

**COMMUNITY SUBSTANCE ABUSE SERVICE (CSAS)
TRANSITIONAL RESIDENTIAL TREATMENT SERVICE
INITIAL CERTIFICATION APPLICATION**

Chapter DHS 75.14

Initial Certification

- **Initial certification must meet all requirements, including staffing requirements (hired and in place) before services begin.**
- **This document paraphrases the rule language for application purposes.**
- **Applicants for a transitional residential treatment service must demonstrate preparedness to comply with all Chapter DHS 75.14 standards.** Applicants will have completed all required policies, including Chapter DHS 94 (Patient Rights). Use the check boxes () to affirm readiness to meet standards.
- **ATTENTION: The clinic must contact the regional Health Services Specialist to arrange a site visit following the submission of fee and this application.**

Chapter DHS 75.01(1) Authority and Purpose

This application is promulgated under the authority of ss. 46.973(2)(c), 51.42(7)(b), and 51.45(8) and (9), Wis. Stats., to establish standards for community substance abuse prevention and treatment services under ss. 51.42 and 51.45, Wis. Stats. Sections 51.42(1) and 51.45(1) and (7) provide that a full continuum of substance abuse services be available to Wisconsin citizens from county departments of community programs, either directly or through written agreements or contracts that document the availability of services. This application provides that service recommendations for initial placement, continued stay, level of care transfer, and discharge of a patient be made through the use of Wisconsin uniform placement criteria (WI-UPC), American Society of Addiction Medicine (ASAM) placement criteria, or similar placement criteria that may be approved by the department.

Use of approved placement criteria services as a contributor to the process of obtaining prior authorization from the treatment services funding source. It does not establish funding eligibility regardless of the funding source. The results yielded by application of these criteria serve as a starting point for further consultations among the provider, patient, and payer as to an initial recommendation for the type and amount of services that may be medically necessary and appropriate in the particular case. Use of WI-UPS or any other department-approved placement criteria does not replace and need to do a complete assessment and diagnosis of a patient in accordance with DSM-IV.

Chapter DHS 75.01(2) Applicability

This application applies to each substance abuse service that receives funds under Chapter 51, Wis. Stats., is approved by the state methadone authority, is funded through the department as the federally designated single state agency for substance abuse services, receives substance abuse prevention and treatment funding or other funding specifically designated for providing services under ch. DHS 75.04 or 75.16, or is a service operated by a private agency that requests certification.

By completing and submitting this form, the clinic indicates that it is in compliance with the program standards as required by state statutes.

Name – Facility

Address – Physical

City

State

Zip Code

County

Telephone Number

E-mail Address *May be published in Provider Directory*

Fax Number

Internet Address *May be published in Provider Directory*

Name – Contact Person

Telephone Number

E-mail Address *May be published in Provider Directory*

Name – Person Who Completed this Form

Telephone Number

E-mail Address *May be published in Provider Directory*

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.

FULL SIGNATURE – Director

Date Signed

Full Name – Director (*Print or type.*)

Checkboxes indicate a required response. To avoid delays in certification, ensure that you respond to each checkbox.

Chapter DHS 75.14 (1) Service Description

- Yes No This service is equivalent to the service description as listed below and in ch. DHS 75.14(1).
A transitional residential treatment service is a clinically supervised, peer-supported, therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling for three to eleven hours per patient weekly, immediate access to peer support through the environment, and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning.

Chapter DHS 75.14 (2) Requirements

- Yes No This transitional residential treatment service complies with all requirements included in ch. DHS 75.03 that apply to a transitional residential treatment service, as shown in **Table Chapter DHS 75.03** (See DQA form, F-00523.) and, in addition, this transitional residential treatment service complies with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in ch. DHS 75.03, the requirement in this section shall be followed.

Chapter DHS 75.14 (3) Organizational Requirements

- Yes No This facility is approved under ch. DHS 124 as a hospital or shall be 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.

Chapter DHS 75.14 (4) Required Personnel

(a) This transitional residential treatment service has the following personnel:

- Yes No 1. A director responsible for the overall operation of the service, including the therapeutic design and delivery of services.
- Yes No 2. A physician available to provide medical supervision and clinical consultation as either an employee of this service or through a written agreement.
- Yes No 3. At least one full-time substance abuse counselor for every 15 patients or fraction thereof enrolled in this service.
- Yes No 4. At least one clinical supervisor on staff to provide ongoing clinical supervision of the counseling staff or a person outside this agency who is a clinical supervisor and who, by written agreement, will provide ongoing clinical supervision of the counseling staff.
- Yes No 5. A mental health professional available either as an employee of this service or through written agreement to provide joint and concurrent services for the treatment of dually diagnosed patients.
- 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.

Chapter DHS 75.14 (5) Clinical Supervision

This transitional residential treatment service provides for ongoing clinical supervision of the counseling staff. Ongoing clinical supervision is provided as required in s. RL 162.01.

(a) A clinical supervisor at this service provides a minimum of the following, as required in s. RL 162.01(1).

- Yes No 1. Two hours of clinical supervision for every 40 hours of work performed by a substance abuse counselor-in-training.
- Yes No 2. Two hours of clinical supervision for every 40 hours of counseling provided by a substance abuse counselor.
- Yes No 3. One hour of clinical supervision for every 40 hours of counseling provided by a clinical substance abuse counselor
- Yes No 4. One in-person meeting each calendar month with a substance abuse counselor-in-training, substance abuse counselor, or clinical substance abuse counselor. This meeting may fulfill a part of the requirements above.
- 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), as listed below.
- Yes No The goals of clinical supervision are to provide the opportunity to develop competency in the transdisciplinary foundations, practice dimensions and care functions, provide a context for professional growth and development, and ensure a continuance of quality care.
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Chapter DHS 75.14 (6) Service Operations**(a) Medical screening**

Yes No 1. A physician, registered nurse, or physician assistant conducts a medical screening of a patient no later than seven working days after the person's admission to a service to identify health problems and to screen for communicable diseases, unless there is documentation that screening was completed within 90 days prior to admission.

Yes No 2. A patient continuing in treatment receives an annual follow-up medical screening, unless the patient is being seen regularly by a personal physician.

(b) Medical service needs

This service arranges for services for a patient with medical needs unless otherwise arranged for by the patient.

(c) Intake

This service completes intake within 24 hours of a person's admission to this service except that the initial assessment and initial treatment plan are completed within four working days of admission.

(d) Hours of operation

This service operates 24 hours per day and seven days per week.

(e) Policies and procedures manual

This service has a written policy and procedures manual that includes all of the following:

Yes No 1. The service philosophy and objectives

Yes No 2. The service's patient capacity.

Yes No 3. A statement concerning the type and physical condition of patients appropriate for the service.

Yes No 4. Admission policy, including
a. Target group served, if any.
b. Limitations on admission.

Yes No 5. Procedures for screening for communicable disease.

Yes No 6. Service goals and services defined and justified in terms of patient needs, including:
a. Staff assignments to accomplish service goals.
b. Description of community resources available to assist in meeting the service's treatment goals.

(f) Documentation of review

Yes No 1. This service maintains documentation that the governing body, director, and representatives of the administrative and direct service staffs have annually revised, updated as necessary, and approved the policy and procedures manual, including the service philosophy and objectives.

Yes No 2. This service maintains documentation to verify that each staff member has reviewed a copy of the policy and procedures manual.

(g) Emergency Medical Care

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

(h) Emergency transportation

This service has arrangements for emergency transportation, when needed, of patients to emergency medical care services.

(i) Treatment plan

Yes No This service's treatment staff prepare a written treatment plan for each patient referred from prior treatment service, which is designed to establish continuing contact for the support of the patient.

Yes No A patient's treatment plan includes information, unmet goals and objectives from the patient's prior treatment experience and treatment staff review and update the treatment plan every 30 days.

(j) Support services

This service provides support services that promote self-care by the patient, which include all of the following:

Yes No 1. Planned activities of daily living.

Yes No 2. Planned development of social skills to promote personal adjustment to society upon discharge.

Yes No (k) *Employment related services*

This service makes job readiness counseling, problem resolution counseling, and prevocational and vocational training activities available to patients.

(l) *Recreational service*

This service has planned recreational services for patients, which include all of the following:

Yes No

1. Emphasis on recreation skills in independent living situations.

Yes No

2. Use of both internal and community recreational resources.

Chapter DHS 75.14 (7) Admission

Admission to this transitional residential treatment service only occurs for one of the following reasons:

Yes No

(a) The person was admitted to and discharged from one or more services under s. DHS 75.10, 75.11, 75.12, or 75.13 within the past 12 months or is currently being serviced under either s. DHS 75.12 or 75.13.

Yes No

(b) The person has an extensive lifetime treatment history and has experienced at least two detoxification episodes during the past 12 months, and one of the following conditions is met:

1. The person to be admitted is determined appropriate for placement in this level of care by the application of approved placement criteria.

2. The person to be admitted is determined appropriate for this level of care through the alternative placement recommendations of WI-UPC or other approved placement criteria.