

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

Chapter DHS 75.10

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 managed inpatient detoxification service must demonstrate preparedness to comply with all Chapter DHS 75.10 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 <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>)
----------------------------------	-------------	--

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

Chapter DHS 75.10 (1) Service Description

- Yes No This service is equivalent to the service description as listed below and in ch. DHS 75.10(1).
A medically managed inpatient treatment service is operated by a general or specialty hospital, and includes 24-hour nursing care, physician management, and the availability of all other resources of the hospital.
-

Chapter DHS 75.10 (2) Requirements

- Yes No This medically managed inpatient treatment service complies with all requirements included in ch. DHS 75.03 that apply to a medically managed inpatient treatment service, as shown in **Table Chapter DHS 75.03** (See DQA form, F-00523.) and, in addition, this medically managed inpatient 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 75.10 (3) Organizational Requirements

This facility has done all of the following:

- Yes No (a) Submitted for approval to the department a written justification for the service, documenting if this service has been operating, this service's effectiveness and the need for additional inpatient treatment resources in the geographic area in which this service will operate or is operating.
- Yes No (b) Notified the county department of community programs under s. 51.42, Wis. Stats., in the area in which this service will operate or is operating of the intention to begin to operate or expand the service.
- Yes No (c) Been approved as a hospital under ch. DHS 124.
-

Chapter DHS 75.10 (4) Required Personnel

- 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.
-

Chapter DHS 75.10 (5) Service Operations

- Yes No (a) This inpatient treatment service has all of the following personnel:
- Yes No 1. A director who is responsible for the overall operation of this service, including the therapeutic design and delivery of services.
 - Yes No 2. A medical director.
 - Yes No 3. A consulting psychiatrist who is licensed under ch. 448, Wis. Stats., and board-certified or eligible for certification by the American Board of Psychiatry and Neurology or a consulting clinical psychologist licensed under ch. 455, Wis. Stats., who will be available as needed with a written agreement to that effect. Each consultant shall be sufficiently knowledgeable about substance abuse and dependence treatment to carry out his or her assigned duties.
 - Yes No 4. A mental health professional who is 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 5. At least one full-time certified substance abuse counselor for every 10 patients or fraction thereof.
 - Yes No 6. At least one clinical supervisor on staff to provide ongoing clinical supervision of the counseling staff, or a person outside the agency who is a clinical supervisor and who by written agreement will provide ongoing clinical supervision of the counseling staff.
- 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. That person may provide direct counseling or other duties in addition to being in charge of the service.

Chapter DHS 75.10 (7) Admission

- Yes No (a) Admission to this inpatient treatment service is by order of a physician. The physician's referral is in writing or indicated by the physician's signature on the placement criteria summary.
- Yes No (b) Admission to this inpatient 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.
-