Division of Quality Assurance F-00302 (Rev. 04/11)

COMMUNITY SUBSTANCE ABUSE SERVICES (CSAS) OUTPATIENT CLINIC RECERTIFICATION APPLICATION

DHS 75.13 Outpatient Treatment Service

- This form accompanies DQA form F-00027, CSAS Standards Recertification Application DHS 75.03 General Requirements.
- Applicants affirm compliance with each "YES" answer. A response of "NO" indicates likely non-compliant practices.
- Attach additional narrative or plans for improvement for every "NO" answer.
- To provide the opportunity to begin self-corrections for improved program quality and to mitigate non-compliance citations, applicants may attach explanatory narratives or plans for improvement for negative responses.

Name - Facility	у									Certi	ificatio	n Num	nber	
Address – Physical				City		State	Zip Code)	County		<u>I</u>			
Mailing Address (if different from above)				City				State	Zip Code					
Telephone Number ()				E-mail Address										
Fax Number				Internet Address										
()														
Name - Contact Person				Telephone N	lumber	E-mail Address								
☐ YES [□ NO	1.	DHS 75.13 (1) Servi	ice Descriptice is equivale	ion ent to the servic	e descriptio	on in DHS	5 75.						
☐ YES [□NO	2.	DHS 75.13 (2) General Requirements This service is operated at the location described in the 75.03 application.											
☐ YES [□NO	3.	DHS 75.13 (3) Required Personnel This service has personnel arrangements sufficient to meet its functional responsibilities.											
	□ NO □ NO		 Service director Physician, medical supervision 											
	□NO		Substance abuse counselors											
☐ YES [□ NO □ NO		 Mental health p Clinical supervis 											
☐ YES ☐ NO 4. DHS 75.13 (4) Clinical Supervision Clinical supervision is provided to clinical substance abuse counselor every 40 hours of counseling rendered.									te not le	ss tha	n 30 r	ninute	es for	
			Clinical supervision is provided to other non-certified counselors at a rate not less than 60 minutes for 40 hours of counseling rendered.									every		
			Supervision and evaluation is provided in core functions.											
☐ YES [□NO	ī	DHS 75.13 (5) Servi			s (a – e)								
				=	services is a pa		ervice.							
			(b) A patient's trea	atment plan is	s completed wit	hin two (2)		r admiss	ion.					
			• • •		ered as needed									
			diagnosed, wit	h a mental h	rly reviewed as ealth profession	al.							-	
			(e) Medical director and treatment		/ statement and	signature	with the d	iagnosis	, level of	care,	asses	ssmer	nt,	
☐ YES [NO	6.	DHS 75.13 (6) Adm	ission										

This service only admits to treatment those persons who are determined to be appropriate through the

application of WI- UPC or other approved placement criteria.