

**COMMUNITY SUBSTANCE ABUSE SERVICE (CSAS)
 MEDICALLY MONITORED TREATMENT SERVICE
 INITIAL CERTIFICATION APPLICATION**

Chapter DHS 75.11

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 medically monitored treatment service must demonstrate preparedness to comply with all Chapter DHS 75.11 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 DHS 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. 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 <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.

FULL SIGNATURE – Director	Date Signed	Full Name – Director (<i>Print or type.</i>)
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Checkboxes indicate a required response. To avoid delays in certification, ensure that you respond to each checkbox.

Yes No **Chapter DHS 75.11 (1) Service Description**

This service is equivalent to the service description as listed below and in ch. DHS 75.11(1).

A medically monitored treatment service operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient.

Yes No **Chapter DHS 75.11 (2) Requirements**

This medically monitored treatment service complies with all requirements included in ch. DHS 75.03 that apply to a medically monitored treatment service, as shown in **Table Chapter DHS 75.03** (See DQA form, F-00523.) and, in addition, this medically monitored 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.

Yes No **Chapter DHS 75.11 (3) Organizational Requirements**

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.

ATTENTION: Facilities certified under ch. DHS 75.07, DHS 75.09, and DHS 75.11 may not need to be licensed under ch. DHS 83, because they do not meet key components, which include: 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 needed, please contact your individual surveyor for more information regarding these requirements.

Chapter DHS 75.11 (4) Required Personnel

(a) This medically monitored 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. At least one full-time substance abuse counselor for every 15 patients or fraction thereof enrolled in this service.
- Yes No 3. A physician available to provide medical supervision and clinical consultation as either an employee of this service or through a written agreement.
- 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 the 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.

(c) A trained staff member designated by the director to be responsible for the operation of this service is on the premises at all times the service is in operation. That person may provide direct counseling or other duties in addition to being in charge of the service.

Chapter DHS 75.11 (5) Clinical Supervision

This medically monitored 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 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.

The goals of clinical supervision are to provide the opportunity to develop competency in the trans-disciplinary foundations, practice dimensions and care function, provide a context for professional growth and development, and ensure a continuance of quality patient care.

Chapter DHS 75.11 (6) Service Operations

- Yes No (a) 1. A physician, registered nurse or physician assistant conducts a medical screening of a patient no later than 7 working days after the person's admission to a service to identify health problems and screens for communicable diseases unless there is documentation that screening was completed within 90 days prior to admission.
- Yes No 2. This service arranges for services for a patient with medical needs unless otherwise arrange by the patient.
- Yes No (b) This service completes intake within 24 hours of a person's admission to the service except that the assessment and treatment plan shall be completed within 4 days of admission.
- Yes No (c) This service arranges for additional psychological tests for a patient as needed.
- Yes No (d) This service operates 24 hours per day, 7 days per week.
- Yes No (e) This service has a written statement describing its treatment philosophy and objectives in providing care and treatment for substance abuse problems.
- Yes No (f) This service provides a minimum of 12 hours per week of treatment for each patient, including individual and group counseling.
- Yes No Family and couples counseling is provided or made available, when appropriate.
- Yes No This service ensures that:
1. Each patient receives at least one hour of individual counseling per week.
 2. The service's treatment schedule is communicated to patients in writing and by any other means necessary for patients with communication difficulties.
- Yes No (g) This service ensures that 3 meals per day are provided to each patient.
- 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 that includes all of the following:
1. Procedures for collection and analysis of samples
 2. A description of how urinalysis reports are used in the treatment of the patient.

Chapter DHS 75.11 (7) Admission

- Yes No (a) Admission to this medically monitored treatment service only occurs if 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.