**Department of Health Services State of Wisconsin**

Division of Quality Assurance Wis. Admin Code ch. DHS 75.49

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# Outpatient Substance Use Treatment Service DHS 75.49

# 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 75.49 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](mailto:dhsdqamentalhealthandsubstanceusecertification@wisconsin.gov).

### Required policies

Wis. Admin. § Code DHS 75.17(1)(c)2 Compliance with client rights, DHS 94 and s.51.61

Wis. Admin. § Code DHS 75.17(1)(c)3 No person discriminated against 45 CFR part 92

Wis. Admin. § Code DHS 75.19(3) Clinical Supervision

Wis. Admin. § Code DHS 75.19(4) Staff development

Wis. Admin. § Code DHS 75.19(5) Universal Precautions

Wis. Admin. § Code DHS 75.20(2) (a)-(c) Case Records screening/consultation, referral only clients

Wis. Admin. § Code DHS 75.21 Confidentiality

Wis. Admin. § Code DHS 75.22(7) Services for Minors

Wis. Admin. § Code DHS 75.24(3) Emergency After Hours

Wis. Admin. § Code DHS 75.24(4)(b) Safety planning

Wis. Admin. § Code DHS 75.24(5)(c) Naloxone administration

Wis. Admin. § Code DHS 75.24(6)(a)-(d) Service delivery Intoxicated/withdrawal/at risk withdrawal clients

Wis. Admin. § Code DHS 75.24(7) Tobacco Use approach to assessment and treatment, smoke-free environment

Wis. Admin. § Code DHS 75.24(8) Cultural/linguistic needs of community

Wis. Admin. § Code DHS 75.24(9)(a)1-4 Intake and admission

Wis. Admin. § Code DHS 75.24(12)(a) Referral stating how to refer clients to other community service providers & coordinating care

Wis. Admin. § Code DHS 75.24(14)(a)-(g) Clinical Consultation

Wis. Admin. § Code DHS 75.24(15)(a)-(c) Clinical Staffing P/P

Wis. Admin. § Code DHS 75.24(17)(a)-(c) Group Counseling

Wis. Admin. § Code DHS 75.24(18)(c) Family Services confidentiality/conflicts of interest/ethics

Wis. Admin. § Code DHS 75.24(19)(d)1-4 Medical Services

Wis. Admin. § Code DHS 75.24(19)(h) storage/dispensing/disposal of meds

Wis. Admin. § Code DHS 75.24(20) Drug Testing/breathe analysis/toxicology services

Wis. Admin. § Code DHS 75.24(22)(b) Discharge, service director review of admin D/C or client dissatisfaction

Wis. Admin. § Code DHS 75.24(22)(c) Discharge, service director review of death from overdose

Wis. Admin. § Code DHS 75.25 Outcome monitoring/QI Plan

### Required staff

Wis. Admin. § Code DHS 75.49(2)(a)4. & DHS 75.18(1)(a)-(c) Service Director appointed & oversight/responsible all locations

Wis. Admin. § Code DHS 75.18(2)(a)-(c) Clinical Supervisor on staff or contracted

Wis. Admin. § Code DHS 75.18(3) Substance Abuse Counselors available hours of operation

Wis. Admin. § Code DHS 75.24(19) If used, Prescriber knowledgeable

### 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: