

**COMMUNITY SUPPORT PROGRAM (CSP)  
FOR PERSONS WITH CHRONIC MENTAL ILLNESS  
INITIAL CERTIFICATION APPLICATION**

**Chapter DHS 63**

**SURVEY REPORT FOR INPATIENT TREATMENT PROGRAMS  
Chapters DHS 61.70-61.72, 61.74, 61.78, 61.79**

**To Program Personnel:**

This application is to verify that the mental health community support program complies with Chapter DHS 63, Wisconsin Administrative Code. After review of the submitted application, a preliminary determination will be made as to the unit's eligibility for certification. If eligibility appears feasible, an on-site visit will be scheduled and certification status determined. If no significant deficiencies are found by the site visit, a certificate will be issued. If significant deficiencies are identified, the applicant will be afforded an opportunity to develop a plan of correction to complete compliance.

- **Read the directions carefully before completing this application.**
- **Respond to every item.**
- Where verification is required in the application, **list** the type of policy document or materials that will be presented to verify the statement in question. **DO NOT** forward the actual documents or material with the application, but be sure that such are available for review at the time of the on-site survey.
- Duplicate the staff addendums as needed.

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**By completing and submitting this form, the clinic indicates that  
it is in compliance with the program standards as required by state statutes.**

Name – Facility

Address – Physical

City

State

Zip Code

County

Telephone Number

E-mail Address  *May be published in Provider Directory*

Fax Number

Internet Address  *May be published in Provider Directory*

Name – Contact Person

Telephone Number

E-mail Address  *May be published in Provider Directory*

Name – Person Who Completed this Form

Telephone Number

E-mail Address  *May be published in Provider Directory*

**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 governing inpatient mental health,  
including Chapters DHS 61.70 – 61.72, 61.74, 61.78, 61.79, 92, and 94.**

**FULL SIGNATURE** – Director

Date Signed

Full Name – Director (*Print or type.*)

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**Checkboxes indicate a required response. To avoid delays in certification, respond to each item.**

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### Chapter DHS 63

Chapter DHS 63 is created to set standards for the operation of community support programs, which provide treatment, rehabilitation, and support services for chronically mentally ill persons who are able to live and work in the community when they receive these services. The program objective is to help these persons function with a better quality of life and to reduce placements in more restrictive and more costly settings through assertive provision of treatment services by way of a coordinated case management system. Program emphasis is directed toward determining client treatment, rehabilitation, and support service needs, and developing and implementing detailed plans to meet those needs. A distinguishing characteristic of CSP services is that the majority are provided to people in the community, in non-office or non-agency-based settings to maximize access and ensure clinical benefit.

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#### Chapter DHS 63.02(9)

- Yes  No "Community Support Program" of "CSP" means a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services in the community for persons with chronic mental illness.
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#### Chapter DHS 63.06(2) Required Staff

A CSP shall employ:

- Yes  No 1. DHS 63.06(2)(a) A director
- Yes  No 2. DHS 63.06(2)(b) A psychiatrist
- Yes  No 3. DHS 63.06(2)(c) A clinical coordinator

*(See staff listing on page 7.)*

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#### Chapter DHS 63.06(3) Staffing Ratios

- Yes  No The client-to-staff ratio may not exceed 20 clients to one full-time equivalent staff person, except that the Department may permit, in accordance with a request for a waiver under ch. DHS 63.05, that the ratio may not exceed 25 clients to one full-time equivalent staff person.

Number of Clients: \_\_\_\_\_

Average Number of Hours per Week Each Client is Seen: \_\_\_\_\_

- Yes  No Have you filed a waiver, under ch. DHS 63, that the ratio exceeds 20 but does not exceed 25 clients to one full-time equivalent staff person?
- 

#### Chapter DHS 63.06(5) Clinical Supervision

- Yes  No 1. DHS 63.06(5)(a) Each CSP shall develop and implement a written policy for clinical supervision of all staff who provide treatment, rehabilitation, and support services to CSP clients.

- Yes  No Do you have a clinical supervision policy in writing?

#### Documentation:

- Yes  No 2. DHS 63.06(5)(c) Clinical supervision shall be provided by a clinical coordinator. *(See staff listing on page 7.)*
- Yes  No 3. DHS 63.06(5)(f) Clinical supervision provided to individual CSP staff shall be documented in writing.
- Yes  No Do you have a log or other written verification indicating individual staff supervision?
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#### Chapter DHS 63.06(6) Orientation and Training

- Yes  No 1. DHS 63.06(6)(a) Each CSP shall develop and implement an orientation and training program which all new staff and regularly scheduled volunteers shall complete.
- Yes  No Do you have written verification that each new staff or regularly scheduled volunteers have received an orientation and training program?
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**Chapter DHS 63.06(1) Personnel Policies**

- Yes  No 1. DHS 63.06(1)(a) A CSP shall have written personnel policies to ensure that employment practices do not discriminate against any employee or applicant for employment on the basis of age, race, religion, color, sexual orientation, marital status, arrest and conviction record, ancestry, creed, national origin, handicap, sex, physical condition, or developmental disability.
- Yes  No Do you have written personnel policies on file?
- Yes  No 2. DHS 63.06(1)(b) A CSP shall maintain written documentation of employee qualifications and shall make that information available for inspection by clients and by the Department
- Yes  No Do you have employee qualification documentation on file?

**Chapter DHS 63.07 Outreach and Screening**

- Yes  No 1. DHS 63.07 A CSP shall have written procedures for contacting and identifying persons with chronic mental illness and for having those persons referred to the CSP.
- Yes  No Do you have such written procedures?
- Yes  No 2. DHS 63.07(3) Screening by a clinical coordinator of each person referred to the CSP under sub. (2) to determine whether the person meets the admission criteria under ch. DHS 63.08.
- Yes  No Is each referral screened by the clinical coordinator for admission criteria?

**Chapter DHS 63.08 Criteria for Admission**

- Yes  No 1. DHS 63.08(1) Criteria. Admission to a CSP shall be limited to an individual who has chronic mental illness, which by history or prognosis, requires repeated acute treatment or prolonged periods of institutional care and who exhibits persistent disability or impairment in major areas of community living.
- Yes  No What are your admission criteria?

**Chapter DHS 63.09 Admission**

- Yes  No 1. DHS 63.09(1) A CSP may not deny admission to an applicant solely on the basis of the number of previous admissions to any program or service provider.
- Yes  No Do you deny admission to the applicant who has had a number of previous admissions?
- Yes  No 2. DHS 63.09(2) A CSP should have written policies and procedures governing the admissions process.
- Yes  No Do you have written admissions policies and procedures?

**Chapter DHS 63.10 Assessment and Treatment Planning**

1. DHS 63.10(1) Assessment. (a) An initial assessment shall be done at the time of the client's admission to the CSP and an in-depth assessment shall be completed within one month after a client's admission. The physician shall make a psychiatric assessment of the client's need for CSP care and appropriate professional personnel shall make a psychiatric and psychosocial assessment of the client's need of CSP care.
- Yes  No Is an initial assessment completed at the time of the client's admission?
- Yes  No Is an in-depth assessment completed within one month after a client's admission?
- Yes  No Is there a psychiatric assessment of the client's need for CSP care?
- Yes  No Is there a psychosocial assessment of the client's need for CSP care?

Explain your assessment process:

2. DHS 63.10(1) Assessment. (c) A clinical coordinator shall include a signed statement in the client's treatment record that the assessments under par. (a) were performed by appropriate professional personnel specified under ch. DHS 63.06(4)(a) 1-8.

Yes  No Is a signed statement by the clinical coordinator included?

3. DHS 63.10(2) Treatment Planning. (a) The case manager assigned to a client under ch. DHS 63.12(1) shall ensure that an initial written treatment plan is developed at the time of the client's admission to the CSP and that a comprehensive plan is developed and written within one month after admission and is reviewed and updated in writing at least once every six months.

Yes  No Is an initial written treatment plan developed at the time of the client's admission?

Yes  No Is a comprehensive written treatment plan developed within one month of the client's admission?

Yes  No Is the comprehensive treatment plan reviewed and updated in writing at least once every six months?

4. DHS 63.10(2) Treatment Planning. (b) The treatment plan shall: (1) Be based on the initial assessment required under sub. (1)(a) and, when appropriate, on the in-depth assessment required under sub. (1)(d).

Yes  No Is the treatment plan based on the initial and in-depth assessment?

5. DHS 63.10(2) Treatment Planning. (b) The treatment plan shall: (2) Be developed in collaboration with other CSP professional and paraprofessional staff, service provider staff, the client or guardian, if any, and when feasible, the client's family. The client's participation in the development of the treatment or service goals shall be documented.

Yes  No Is the treatment plan developed in collaboration with the client, guardian, the family and, when possible, other CSP and service provider staff?

6. DHS 63.10(2) Treatment Planning. (b) The treatment plan shall: (3) Specify treatment goals along with the treatment, rehabilitation, and service actions necessary to accomplish goals.

Yes  No Does the treatment plan specify both short-range and long-range treatment goals in measurable ways?

Yes  No Does the treatment plan specify service actions necessary to accomplish the goals?

7. DHS 63.10(2) Treatment Planning. (b) The treatment plan shall: (4) Identify the expected outcomes and the staff and agencies responsible for providing the client's treatment, rehabilitation, and support services.

Yes  No Does the treatment plan identify the expected outcomes of the client's treatment, rehabilitation, and support services?

Yes  No Does the treatment plan identify the staff and agencies responsible for providing the client's treatment, rehabilitation, and support services?

8. DHS 63.10(2) Treatment Planning. (b) The treatment plan shall: (5) Describe criteria for termination of treatment, rehabilitation, and support services.

Yes  No Does the treatment plan describe criteria for termination of the specific treatment, rehabilitation, and service actions?

9. DHS 63.10(2) Treatment Planning. (b) The treatment plan shall: (6) Be reviewed, approved, and signed by the CSP's psychiatrist and clinical coordinator and be included in the client's treatment record.

Yes  No Is the treatment plan reviewed and approved by a psychiatrist and clinical coordinator?

Yes  No Is the treatment plan in the client's treatment record?

10. DHS 63.10(2) Treatment Planning. (d) The client's progress and current status in meeting the goals set forth in the plan shall be reviewed by the staff working with the client at regularly scheduled case conferences at least every six months and shall be recorded in the client's treatment record.

Yes  No Is the client's progress and current status in meeting treatment plan goals reviewed at least every six months?

Yes  No Is the review recorded in the client's record?

11. DHS 63.10(3) Place of Treatment. Each CSP shall set a goal of providing over 50% of service contacts in the community, in non-office based or non-facility based settings. For a period of two years following the effective date of this chapter, a CSP shall submit to the Department records of the places where treatment and services are provided to each client. The records shall cover time periods specified by the Department.

Yes  No How will you record the places where treatment and services are provided to each client?

**Chapter DHS 63.11 Required Program Components***(See Program Components Listing on page 8.)*

- Yes  No Do you have formal agreements with outside agencies to provide the arranged services you have identified above?
- Yes  No If "yes," do you have verification on file?

**Chapter DHS 63.12 Case Management**

1. DHS 63.12(1) Single Point of Contact for a Client. Each CSP client shall have a designated case manager who shall be responsible for maintaining a clinical treatment relationship with the client on a continuing basis whether the client is in the hospital, in the community, or involved with other agencies
- Yes  No Does each CSP client have a designated case manager who meets the qualifications under ch. DHS 63.06(4)(a) 1-8?
2. DHS 63.12(4)(a) The case manager shall assess, on a consistent basis, the client's symptom status.
- Yes  No How often does the case manager assess the client's symptom status?
3. DHS 63.12(7) Education, Support, and Consultation to Clients' Families and Other Major Supports. (a) The case manager shall determine what support, consultation, and education the client's family may need from the CSP to manage the symptoms and illness of the client family member.
- Yes  No How does the case manager determine what support, consultation, and education the client's family needs?

**Chapter DHS 63.15 Client Records**

1. DHS 63.15(1) A CSP shall maintain a treatment record for each client.  
Who is responsible for the maintenance of the client record? \_\_\_\_\_
- Yes  No Are treatment records kept confidential?
2. DHS 63.15(5)(d) Medication records, which shall document ongoing monitoring of administration of medications and the detection of adverse drug reactions.
- Yes  No Are medication records included in the client chart?
3. DHS 63.15(5)(i) Progress notes, which shall document the location where the service was provided.
- Yes  No Are progress notes written after each client contact?
- Yes  No Are progress notes inserted into the client record?
4. DHS 63.15(6) There shall be a policy governing the disposal of client records.
- Yes  No Do you have a policy for disposal of client records?
5. DHS 63.16 Discharge. Documentation by the client's case manager, clinical coordinator, and psychiatrist of a client's discharge from a CSP shall be entered in the client's treatment record within one week after termination of treatment or services.
- Yes  No Do you have documentation of client discharge?

**Chapter DHS 63.14 Complaints**

1. A CSP shall have procedures for reporting and investigating alleged unethical, illegal, or grossly negligent acts affecting clients, and violations of written policies and procedures. The procedures shall also address both client and staff reporting of complaints regarding program procedures, staff, and services.
- Yes  No Do you have written procedures for reporting alleged unethical, illegal, or grossly negligent acts affecting clients?
- Yes  No Do you have written procedures regarding staff who may violate any written policy or procedure?
- Yes  No Do you keep a written record of both client and staff reports of complaints?

**Chapter DHS 63.17(1) Program Evaluation**

1. DHS 63.17(1) Each CSP shall have an evaluation plan.
- Yes  No Do you have a written evaluation plan?
- Yes  No If "yes," does the plan include program objectives related to the program's clients and/or target population?

- Yes  No Does your plan contain measurable criteria related to the stated objectives?
- Yes  No Is your plan able to document achievements not related to the stated objectives?
- Yes  No Is your plan able to assess the effective utilization of staff and resources related to the attainment of your objectives?
2. DHS 63.17(2) In addition to the evaluation plan required under sub. (1), a CSP shall have a system for regular review that is designed to evaluate the appropriateness of admissions to the program, length of stay, treatment or service plans, discharge practices, and other factors that may contribute to effective use of the program's resources.
- Yes  No Do you have a system for regularly reviewing your admissions, length of stay, treatment plans, and discharge practices?
- If "yes," how is this verified?
3. DHS 63.17(3) An annual report of program progress in meeting objectives shall be prepared, distributed to interested persons, and made available to the Department upon request.
- Yes  No Do you prepare an annual report?
- Yes  No If "yes," does the report address the program objectives?
- Yes  No If "yes," is the report made available to any interested person?
- Yes  No If "yes," is the report reviewed by the CSP's governing body?
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**STAFF LISTING**

|  | Name | Degree | Wisconsin License No. | Hours Per Week in CSP |             |                |
|--|------|--------|-----------------------|-----------------------|-------------|----------------|
|  |      |        |                       | Clinical              | Supervisory | Administrative |
| <b>Director</b><br>DHS 63.06(2)(a)               |      |        |                       |                       |             |                |
| <b>Psychiatrist</b><br>DHS 63.06(2)(b)           |      |        |                       |                       |             |                |
|  |      |        |                       |                       |             |                |
|  |      |        |                       |                       |             |                |
| <b>Clinical Coordinator *</b><br>DHS 63.16(2)(c) |      |        |                       |                       |             |                |
|  |      |        |                       |                       |             |                |
|  |      |        |                       |                       |             |                |

\* Have available for the on-site review: (1) a copy of each clinical coordinator's MS diploma and (2) a **reference** who can verify the individual has had either 3,000 hours (1 ½ years) of post degree supervised clinical experience in a practice where the majority of clients are adults with chronic mental illness of 1,500 hours of supervised clinical experience in CSP.

|  | Name | Degree | Number of Hours Employed Per Week | Compliance<br>(See notation below.) |
|--|------|--------|-----------------------------------|-------------------------------------|
| <b>Other Treatment Staff</b><br>DHS 63.06(4) |      |        |                                   |                                     |
|  |      |        |                                   |                                     |
|  |      |        |                                   |                                     |
|  |      |        |                                   |                                     |
|  |      |        |                                   |                                     |
|  |      |        |                                   |                                     |
|  |      |        |                                   |                                     |
|  |      |        |                                   |                                     |

**NOTE:** Have available for the on-site review: (1) a copy of the other treatment staff's diploma and (2) a **reference** who can verify the individual has had 3,000 hours (11/2 years) of supervised post degree clinical experience in a practice; the CSP Professional with a bachelor's degree in a behavioral science or related field has had 1,000 hours of supervised post degree clinical experience with adults with chronic mental illness; or the CSP Professional with a bachelor's degree in a field other than behavioral sciences has had 2,000 hours of supervised post-degree clinical experience with adults with chronic mental illness.

