

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

Chapter DHS 75.06

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 75.06 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(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 ss. 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 75.06(1) Service Description**

This service is equivalent to the service description as listed below and in ch. DHS 75.06(1).

A medically managed inpatient detoxification service provides 24-hour per day observation and monitoring of patients in a hospital setting, with round-the-clock nursing care, physician management, and availability of all other resources of the hospital.

Yes No **Chapter DHS 75.06(2) Requirements**

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

Chapter DHS 75.06(3) Required Personnel

Yes No (a) This medically managed inpatient detoxification service has a staffing pattern that is consistent with ch. DHS 124.13 requirements.

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 75.06(4) Service Operations

Yes No (a) This medically managed inpatient detoxification service has written agreements with certified substance abuse service providers or systems to provide rehabilitative substance abuse care if determined necessary by substance abuse screening and the application of approved patient placement criteria administered by the service.

Yes No (b) This service has written policies and procedures for the management of belligerent and disturbed patients, which include transfer of patients to another appropriate facility, if necessary.

Yes No (c) This service develops with each patient a detoxification plan and a discharge plan that addresses the patient's follow-up service needs determined by application of approved patient placement criteria, and the provision for referral, escort, and transportation to other treatment services, as necessary, to ensure that continuity of care is provided.
