**Department of Health Services State of Wisconsin**

Division of Quality Assurance Wis. Admin Code ch. DHS 35

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# Outpatient Mental Health Clinics DHS 35

# Applicant Compliance Statement

Instructions: Prior to a surveyor coming to the facility/clinic for the onsite review, the applicant must ensure each item identified below is in compliance with Wis. Admin. Code ch. DHS 35 requirements.

Disclaimer: The statements in this document paraphrases the cited administrative rules. Refer to the language of the Wisconsin Administrative Code for the exact wording of the cited rules. This list should not be considered all-inclusive. The applicant is responsible for knowing and meeting all requirements.

By checking the boxes, submitting the signed and completed form the applicant is attesting that the facility is in substantial compliance and ready for an onsite review of regulatory compliance. Failure to demonstrate substantial compliance within 60 days of the completed application shall result in a denial of certification.

**The application is not considered complete until this signed compliance document is received.**

If you have questions regarding the completion of this form, email dhsdqamentalhealthandsubstanceusecertification@wisconsin.gov.

### Clinic administrator

[ ]  Wis. Admin. § Code DHS 35.07(1)(e)- Administrator of clinic

### Personnel policies

[ ]  Wis. Admin. § Code DHS 35.13(1) Personnel policies

[ ]  Wis. Admin. § Code DHS 35.13(3)(a-c) Staff records maintenance

### Supervision/Collaboration policies

[ ]  Wis. Admin. § Code DHS 35.14(1)(b) Clinical supervision

[ ]  Wis. Admin. § Code DHS 35.03(5)(a) Clinical supervision

[ ]  Wis. Admin. § Code DHS 35.14(1)(b)2 Clinical supervision

[ ]  Wis. Admin. § Code DHS 35.14(2)(a-d) Clinical collaboration

### Orientation and training policy

[ ]  Wis. Admin. § Code DHS 35.15(3) Orientation and Training

### Emergency services policy

[ ]  Wis. Admin. § Code DHS 35.165(1) Emergency Services

[ ]  Wis. Admin. § Code DHS 35.165 (2) Emergency Services

### Referral policy

[ ]  Wis. Admin. § Code DHS 35.19(4) Referral for services

### Treatment policy

[ ]  Wis. Admin. § Code DHS 35.21(1) Treatment approaches

### Record retention policy

[ ]  Wis. Admin. § Code DHS 35.23(4)(a) Identifies how records are retained/disposed of following DHS 92.12 and any other applicable laws.

### Electronic record keeping policy

[ ]  Wis. Admin. § Code DHS 35.23(5) Describes record and authentication/security of EMR.

### Consumer rights policy

[ ]  Wis. Admin. § Code DHS 35.24(1) P/P consistent with s.51.61, DHS 94 protect rights of consumers.

### Admissions criteria

[ ]  Wis. Admin. § Code DHS 35.16(1)(a-e) Admission criteria

[ ]  Wis. Admin. § Code DHS 35.16(2) Referrals

[ ]  Wis. Admin. § Code DHS 35.16(5) Co-occurring disorder clients.

[ ]  Wis. Admin. § Code DHS 35.16(3) Priority/Waitlist Operations Procedure.

[ ]  Wis. Admin. § Code DHS 35.19(3)-(4) Clinical Review of Treatment Plan

### Group therapy

[ ]  Wis. Admin. § Code DHS 35.215 Group therapy

### Electronic signatures

[ ]  Wis. Admin. § Code DHS 35.23(1)(a) EMR signatures

### Staffing requirements for clinics

[ ]  Wis. Admin. § Code DHS 35.123(1) Minimum staffing requirements.

### Applicant attestation

*I attest that all statements made on this form are true and correct to the best of my knowledge.*

**Signature** — Applicant:

Name – Applicant (printed):       Date signed: