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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-03082C (08/2022) | **STATE OF WISCONSIN**  Wis. Stat. §§ 50.065, 51.45 |
| **INITIAL CERTIFICATION APPLICATION**  **FOR BRANCH OFFICE OR SCHOOL BRANCH OFFICE** | |
| Questions regarding this form may be directed to the Division of Quality Assurance (DQA), Behavioral Health Certification Section (BHCS) at [DHS DQA Mental Health AODA](mailto:DHSDQAMentalHealthAODA@dhs.wisconsin.gov) or 608-261-0656.  Submission of this information is required by Wis. Stat. §§ 50.065 and 51.45. Failure to provide complete and accurate information may result in denial of the application and/or delay in the process. An application is considered complete when all applications are received with accurate information, signatures, and supporting documentation, and when the background check report resulting from Step 1 is available for review by the Behavioral Health Certification Section. | |
| **STEP 1 – APPLICATION** | |
| The applicant submits all applicable documents listed in this section and the BCHS staff will review to ensure compliance with applicable regulations.  A completed application includes each of the following:   1. This application form, fully completed and signed by the entity owner or board member. 2. All supporting documentation as specified in the application. 3. Fees as specified in the application.   Email application to [DHS DQA Mental Health and Substance Use Certification](mailto:dhsdqamentalhealthandsubstanceusecertification@dhs.wisconsin.gov) and mail the appropriate fees to the address below. You also may print and mail the completed applications and mail the appropriate fees to the address below.  **DHS/DQA/Behavioral Health Certification Section**  **PO Box 2969**  **Madison, WI 53701-2969** | |
| **STEP 3 – ONSITE SURVEY** | |
| * The BHCS Surveyor will contact you with a date and time for an onsite survey. * Refer to DQA Publication [P-63174, Survey Guide: Behavioral Health Certification for Mental Health and Substance Abuse Services.](https://www.dhs.wisconsin.gov/publications/p6/p63174.pdf) * If the surveyor identifies significant changes that would result in a denial decision, the applicant will be afforded an opportunity to make necessary changes and submit those changes for review. | |
| **STEP 4 – APPROVAL OR DENIAL DECISION** | |
| The surveyor will make the certification decision and send the survey results to notify the provider of the decision. If approved, BHCS staff will mail a formal certificate to the provider for posting at the primary clinic location and at all branch office locations. | |

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| 1. **GENERAL INFORMATION – ENTITY / ENTITY OWNER REQUESTING CERTIFICATION** |

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| *Indicate which type of branch office(s) are being added; review and complete the section fully; submit the specified additional documentation.*  Branch Office  School Branch Office | |
| **Main Office Information** | |
| Facility Name (Main Office listed on DQA certificate) | Certificate Number |

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| 1. **BRANCH OFFICE OR SCHOOL BRANCH LOCATION** |

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| *If applying for certification for multiple branch locations, submit a separate copy of this page and a separate program staff roster page for each branch location.* |
| **NOTES:**   * ***A school branch is not required to be certified for mental health services, refer to Wis. Stat. 51.03(6).*** Certification may be required by insurance or the school district. * ***A school district may not be named as a branch location.*** Each physical school building location providing services must be listed as a branch. School branch surveys will be conducted virtually when possible. * A school branch office does not in any way waive the confidentiality of treatment records or pupil records as defined in state or federal law. Communication of any confidential information between the school branch office and the school is done only with consent or as otherwise authorized in statute. Clinical records created in the school branch office are the property of the certified clinic. Pupil records of students receiving services in the school branch office are in the custody of the school. Access to records or information is via properly created and executed releases of information or as otherwise authorized in the law, consistent with s. Chapter 51 and 118, stats.; 42 CFR2; and 34 CFR99 (Family Education Rights and Privacy Act). |
| **A. BRANCH OFFICE INFORMATION (OR) SCHOOL BUILDING INFORMATION** |

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| Name – Branch Office Location or School Building Location | | Phone Number | |
| Street Address | City | State | Zip Code |
| Select Branch Type  Less than 20 treatment hours per week (Tier 1)  20 or more treatment hours per week (Tier 2)  School Branch (Tier 3) | | | |
| **B. FOR BRANCH OFFICES ONLY (TIER 1 OR TIER 2)** | | | |
| Policies and procedures if different than the main location | | | |
| **C. FOR SCHOOL BRANCH ONLY (TIER 3) - LIST SCHOOL DISTRICT INFORMATION** | | | |
| Name – School District | | | |
| Street Address – School District Administrative Office | City | State | Zip Code |
| **D. FOR SCHOOL BRANCH ONLY (TIER 3) – REQUIRED SUPPORTING DOCUMENTATION** | | | |
| Submit these required documents specific to each branch:  Signed MOU between clinic and school that minimally addresses all of the items below. The MOU is to be signed and in place prior to the beginning of the school year unless otherwise permitted.  Policies and procedures addressing the following:  a. Entrance and egress policies  b. Operating hours, including potential operation outside regular school hours  c. Parameters for school staff access to branch office (e.g., maintenance and cleaning, emergencies)  d. Adherence to school rules, including participation in emergency drills and procedures  e. Supervision of students  f. Appropriate clinician responses in case of violent outbursts by students, including communication with school staff and law enforcement  g. Management of disagreements between branch clinic and school staff  Schedule indicating days and hours when this branch office is open for psychotherapy or substance abuse counseling  Documentation describing how consumer records are stored  Description of the policies of oversight for the Service Director and of the policies for collaboration and/or supervision per DHS 75.19(3) in the branch office if providing substance use treatment services | | | |

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| **E. ATTESTATION** | | |
| 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 applicable to the certified services of the main office offered at the branch location. The signatory of this document is duly authorized by the licensee / certificate holder to sign this agreement on its behalf. The certificate holder hereby accepts responsibility for knowing and ensuring compliance with all licensing, operational, and requirements for this facility.  I attest under penalty of law that the information provided above is truthful and accurate to the best of my knowledge.  I understand that knowingly providing false information or omitting information may result in denial of licensure, a fine of up to $10,000 or imprisonment not to exceed six years, or both (Wis. Stat. § 946.32).  I attest that all statements made on this form are true and correct to the best of my knowledge. | | |
| **SIGNATURE** – Entity Owner, Representative, or Authorized Representative as designated on main office application. | | Date Signed |
| Full Name | Title | |

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| 1. **Staff Roster** |

**Branch Office**

**Program Staff Roster**

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| **Name**  (Last, First) | **Position** **Title**  (Example: Service Director, Clinical Supervisor, Receptionist) | **Professional** **Credential** (Example: LCSW, CSAC, SAC-IT) | **DSPS** **Lic.** **No.**  (as applicable) | **Individual NPI No.** |
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Pursuant to Wis. Stat. §. 50.065(1), "caregiver" means (1) a person who is, or is expected to be, an employee or contractor of an entity, (2) who is, or is expected to be, under the control of an entity, as defined by the department by rule, and (3) who has or is expected to have regular, direct contact with clients of the entity.

Examples of caregivers include: Service Director, CSAC, LCSW, Receptionist, Volunteers, Peer Specialists, Recovery Coaches, Security Guards, SAC-IT, etc.

**Branch Office – Part 1 of 2**

**Branch Office**

**Program Staff Roster**

Pursuant to Wis. Stat. § 50.065(1), "caregiver" means (1) a person who is, or is expected to be, an employee or contractor of an entity, (2) who is, or is expected to be, under the control of an entity, as defined by the department by rule, and (3) who has or is expected to have regular, direct contact with clients of the entity.

Examples of caregivers include: Service Director, CSAC, LCSW, Receptionist, Volunteers, Peer Specialists, Recovery Coaches, Security Guards, SAC-IT, etc.

**Branch Office – Part 2 of 2**

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| **Name**  (Last, First) | **List each service certified at this location in the column header. Example, DHS 75.49, DHS 75.51, DHS 75.15.**  **For each person, list the hours per week spent for each program service *at this location*.**  **\*\* Align individual names with Part 1 of 2 on previous page. \*\*** | | | | | | | | |
| List Service #1 | List Service #2 | List Service #3 | List Service #4 | List Service #5 | List Service #6 | List Service #7 | List Service #8 | List Service #9 |
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| 1. **BIENNIAL FEES** |
| Submit check with application materials.   * Make checks payable to: **DHS / Division of Quality Assurance.** * All fees are non-refundable. * If adding a branch office or school branch office to an already existing certificate, full application fee for one branch is required if the certificate is in year 1 of the 2-year biennial fee period. Half of the one branch application fee is required if the certificate is in year 2 of the 2-year biennial fee period.   Example – Biennial Fee period is currently 04/01/2022 to 03/31/2024. If a new Tier 2 branch is being added between 04/01/2022 and 03/31/2023, the full biennial fee for a new Tier 2 branch is due, $1,000.00. If a new Tier 2 branch is added between 04/01/2023 and 03/31/2024, only one half of the Tier 2 branch fee is required, $500.00. |

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| **Service Type** | **Number of Branch Locations Being Added** | **Fees**  *(See fee table below.)* |
| Tier 1 Branch Location(s)  (Less than 20 hours per week) |  | $ |
| Tier 2 Branch Location(s)  (More than 20 hours per week) |  | $ |
| Tier 3 School Branch Location(s) |  | $ |
| **TOTAL FEES DUE:** | | $ |
| Please submit branch office applications for each branch office | | |

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| **Biennial Fee Table**  **Initial Branch Locations** | |
| Tier 1 Branch | $400.00 |
| Tier 2 Branch | $1,000.00 |
| Tier 3 School Branch | $400.00 |