

## CSAS STANDARDS RECERTIFICATION APPLICATION DHS 75.03 General Requirements

The goal of this application form is to assure that Community Substance Abuse Service (CSAS) Programs review compliance with DHS 75.03 general requirements, concurrent with applications for CSAS programs. It is anticipated that completion of this form will increase the likelihood of compliance, improve the on-site survey efforts, and decrease the likelihood of a non-compliance citation.

### INSTRUCTIONS

The DHS 75.03 general requirements section must be completed at each recertification application and must accompany the specific service applications DHS 75.04 through 75.16, regardless of the number of certifications being sought. Chapter DHS 75, Wisconsin Administrative Code, is available on-line through the Wisconsin Legislature, Revisor of Statutes Bureau, at: <http://www.legis.state.wi.us/rsb/code/dhs/dhs075.pdf>

- Complete only those sections of 75.03 which pertain to the services requested. (See table on page 6.)
- Complete CSAS Staff Roster(s) for each program type. (See page 7.)
- Providers must remain in compliance with applicable subsections.
- Keep a copy of this application as a baseline from which future developments may be evaluated.
- Applicants are encouraged to use available space or attach addenda to provide information, provide relevant commentary, or to identify questions that will assist you and the surveyor in the review process.

Behavioral Health Certification staff will verify compliance through test and review on-site surveys reviews.

### STEPS TO PREPARE FOR ON-SITE SURVEY

Submit completed applications and fees to the appropriate DQA Regional Office, following the instructions provided. Contact information for DQA Regional Offices can be obtained by calling 608-261-0658.

- This application captures an overview of community substance abuse services in a format intended to **encourage providers to evaluate and maintain compliance and to initiate plans of correction when needed**, prior to Behavioral Health Certification Section (BHCS) surveyor findings or in lieu of citations and Statements of Deficiency.
- Questions are structured to identify program growth or other change from previous certification(s).
  - Addenda or other attachments are welcomed where space is insufficient for a full reply.
  - A survey will not be scheduled until a *DHS 75 CSAS Staff Listing* is completed.
  - Applications must provide enough information to assure that a meaningful on-site review is likely.

All fees are required in advance of site-visits or approvals

1. Assure that relevant program documentation (including policies, personnel credential files, training records, supervision or collaboration documentation, evaluation reports, and complaint files) are ready for review.

Specific elements of review are identified in DQA publication P-63174, *Survey Guide - Behavioral Health Certification for Mental Health and Substance Abuse Services*, available at: <http://dhs.wisconsin.gov/publications/p6/p63174.pdf>

2. Treatments and patient rights will be evaluated on-site through a random sample review of treatment records since the last certification for every applicable program and every clinician.

A sample of discharged or closed client records and other materials will be reviewed. The practice of regular quality assurance reviews of client treatment and case records ensures excellent results. The surveyor may also interview staff or clients to determine program compliance.

3. Applicants must contact the regional health services specialist (surveyor) to schedule an appointment well in advance of the certification end date.

## CSAS STANDARDS RECERTIFICATION APPLICATION

### DHS 75.03 General Requirements

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#### ENTITY INFORMATION

Name – Facility				Certification No.	
Address – Physical					
City	State	Zip Code	County		
Mailing Address (if different from above)		City	State	Zip Code	
Telephone No.		Email Address <input type="checkbox"/> <i>Do not publish in Provider Directory.</i>			
Fax No.		Internet Address <input type="checkbox"/> <i>Do not publish in Provider Directory.</i>			
Name - Contact Person		Telephone No.	Email Address <input type="checkbox"/> <i>Do not publish in Provider Directory.</i>		

#### ATTESTATION

I hereby attest that all statements made in this application and in any attachments are true and 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.

Name – Director ( <i>Print or type.</i> )		Date Application Completed
<b>SIGNATURE</b> – Director (Full Signature)		Date Signed

<b>A. Governing Authority</b>	<b>Section 75.03(3)(a-i)</b>	<b>All CSAS Services</b>
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This section establishes the requirements for written policies and procedures.

1. Has the program reviewed or re-evaluated its policies and procedures of governing authority?

**Yes** Enter date of last review: \_\_\_\_\_

**No**

Briefly describe changes in program policies during the past year. *(Attach additional pages, as needed.)*

<b>B. Personnel</b>	<b>DHS 12-13 and Sections 75.03(4)-(7)</b>	<b>All CSAS Services</b>
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- |  |  |
|--|--|
| (4) Personnel; requirements for all staff                  | (6) Written Verification of Training Assessment and Management of Suicidal Individuals |
| (5) Staff development; training needs, plans, and progress | (7) Confidentiality; policies and affirmations   |

2. Has the program reviewed its staffing policies and personnel requirements, e.g., credentials, staff training plans, confidentiality statements, and DHS 12 caregiver background checks?

**Yes** Assurance of these requirements will be confirmed on-site.

**No** However, this agency will review all credentials and completed all caregiver backgrounds before on-site survey is scheduled.

3. Is a **DHS 75 CSAS Staff Listing** attached to this application?

**Yes** *The recertification survey will not be scheduled without the staff listing.*

<b>C. Record Requirements</b>	<b>Sections 75.03(8)-(20)</b>	<b>Applicable Services</b>
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**By Program Types** *(See table on page 6.)*

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|--|--------------------------|
| (8) Patient Case Records.....                      | 75.06 – 75.15            |
| (9) Case Records for Emergency Services.....       | 75.07 – 75.08            |
| (15) Progress Notes.....                           | 76.06 – 75.15            |
| DHS 92 and 94: Patient Rights and Protections..... | <b>All CSAS services</b> |

**Initiation / Treatment** *(See question 6.)*

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|------------------------------|---------------|
| (10) Screening.....          | 75.05 – 75.15 |
| (11) Intake.....             | 75.06 – 75.15 |
| (12) Assessment Process..... | 75.10 – 75.15 |
| (13) Treatment Planning..... | 75.10 – 75.15 |
| (14) Staffing Cases.....     | 75.06 – 75.15 |
| (15) Progress Notes.....     | 75.06 – 75.15 |

**Discharge and Service Conclusion**

- |                                    |               |
|------------------------------------|---------------|
| (16) Transfer Process.....         | 75.06 – 75.15 |
| (17) Discharge or Termination..... | 75.06 – 75.15 |
| (18) Referral Process.....         | 75.04 – 75.16 |
| (19) Follow-up Process.....        | 75.06 – 75.15 |
| (20) Service Evaluations.....      | 75.04 – 75.15 |

4. Are case or treatment record reviews a regular part of the agency's quality assurance practices?

**Yes** Describe the schedule, participants, and any changes in the process of QA.

**No**  Treatment records are not applicable for 75.04, 75.05, and 75.16 services.

5. Has the clinic remained in compliance with **patient rights, informed consent, confidentiality, and grievance resolution** standards (DHS 92 and 94), including documentation?

- Yes** Describe how the clinic assures compliance with DHS 92 and 94.  
 **No** Describe the clinic's plans for corrective action.

6. Do current practices assure that **all elements of client services initiation, assessment, treatment, staffing, and notes, including documentation**, are in compliance with administrative code?

- Yes** Describe how the clinic assures compliance with initiation and treatment documentation.  
 **No**

7. Do current practices assure that **all elements of client discharge and service conclusion**, including documentation, are in compliance with administrative code?

- Yes** Describe how the clinic assures compliance by documenting discharges and service conclusions.  
 **No** Describe the clinic's plans for corrective action.

<b>D. Evaluation</b>	<b>Section 75.03(20)</b>	<b>Services 75.06 – 75.15</b>
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8. Programs are required to complete an annual service evaluation which will be reviewed and assured on-site. (See table on page 6.)

- Applicable** Briefly abstract the latest report on the progress toward meeting goals, objectives, and patient outcomes.  
 **Not applicable**

<b>E. Communicable Disease Screening</b>	<b>Section 75.03(21)</b>	<b>Services 75.06 – 75.15</b>
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9. Is communicable disease screening conducted and documented in the client case record?

- Yes** Briefly describe current process and any plans for improvement below.  
 **No**  
 **Not applicable**

Diseases Screened (*Check all that apply.*)

- Hepatitis B    Hepatitis C    HIV (human immunodeficiency)    STDs (sexually transmitted diseases)    TB (tuberculosis)

Optional: How often is staff screened for communicable disease? \_\_\_\_\_  Never

Screening records will be confirmed in patient treatment and staff records.

<b>F. Unlawful Alcohol or Psychoactive Substance Use</b>	<b>Section 75.03(22)</b>	<b>All services</b>
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10. How is staff made aware of this prohibition policy requirement?  
 Condition of employment     Policy manual review     Other

<b>G. Emergency Shelter and Care</b>	<b>Section 75.03(23)</b>	<b>Services 75.06, 75.07, 75.09 – 75.12, 75.14</b>
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11. If this is a residential care program, do you have an emergency plan?  
 **Yes**  
 **No**    Prepare an emergency plan prior to the on-site visit.  
 **Not applicable**

<b>H. Reportable Deaths</b>	<b>Section 75.03(24)</b>	<b>Services 75.05 – 75.15</b>
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12. Does the program have policies for training staff on reporting certain client deaths?  
 **Yes**  
 **No**    Prepare a policy, as required in Wis. Stat. § 51.64, with staff and record it in their training file.  
 **Not applicable**

<b>I. Outpatient Treatment Service</b>	<b>Section 75.13</b>	<b>OPTIONAL</b>
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13. Describe innovations the agency has created or employed related to the program or its services. *(Attach additional pages, as needed)*

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14. Describe program needs – problems, supports, or enhancement needs – which your agency has identified, including hiring qualified staff, training availability, or other technical assistance. *(Attach additional pages, as needed)*

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15. Describe special burdens or challenges that the agency faces.

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