

**COMMUNITY SUBSTANCE ABUSE SERVICE (CSAS)  
AMBULATORY DETOXIFICATION SERVICE  
INITIAL CERTIFICATION APPLICATION**

**Chapter DHS 75.08**

**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 75.08 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. 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.*)

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

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**Chapter DHS 75.08 (1) Service Description**

Yes  No

This service is equivalent to the service description as listed below and in ch. DHS 75.08(1).

A ambulatory detoxification service is a medically managed or monitored structured detoxification service on an outpatient basis, delivered by a physician or other service personnel acting under the supervision of a physician.

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**Chapter DHS 75.08 (2) Requirements**

Yes  No

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

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**Chapter DHS 75.08 (3) Required Personnel**

Yes  No

(a) This ambulatory detoxification service ensures that a patient receives consultation from a substance abuse counselor before the patient is discharged from the service.

Yes  No

(b) This service has a nursing director who is a registered nurse.

Yes  No

(c) A registered nurse is available on a 24-hour basis.

Yes  No

(d) A physician is available on a 24-hour basis.

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**Chapter DHS 75.08 (5) Service Operations**

Yes  No

(a) This ambulatory detoxification service provides patients with 24-hour access to medical personnel and a substance abuse counselor

Yes  No

(b) This service has written agreements with certified substance abuse service providers or systems to provide care after the patient is discharged from the service.

Yes  No

(c) A physician documents review of admission data within 24 hours after a person's admission.

Yes  No

(d) This service has a written agreement with a hospital for the hospital to provide emergency medical services for patients and provides escort and transportation to the hospital. If necessary, the service shall also provide escort and transportation for return to the service.

Yes  No

(e) This service shall have a treatment room, which has in it at least the following:

1. First aid supplies maintained and readily available to all personnel responsible for the care of patients
2. Separate locked cabinets exclusively for all pharmaceutical supplies.

Yes  No

(f) This service has written policies and procedures for the management of belligerent and disturbed patients, which includes transfer of a patient to another appropriate facility, if necessary.

Yes  No

(g) This service develops a detoxification plan and a discharge plan for each patient that addresses the patient's follow-up service needs determined by application of approved patient placement criteria administered by the service, and the provision for referral, escort, and transportation to other treatment services, as necessary, to ensure that continuity of care is provided.

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