. DHS 75.03 that apply to a day treatment service.
- YES NO **3. Chapter DHS 75.12(3) Organizational Requirements**
This day treatment service may be a stand-alone service or may be co-located in a facility that includes other services.
- 4. Chapter DHS 75.12(4) Required Personnel**
This day treatment service has personnel arrangements sufficient to meet its functional responsibilities.
- YES NO **a.** This day treatment service has all of the following personnel:
1. A director who is responsible for the overall operation of this service, including the therapeutic design and delivery of services.
 2. At least one full-time substance abuse counselor for every 15 patients.
 3. A physician available to provide medical supervision and clinical consultation as described in ch. DHS 75.12(4)(a)3.
 4. A mental health professional that is available to provide joint and concurrent services for the treatment of dually diagnosed patients.
 5. At least one clinical supervisor on staff to provide ongoing clinical supervision as described in ch. DHS 75.12(4)(a)5.
- YES NO **b.** A clinical supervisor who meets the requirements of a substance abuse counselor may provide direct counseling services in addition to his or her supervisory responsibilities.
- YES NO **c.** A trained staff member designated to be responsible for the operation of the service is on the premises at all times.

5. Chapter DHS 75.12(5) Clinical Supervision YES NO

- a. This service provides for ongoing clinical supervision of the counseling staff.

 YES NO

A clinical supervisor at this service provides supervision as required in Section RL 162.01 and as described in ch. DHS 75.12(5)(a).

 YES NO

- b. A clinical supervisor at this service provides supervision to substance abuse counselors in the areas identified in s. RL 162.01(5) and as described in ch. DHS 75.12(5)(b).

6. Chapter DHS 75.12(6) Service Operations YES NO

- a. This service works with patients who need health care services but who do not have access to them to help them gain access to those services.

 YES NO

- b. This service completes a patient's treatment plan within two visits after admission.

 YES NO

- c. This service arranges for additional psychological tests for a patient, as needed.

 YES NO

- d. This service has a written statement describing its treatment philosophy and objectives in providing care and treatment for substance abuse problems.

 YES NO

- e. This service provides counseling as required in ch. DHS 75.12(6)(f).

 YES NO

- f. Services are provided at times that allow the majority of patients to maintain employment or attend school.

 YES NO

- g. Patients at this service are not simultaneously active patients in a medically managed inpatient treatment service, a medically monitored treatment service or an outpatient treatment service.

 YES NO

- h. This service ensures that services required by a patient that are not provided by this service are provided to the patient by referral to an appropriate agency.

 YES NO

- i. This service has a written agreement with a hospital for provision of emergency and inpatient medical services, when needed.

 YES NO

- j. A staff member of this service is trained in life-sustaining techniques and emergency first aid.

 YES NO

- k. This service has a written policy on urinalysis as described in ch. DHS 75.12(6)(k).

 YES NO**7. Chapter DHS 75.12(7) Admission**

- a. Admission to this day treatment service only occurs if one of the criteria listed in ch. DHS 75.12(7)(a) is met.

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.