

# Wisconsin Outpatient Mental Health Crosswalk

## Wisconsin Outpatient Mental Health Regulations to 2009 Joint Commission Behavioral Health Care Standards & EPs

DHS Number	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
<b>DHS 35.123</b> DHS 35.123 Staffing requirements for clinics.			
<b>DHS 35.123(1)</b> (1) Each clinic shall have a clinic administrator who is responsible for clinic operations, including ensuring that the clinic is in compliance with this chapter and other applicable state and federal law. A clinic administrator may be a licensed treatment professional or mental health practitioner.		<b>HR.01.02.01</b>	<b>The organization defines staff qualifications.</b> <hr/> EP 1 The organization defines staff qualifications specific to their job responsibilities.
		<b>LD.01.01.01</b>	<b>The organization has a leadership structure.</b> <hr/> EP 2 Governance identifies those responsible for planning, management, and operational activities. <hr/> EP 3 Governance identifies those responsible for the provision of care, treatment, or services.
		<b>LD.01.03.01</b>	<b>Governance is ultimately accountable for the safety and quality of care, treatment, or services.</b> <hr/> EP 1 Governance defines in writing its responsibilities. <hr/> EP 4 Governance selects the chief executive.
		<b>LD.01.04.01</b>	<b>A chief executive manages the organization.</b> <hr/> EP 1 The chief executive provides for the following: Information and support systems. <hr/> EP 2 The chief executive provides for the following: Recruitment and retention of staff. <hr/> EP 3 The chief executive provides for the following: Physical and financial assets. <hr/> EP 11 When the chief executive is absent from the organization, a qualified person is designated to perform the duties of this position.

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**LD.01.07.01 Leaders have the knowledge needed for their roles in the organization or they seek guidance to fulfill their roles.**

- EP 2 Leaders are oriented to all of the following:
- The organization's mission and vision
  - The organization's safety and quality goals
  - The organization's structure and the decision-making process
  - The development of the budget as well as the interpretation of the organization's financial statements
  - The population(s) served by the organization and any issues related to that population(s)
  - The separate and interdependent responsibilities and accountabilities of leaders as they relate to supporting the mission of the organization and to providing safe and quality care
  - Applicable law and regulation

- EP 3 Governance provides leaders with access to information and training in areas where they need additional skills or expertise.

**LD.04.01.01 The organization complies with law and regulation.**

- EP 1 The organization is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the organization is seeking accreditation from The Joint Commission.

- EP 2 The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.

- EP 3 Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

**LD.04.01.05 The organization effectively manages its programs or services.**

- EP 1 Leaders of the program or service oversee operations.

- EP 2 Programs or services providing care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical responsibilities.

- EP 3 The organization defines, in writing, the responsibility of those with administrative and clinical direction of its programs or services.

**DHS 35.123(2)**

(2) In addition to the clinic administrator, the clinic shall have a sufficient number of qualified staff members available to provide outpatient mental health services to consumers admitted to care. Except as provided in s. DHS 35.12 (2m), the clinic shall implement any one of the following minimum staffing combinations to provide outpatient mental health services:

**HR.01.02.01 The organization defines staff qualifications.**

- EP 1 The organization defines staff qualifications specific to their job responsibilities.

<b>DHS Number</b> 35.123(2)	<b>Wisconsin Department of Health Services</b>	<b>Joint Commission Equivalent Number</b>	<b>Joint Commission Standards</b>
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**HR.01.02.05 The organization verifies staff qualifications.**

- EP 1 When law or regulation requires staff to be currently licensed, certified, or registered to perform their job responsibilities, the organization both verifies these credentials with the primary source and documents this verification when staff are hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)  
 Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.  
 Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.  
 Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.
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- EP 2 When the organization requires licensure, registration, or certification for staff to perform their job responsibilities, and these credentials are not required by law and regulation, the organization verifies these credentials and documents this verification at time of hire and when their credentials are renewed. (See also HR.01.02.07, EP 2)
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- EP 3 The organization verifies and documents that the job applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued his or her licensure, certification, or registration.  
 Note: Education required by job responsibilities could include, for example, a master's degree.
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- EP 4 The organization obtains a criminal background check on the job applicant as required by law and regulation or organization policy. Criminal background checks are documented.
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- EP 5 Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.
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- EP 6 The organization uses the following information to make decisions about staff job responsibilities:  
 - Verified licensure, certification, or registration required by law or regulation or the organization  
 - Verified education and experience  
 - Results of criminal background check(s), in accordance with law and regulation or organization policy  
 - Outcomes of applicable health screenings, in accordance with law and regulation or organization policy

**HR.01.02.07 The organization determines how staff function within the organization.**

- EP 1 All staff who provide care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation.
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- EP 2 Staff practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
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- EP 5 Staff provide and/or oversee the supervision of students when they provide care, treatment, or services as part of their training.  
 Note: Monitoring is not required when it is provided by the student's educational institution.

DHS Number 35.123(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<b>HR.01.06.01 Staff are competent to perform their responsibilities.</b>
			EP 1 The organization defines for each of its programs/services the competencies it requires of staff who provide care, treatment, or services. Note: Competencies may be based on the programs/services provided and the population(s) served.
			<b>LD.03.06.01 Those who work in the organization are focused on improving safety and quality.</b>
			EP 3 Leaders provide for a sufficient number and mix of staff to support safe, quality care, treatment, or services. (See also HR.01.01.03, EP 1)
			EP 4 Those who work in the organization are competent to complete their assigned responsibilities. (See also HR.01.01.03, EP 2)
			<b>LD.04.01.05 The organization effectively manages its programs or services.</b>
			EP 2 Programs or services providing care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical responsibilities.

**DHS 35.123(2)(a)**

(a) Two or more licensed treatment professionals who combined are available to provide outpatient mental health services at least 60 hours per week.

<b>HR.01.02.01 The organization defines staff qualifications.</b>
EP 1 The organization defines staff qualifications specific to their job responsibilities.
<b>HR.01.06.01 Staff are competent to perform their responsibilities.</b>
EP 1 The organization defines for each of its programs/services the competencies it requires of staff who provide care, treatment, or services. Note: Competencies may be based on the programs/services provided and the population(s) served.
<b>LD.04.01.05 The organization effectively manages its programs or services.</b>
EP 2 Programs or services providing care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical responsibilities.

**DHS 35.123(2)(b)**

(b) One or more licensed treatment professionals who combined are available to provide outpatient mental health services at least 30 hours per week and one or more mental health practitioners or recognized psychotherapy practitioners who combined are available to provide outpatient mental health services at least 30 hours per week.

<b>HR.01.02.01 The organization defines staff qualifications.</b>
EP 1 The organization defines staff qualifications specific to their job responsibilities.
<b>HR.01.06.01 Staff are competent to perform their responsibilities.</b>
EP 1 The organization defines for each of its programs/services the competencies it requires of staff who provide care, treatment, or services. Note: Competencies may be based on the programs/services provided and the population(s) served.

DHS Number 35.123(2)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		LD.04.01.05	The organization effectively manages its programs or services.
		EP 2 Programs or services providing care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical responsibilities.	
<b>DHS 35.123(2)(c)</b>	(c) One or more licensed treatment professionals who combined are available to provide outpatient mental health services at least 37.5 hours per week, and at least one psychiatrist or advanced practice nurse prescriber who provides outpatient mental health services to consumers of the clinic at least 4 hours per month.	HR.01.02.01	The organization defines staff qualifications.
		EP 1 The organization defines staff qualifications specific to their job responsibilities.	
		HR.01.06.01	Staff are competent to perform their responsibilities.
		EP 1 The organization defines for each of its programs/services the competencies it requires of staff who provide care, treatment, or services. Note: Competencies may be based on the programs/services provided and the population(s) served.	
		LD.04.01.05	The organization effectively manages its programs or services.
		EP 2 Programs or services providing care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical responsibilities.	
<b>DHS 35.123(2m)</b>	(2m) If a clinic has more than one office, both the clinic as a whole and its main office shall comply with the requirements of sub. (2).	<b>Comments: Single Accreditation Award</b>	
		The Joint Commission surveys and, assuming satisfactory compliance, provides one accreditation award for all of an organization's services, programs, and related organizations that are organizationally and functionally integrated to the applicant organization. If, after accreditation is rendered to an organization, the organization's structure changes whereby one or more of its services, programs, or related organizations is no longer part of the organization that was originally surveyed, the service, program, or related organization is no longer included in the organization's accreditation.	
<b>DHS 35.123(3)</b>	(3) If a clinic provides services to persons 13 years old or younger, the clinic shall have staff qualified by training and experience to work with children and adolescents.	HR.01.02.01	The organization defines staff qualifications.
		EP 1 The organization defines staff qualifications specific to their job responsibilities.	
		HR.01.02.07	The organization determines how staff function within the organization.
		EP 1 All staff who provide care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation.	
		EP 2 Staff practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)	

DHS Number 35.123(3)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**HR.01.06.05 Staff who provide care, treatment, or services to children or youth are competent to do so.**

- EP 1 Staff who provide care, treatment, or services to children or youth demonstrate an understanding of the developmental milestones of children.
- EP 2 Supervisors use performance improvement findings in their competence assessment of staff who provide care, treatment, or services to children or youth.
- EP 3 The person responsible for administrative and clinical direction of care, treatment, or services provided to children or youth is qualified by training, experience, or documented competence.

**DHS 35.123(4)**

(4) A clinic that is certified before June 1, 2009 shall meet the requirements of subs. (1) and (3) upon June 1, 2009, but shall have until January 1, 2012 to meet the minimum staffing requirements under sub. (2).

**DHS 35.123(5)**

(5) A person whose professional license is revoked, suspended, or voluntarily surrendered may not be employed or contracted with as a mental health professional, or a prescriber. A person whose professional license is limited or restricted, may not be employed or contracted with to practice in areas prohibited by the limitation or restriction.

**HR.01.02.05 The organization verifies staff qualifications.**

- EP 1 When law or regulation requires staff to be currently licensed, certified, or registered to perform their job responsibilities, the organization both verifies these credentials with the primary source and documents this verification when staff are hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)  
 Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.  
 Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.  
 Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.
- EP 3 The organization verifies and documents that the job applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued his or her licensure, certification, or registration.  
 Note: Education required by job responsibilities could include, for example, a master's degree.

**HR.01.02.07 The organization determines how staff function within the organization.**

- EP 1 All staff who provide care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation.
- EP 2 Staff practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)

DHS Number 35.123(5)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**HR.02.01.03 The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.**

- EP 11 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any challenges to licensure or registration.
- EP 12 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any voluntary and involuntary relinquishment of license or registration.
- EP 14 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any voluntary or involuntary limitation, reduction, or loss of clinical responsibilities.
- EP 20 The decision by leaders to assign clinical responsibilities is based on the credentials information obtained.

**DHS 35.127**

DHS 35.127 Persons who may provide psychotherapy services through an outpatient mental health clinic.

**LD.01.01.01 The organization has a leadership structure.**

- EP 3 Governance identifies those responsible for the provision of care, treatment, or services.

**LD.03.06.01 Those who work in the organization are focused on improving safety and quality.**

- EP 3 Leaders provide for a sufficient number and mix of staff to support safe, quality care, treatment, or services. (See also HR.01.01.03, EP 1)
- EP 4 Those who work in the organization are competent to complete their assigned responsibilities. (See also HR.01.01.03, EP 2)

**DHS 35.127(1)**

(1) Any mental health professional may provide psychotherapy to consumers through a clinic required to be certified under this chapter.

**DHS 35.127(2)**

(2) A qualified treatment trainee may provide psychotherapy to consumers only under clinical supervision as defined under s. DHS 35.03 (5) (a).

**HR.01.02.07 The organization determines how staff function within the organization.**

- EP 1 All staff who provide care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation.
- EP 5 Staff provide and/or oversee the supervision of students when they provide care, treatment, or services as part of their training.  
Note: Monitoring is not required when it is provided by the student's educational institution.

DHS Number 35.127(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>HR.01.03.01</b>	<b>Staff are supervised effectively.</b>
			EP 4 Supervision and consultation are available to direct care staff to maintain and enhance their knowledge and skills in providing care, treatment, or services.
			EP 5 The scope and depth of supervision that staff receive is based on their experience with the care, treatment, or services they are providing and the age and needs of the population(s) served.
<b>DHS 35.127(3)</b>	(3) A clinic may choose to require clinical supervision of a mental health practitioner or recognized psychotherapy practitioner.	<b>HR.01.03.01</b>	<b>Staff are supervised effectively.</b>
			EP 4 Supervision and consultation are available to direct care staff to maintain and enhance their knowledge and skills in providing care, treatment, or services.
			EP 5 The scope and depth of supervision that staff receive is based on their experience with the care, treatment, or services they are providing and the age and needs of the population(s) served.
		<b>HR.01.06.01</b>	<b>Staff are competent to perform their responsibilities.</b>
			EP 15 The organization takes action when a staff member's competence does not meet expectations. Note: Actions may include, but are not limited to, providing additional training or supervision, or modifying job responsibilities.
<b>DHS 35.127(4)</b>	(4) A person who has a suspended, revoked, or voluntarily surrendered professional license may not provide psychotherapy to consumers. A person whose license or certificate is limited or restricted, may not provide psychotherapy under circumstances prohibited by the limitation or restriction.	<b>HR.01.02.07</b>	<b>The organization determines how staff function within the organization.</b>
			EP 1 All staff who provide care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation.
			EP 2 Staff practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		<b>HR.02.01.03</b>	<b>The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.</b>
			EP 11 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any challenges to licensure or registration.
			EP 12 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any voluntary and involuntary relinquishment of license or registration.
			EP 14 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any voluntary or involuntary limitation, reduction, or loss of clinical responsibilities.



DHS Number 35.127(4)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		EP 15	Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any professional liability actions that resulted in a final judgment against the staff member.
		EP 20	The decision by leaders to assign clinical responsibilities is based on the credentials information obtained.
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<b>DHS 35.13</b> DHS 35.13 Personnel policies.		<b>LD.04.01.07</b>	<b>The organization has policies and procedures that guide and support care, treatment, or services.</b>
The clinic shall have and implement written personnel policies and procedures that ensure all of the following:		EP 1	Leaders review and approve policies and procedures that guide and support care, treatment, or services.
		EP 2	The organization manages the implementation of policies and procedures.
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<b>DHS 35.13(1)</b>		<b>HR.01.02.05</b>	<b>The organization verifies staff qualifications.</b>
(1) Each staff member who provides psychotherapy or who prescribes medications is evaluated to determine if the staff member possesses current qualifications and demonstrated competence, training, experience and judgment for the privileges granted to provide psychotherapy or to prescribe medications for the clinic.		EP 1	<p>When law or regulation requires staff to be currently licensed, certified, or registered to perform their job responsibilities, the organization both verifies these credentials with the primary source and documents this verification when staff are hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)</p> <p>Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.</p> <p>Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.</p> <p>Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.</p>
		EP 2	When the organization requires licensure, registration, or certification for staff to perform their job responsibilities, and these credentials are not required by law and regulation, the organization verifies these credentials and documents this verification at time of hire and when their credentials are renewed. (See also HR.01.02.07, EP 2)
		EP 3	The organization verifies and documents that the job applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued his or her licensure, certification, or registration. Note: Education required by job responsibilities could include, for example, a master's degree.
		EP 5	Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.
		<b>HR.01.02.07</b>	<b>The organization determines how staff function within the organization.</b>
		EP 1	All staff who provide care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation.

DHS Number 35.13(1)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			EP 2 Staff practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)
		<b>HR.01.06.01</b>	<b>Staff are competent to perform their responsibilities.</b>
			EP 1 The organization defines for each of its programs/services the competencies it requires of staff who provide care, treatment, or services. Note: Competencies may be based on the programs/services provided and the population(s) served.
			EP 6 Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.
		<b>HR.02.01.03</b>	<b>The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.</b>
			EP 1 The organization has a process to assign clinical responsibilities that includes review of licensure, certification, or registration.
			EP 3 Before assigning initial, renewed, or revised clinical responsibilities, the organization uses primary sources when documenting the training specific to the clinical responsibilities requested. Note 1: The verification of relevant training informs the organization of the clinical knowledge and skill set of staff who are permitted by law and by the organization to practice independently. Verification must be obtained from the primary source of the specific credential. Primary sources include letters from professional schools and letters from residency or postdoctoral programs for completion of training. Designated equivalent sources include, but are not limited to, the following: - The American Medical Association (AMA) Physician Masterfile for verification of a physician's U.S. and Puerto Rico medical school graduation and residency completion - The American Board of Medical Specialties (ABMS) for verification of a physician's board certification - The Educational Commission for Foreign Medical Graduates (ECFMG) for verification of a physician's graduation from a foreign medical school - The American Osteopathic Association (AOA) Physician Database for predoctoral education accredited by the AOA Bureau of Professional Education, postdoctoral education approved by the AOA Council on Postdoctoral Training, and Osteopathic Specialty Board Certification - The Federation of State Medical Boards (FSMB) for all actions against a physician's medical license - The American Academy of Physician Assistants Profile for physician assistant education and National Commission on Certification of Physician Assistants (NCCPA) certification Note 2: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source. Note 3: An external organization (for example, a credentials verification organization (CVO)) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.
			EP 18 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates whether the requested clinical responsibilities are consistent with the program or site-specific care, treatment, or services provided.

DHS Number 35.13(1)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			EP 36 The organization establishes program/service-specific criteria for each clinical responsibility. These criteria include the following: - Current licensure and/or certification as appropriate, verified with the primary source - Successful completion of training - Peer or faculty recommendation - Evidence of the ability to perform the assigned clinical responsibilities Note: Refer to the Glossary for the definition of peer recommendation.
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<b>DHS 35.13(2)</b>			
(2) Compliance with the caregiver background check and misconduct reporting requirements in s. 50.065, Stats., and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13.			
Note: Forms for conducting a caregiver background check including the background information disclosure form may be obtained from the Department's website at <a href="http://dhs.wisconsin.gov/caregiver/index.htm">http://dhs.wisconsin.gov/caregiver/index.htm</a> or by writing the Department at Office of Caregiver Quality, Division of Quality Assurance, P.O. Box 2969, Madison, WI 53701-2969. Phone: (608) 266-8481, Fax: (608) 267-0352.			
			<b>HR.01.02.05 The organization verifies staff qualifications.</b>
			EP 4 The organization obtains a criminal background check on the job applicant as required by law and regulation or organization policy. Criminal background checks are documented.
			<b>HR.02.01.03 The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.</b>
			EP 9 Before assigning renewed or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently, the following occurs: The organization reviews any clinical performance in the organization that is outside acceptable standards.
			EP 19 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization confirms the staff member's adherence to organization policies, procedures, rules, and regulations.
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<b>DHS 35.13(3)</b>			
(3) A record is maintained for each staff member and includes all of the following:			
			<b>HR.01.04.01 The organization provides orientation to staff.</b>
			EP 4 The organization orients staff on the following: Their specific job duties and responsibilities. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)
			<b>HR.01.05.03 Staff participate in education and training.</b>
			EP 4 Staff participate in education and training whenever changes in their responsibilities require it. Staff participation is documented. Note: Education and training are only required if an assessment of staff skills and competencies indicates a need for their provision.
			<b>HR.01.07.01 The organization evaluates staff performance.</b>
			EP 2 The organization evaluates staff performance once every three years, or more frequently as required by organization policy and in accordance with law and regulation. This evaluation is documented.

<b>DHS Number</b> 35.13(3)(a)	<b>Wisconsin Department of Health Services</b>	<b>Joint Commission Equivalent Number</b>	<b>Joint Commission Standards</b>
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**DHS 35.13(3)(a)**

(a) Confirmation of an applicant's current training or professional license or certification, if a training or professional license or certification is necessary for the staff member's prescribed duties or position. All limitations and restrictions on a staff member's license shall be documented by the clinic.

**HR.01.02.05 The organization verifies staff qualifications.**

- EP 1 When law or regulation requires staff to be currently licensed, certified, or registered to perform their job responsibilities, the organization both verifies these credentials with the primary source and documents this verification when staff are hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)  
 Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.  
 Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.  
 Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.
- EP 2 When the organization requires licensure, registration, or certification for staff to perform their job responsibilities, and these credentials are not required by law and regulation, the organization verifies these credentials and documents this verification at time of hire and when their credentials are renewed. (See also HR.01.02.07, EP 2)
- EP 3 The organization verifies and documents that the job applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued his or her licensure, certification, or registration.  
 Note: Education required by job responsibilities could include, for example, a master's degree.

**HR.01.02.07 The organization determines how staff function within the organization.**

- EP 1 All staff who provide care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation.

<b>DHS Number</b> 35.13(3)(a)	<b>Wisconsin Department of Health Services</b>	<b>Joint Commission Equivalent Number</b>	<b>Joint Commission Standards</b>
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**HR.02.01.03 The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.**

- EP 3 Before assigning initial, renewed, or revised clinical responsibilities, the organization uses primary sources when documenting the training specific to the clinical responsibilities requested.
- Note 1: The verification of relevant training informs the organization of the clinical knowledge and skill set of staff who are permitted by law and by the organization to practice independently. Verification must be obtained from the primary source of the specific credential. Primary sources include letters from professional schools and letters from residency or postdoctoral programs for completion of training. Designated equivalent sources include, but are not limited to, the following:
- The American Medical Association (AMA) Physician Masterfile for verification of a physician's U.S. and Puerto Rico medical school graduation and residency completion
  - The American Board of Medical Specialties (ABMS) for verification of a physician's board certification
  - The Educational Commission for Foreign Medical Graduates (ECFMG) for verification of a physician's graduation from a foreign medical school
  - The American Osteopathic Association (AOA) Physician Database for predoctoral education accredited by the AOA Bureau of Professional Education, postdoctoral education approved by the AOA Council on Postdoctoral Training, and Osteopathic Specialty Board Certification
  - The Federation of State Medical Boards (FSMB) for all actions against a physician's medical license
  - The American Academy of Physician Assistants Profile for physician assistant education and National Commission on Certification of Physician Assistants (NCCPA) certification
- Note 2: A primary source of verified information may designate to an agency the role of communicating credentials information. The designated agency then becomes acceptable to be used as a primary source.
- Note 3: An external organization (for example, a credentials verification organization (CVO)) or a Joint Commission–accredited health care organization functioning as a CVO may be used to collect credentialing information. Both of these organizations must meet the CVO guidelines listed in the Glossary.
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- EP 11 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any challenges to licensure or registration.
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- EP 12 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any voluntary and involuntary relinquishment of license or registration.
- 
- EP 14 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any voluntary or involuntary limitation, reduction, or loss of clinical responsibilities.

**DHS 35.13(3)(b)**

(b) The results of the caregiver background check including a completed background information disclosure form for every background check conducted, and the results of any subsequent investigation related to the information obtained from the background check.

**HR.01.02.05 The organization verifies staff qualifications.**

DHS Number 35.13(3)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 1 When law or regulation requires staff to be currently licensed, certified, or registered to perform their job responsibilities, the organization both verifies these credentials with the primary source and documents this verification when staff are hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)            Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.            Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.            Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.</p> <hr/> <p>EP 4 The organization obtains a criminal background check on the job applicant as required by law and regulation or organization policy. Criminal background checks are documented.</p>

**DHS 35.13(3)(c)**

(c) A vita of training, work experience and qualifications for each prescriber and each person who provides psychotherapy.

**HR.01.02.05 The organization verifies staff qualifications.**

- EP 1 When law or regulation requires staff to be currently licensed, certified, or registered to perform their job responsibilities, the organization both verifies these credentials with the primary source and documents this verification when staff are hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)  
 Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.  
 Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.  
 Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.
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- EP 2 When the organization requires licensure, registration, or certification for staff to perform their job responsibilities, and these credentials are not required by law and regulation, the organization verifies these credentials and documents this verification at time of hire and when their credentials are renewed. (See also HR.01.02.07, EP 2)
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- EP 3 The organization verifies and documents that the job applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued his or her licensure, certification, or registration.  
 Note: Education required by job responsibilities could include, for example, a master's degree.

**DHS 35.14**

DHS 35.14 Clinical supervision and clinical collaboration.

**DHS 35.14(1)**

(1)

DHS Number 35.14(1)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
<p><b>DHS 35.14(1)(a)</b> (a) The clinic administrator shall have responsibility for administrative oversight of the job performance and actions of each staff member and require each staff member to adhere to all laws and regulations governing the care and treatment of consumers and the standards of practice for their individual professions.</p>		<p><b>HR.01.02.07</b></p>	<p><b>The organization determines how staff function within the organization.</b></p> <hr/> <p>EP 2 Staff practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)</p>
		<p><b>HR.01.06.01</b></p>	<p><b>Staff are competent to perform their responsibilities.</b></p> <hr/> <p>EP 1 The organization defines for each of its programs/services the competencies it requires of staff who provide care, treatment, or services. Note: Competencies may be based on the programs/services provided and the population(s) served.</p> <hr/> <p>EP 3 Staff with the educational background, experience, or knowledge related to the skills being reviewed assess competence. Note: When suitable staff cannot be found to assess another staff member's competence, the organization can utilize a qualified outside practitioner for this task. Alternatively, the organization may consult the competency guidelines from an appropriate professional organization to make its assessment.</p> <hr/> <p>EP 5 The organization conducts an initial assessment of staff competence as part of orientation. This assessment is documented.</p>
		<p><b>HR.01.07.01</b></p>	<p><b>The organization evaluates staff performance.</b></p> <hr/> <p>EP 1 The organization evaluates staff based on performance expectations that reflect their job responsibilities.</p> <hr/> <p>EP 2 The organization evaluates staff performance once every three years, or more frequently as required by organization policy and in accordance with law and regulation. This evaluation is documented.</p>
		<p><b>HR.02.01.03</b></p>	<p><b>The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.</b></p> <hr/> <p>EP 7 Before assigning renewed or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently, the following occurs: The organization reviews information from any of the organization's performance improvement activities pertaining to professional performance, judgment, and clinical or technical skills.</p> <hr/> <p>EP 8 Before assigning renewed or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently, the following occurs: The organization evaluates the results of any peer review of the individual's clinical performance.</p> <hr/> <p>EP 9 Before assigning renewed or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently, the following occurs: The organization reviews any clinical performance in the organization that is outside acceptable standards.</p>
		<p><b>LD.04.01.01</b></p>	<p><b>The organization complies with law and regulation.</b></p> <hr/> <p>EP 2 The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.</p>

DHS Number 35.14(1)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**LD.04.01.05 The organization effectively manages its programs or services.**

EP 4 Staff are held accountable for their responsibilities.

**DHS 35.14(1)(b)**

(b) Each clinic shall implement a written policy for clinical supervision as defined under s. DHS 35.03 (5), and clinical collaboration as defined under s. DHS 35.03 (4). Each policy shall address all of the following:

**HR.01.03.01 Staff are supervised effectively.**

EP 4 Supervision and consultation are available to direct care staff to maintain and enhance their knowledge and skills in providing care, treatment, or services.

EP 5 The scope and depth of supervision that staff receive is based on their experience with the care, treatment, or services they are providing and the age and needs of the population(s) served.

**DHS 35.14(1)(b)1.**

1. A system to determine the status and achievement of consumer outcomes, which may include a quality improvement system or a peer review system to determine if the treatment provided is effective, and a system to identify any necessary corrective actions.

**APR.01.01.01 The organization submits information to The Joint Commission as required.**

EP 1 The organization meets all requirements for timely submissions of data and information to The Joint Commission.

- Note 1: The Joint Commission will impose the following consequences for failure to comply with this APR:
- If the organization does not comply with the requirement after 31 days, the organization will be placed in Provisional Accreditation.
  - If the organization does not comply with the requirement after 61 days, the organization's accreditation decision will be changed from Provisional Accreditation to Conditional Accreditation.
  - If the organization does not comply with the requirement after 91 days, the organization's accreditation decision will be changed from Conditional Accreditation to Denial of Accreditation. In accordance with the Accreditation Committee policy, such organizations will not be afforded any appeal.

Note 2: The proposed consequences address only compliance with the requirement itself. They do not address the content of the organization's submissions to The Joint Commission. For example, if information in an organization's electronic application for accreditation (e-App) leads to inaccuracies in the appropriate length of the survey and a longer survey is required, the organization will incur the additional costs of the longer survey. In addition, if there is evidence that the organization has intentionally falsified the information submitted to The Joint Commission, the requirement at APR.01.02.01, EP 1 and its consequences will apply. (See also APR.01.02.01, EP 1)

**HR.01.06.01 Staff are competent to perform their responsibilities.**

EP 15 The organization takes action when a staff member's competence does not meet expectations. Note: Actions may include, but are not limited to, providing additional training or supervision, or modifying job responsibilities.



DHS Number 35.14(1)(b)1.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		HR.01.06.03	<b>Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals are competent to do so.</b>
			EP 3 Performance improvement findings are used when evaluating the competence of staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals.
		HR.01.06.05	<b>Staff who provide care, treatment, or services to children or youth are competent to do so.</b>
			EP 2 Supervisors use performance improvement findings in their competence assessment of staff who provide care, treatment, or services to children or youth.
		HR.02.01.03	<b>The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.</b>
			EP 7 Before assigning renewed or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently, the following occurs: The organization reviews information from any of the organization's performance improvement activities pertaining to professional performance, judgment, and clinical or technical skills.
			EP 8 Before assigning renewed or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently, the following occurs: The organization evaluates the results of any peer review of the individual's clinical performance.
		LD.04.04.01	<b>Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" (PI) chapter.)</b>
			EP 1 Leaders set priorities for performance improvement activities and behavioral health outcomes. (See also PI.01.01.01, EPs 1 and 3)
		PI.01.01.01	<b>The organization collects data to monitor its performance.</b>
			EP 1 The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
			EP 2 The organization identifies the frequency for data collection.
			EP 3 The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)
			EP 16 The organization collects data on the following: - Whether the individual served was asked about treatment goals and needs - Whether the individual served was asked if his or her treatment goals and needs were met - The view of the individual served regarding how the organization can improve the safety of the care, treatment, or services provided (See also RI.01.01.01, EP 17, for opioid treatment programs)
			EP 27 The organization collects data to measure the performance of high-risk, high-volume, problem-prone processes provided to high-risk or vulnerable populations, as defined by the organization. (See also LD.04.04.01, EP 2) Note: Examples of such processes include the use of restraints, seclusion, suicide watch, and behavior management and treatment.

DHS Number 35.14(1)(b)1.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PI.02.01.01</b>	<b>The organization compiles and analyzes data.</b>
			EP 1 The organization compiles data into formats that enable them to be analyzed.
			EP 2 The organization identifies the frequency for data analysis.
			EP 4 The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.
			EP 5 The organization compares data with external sources, when available. Note: Examples of external sources of information include the following: - Recent scientific, clinical, and management literature, including Sentinel Event Alerts - Evidence-based guidelines or parameters - Performance measures - Reference databases - Other organizations with similar processes
			EP 8 The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1)
		<b>PI.03.01.01</b>	<b>The organization improves performance.</b>
			EP 1 Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8)
			EP 2 The organization takes action on improvement priorities.
			EP 3 The organization evaluates whether actions taken resulted in improvements.
			EP 4 The organization takes action when it does not achieve or sustain planned improvements.
<b>DHS 35.14(1)(b)2.</b>	2. Identification of clinical issues, including incidents that pose a significant risk of an adverse outcome for one or more consumers of the outpatient mental health clinic that should warrant clinical collaboration, or clinical supervision that is in addition to the supervision specified under ch. MPSW 4, 12, or 16, or Psy 2, or for a recognized psychotherapy practitioner, in accordance with s. DHS 35.03 (5) (a), whichever is applicable.	<b>LD.04.04.01</b>	<b>Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" (PI) chapter.)</b>
			EP 2 Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (See also PI.01.01.01, EPs 14, 15, 27)
		<b>PI.01.01.01</b>	<b>The organization collects data to monitor its performance.</b>
			EP 1 The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
			EP 14 The organization collects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
			EP 15 The organization collects data on the following: Significant adverse medication reactions. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
			EP 27 The organization collects data to measure the performance of high-risk, high-volume, problem-prone processes provided to high-risk or vulnerable populations, as defined by the organization. (See also LD.04.04.01, EP 2) Note: Examples of such processes include the use of restraints, seclusion, suicide watch, and behavior management and treatment.

DHS Number 35.14(1)(b)2.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PI.02.01.01</b>	<b>The organization compiles and analyzes data.</b>
			EP 5 The organization compares data with external sources, when available. Note: Examples of external sources of information include the following: <ul style="list-style-type: none"> <li>- Recent scientific, clinical, and management literature, including Sentinel Event Alerts</li> <li>- Evidence-based guidelines or parameters</li> <li>- Performance measures</li> <li>- Reference databases</li> <li>- Other organizations with similar processes</li> </ul>
<b>DHS 35.14(2)</b>			
(2) Except as provided under sub. (4) (b), the clinic's policy on clinical supervision shall be in accordance with ch. MPSW 4, 12, or 16, or Psy 2, or for a recognized psychotherapy practitioner, whichever is applicable. The clinic's policy on clinical collaboration shall require one or more of the following:		<b>HR.01.03.01</b>	<b>Staff are supervised effectively.</b>
			EP 4 Supervision and consultation are available to direct care staff to maintain and enhance their knowledge and skills in providing care, treatment, or services.  EP 5 The scope and depth of supervision that staff receive is based on their experience with the care, treatment, or services they are providing and the age and needs of the population(s) served.
<b>DHS 35.14(2)(a)</b>			
(a) Individual sessions, with staff case review, to assess performance and provide feedback.			
<b>DHS 35.14(2)(b)</b>			
(b) Individual side-by-side session while a staff member provides assessments, service planning meetings or outpatient mental health services and in which other staff member assesses, and gives advice regarding staff performance.			
<b>DHS 35.14(2)(c)</b>			
(c) Group meetings to review and assess quality of services and provide staff members advice or direction regarding specific situations or strategies.			
<b>DHS 35.14(2)(d)</b>			
(d) Any other form of professionally recognized method of clinical collaboration designed to provide sufficient guidance to assure the delivery of effective services to consumers by the staff member.			

DHS Number 35.14(3)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
<p><b>DHS 35.14(3)</b></p> <p>(3) Clinical supervision and clinical collaboration records shall be dated and documented with the signature of the person providing these functions in a supervision or collaboration record, or in the staff record of each staff member who attends the session or review. If clinical supervision or clinical collaboration results in a recommendation for a change to a consumer's treatment plan, the recommendation shall be documented in the consumer file.</p>		<p><b>RC.02.01.01</b></p>	<p><b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b></p> <hr/> <p>EP 2 The clinical/case record of the individual served contains the following clinical information:</p> <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, or services</li> <li>- The initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the medical history and physical examination</li> <li>- Any diagnoses or conditions established during the course of care, treatment, or services</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, or services</li> <li>- The response to care, treatment, or services</li> <li>- Any emergency care, treatment, or services provided prior to arrival</li> <li>- Any progress notes</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, and route</li> <li>- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)</li> <li>- Any adverse drug reactions</li> <li>- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services</li> <li>- Orders for diagnostic and therapeutic tests and procedures and their results</li> </ul>
<p><b>DHS 35.14(4)</b></p> <p>(4)</p>		<p><b>HR.01.02.07</b></p>	<p><b>The organization determines how staff function within the organization.</b></p> <hr/> <p>EP 5 Staff provide and/or oversee the supervision of students when they provide care, treatment, or services as part of their training. Note: Monitoring is not required when it is provided by the student's educational institution.</p>
<p><b>DHS 35.14(4)(a)</b></p> <p>(a) A qualified treatment trainee who provides psychotherapy shall receive clinical supervision.</p>		<p><b>HR.01.02.07</b></p>	<p><b>The organization determines how staff function within the organization.</b></p> <hr/> <p>EP 5 Staff provide and/or oversee the supervision of students when they provide care, treatment, or services as part of their training. Note: Monitoring is not required when it is provided by the student's educational institution.</p>
<p><b>DHS 35.14(4)(b)</b></p> <p>(b) If any staff member, including a staff member who is a substance abuse counselor-in training, substance abuse counselor, or clinical abuse counselor, provides services to consumers who have a primary diagnosis of substance abuse, the staff member shall receive clinical supervision from a clinical supervisor as defined under s. RL 160.02 (7).</p>		<p><b>HR.01.03.01</b></p>	<p><b>Staff are supervised effectively.</b></p> <hr/> <p>EP 5 The scope and depth of supervision that staff receive is based on their experience with the care, treatment, or services they are providing and the age and needs of the population(s) served.</p>

DHS Number 35.14(4)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		HR.01.06.03	<b>Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals are competent to do so.</b>
			EP 1 Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals demonstrate knowledge about substance abuse, dependence, and other addictive behaviors and their treatment.
			EP 2 Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals have the knowledge and skills to do the following: <ul style="list-style-type: none"> <li>- Establish rapport, systematically gather data, determine the readiness of the individual for treatment and change, and apply accepted criteria for diagnosis of substance use disorders</li> <li>- Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms</li> <li>- Screen for danger to self or others</li> <li>- Screen for co-occurring mental health issues</li> <li>- Analyze and interpret data to determine treatment recommendations and priorities</li> <li>- With the individual served, formulate mutually agreed-upon, measurable treatment goals and objectives</li> <li>- Demonstrate adherence to accepted ethical and behavioral standards of conduct</li> <li>- Participate in continuing professional development</li> </ul> Note: This does not mean that every staff member must have all of these competencies; rather the total complement of staff together possess all of these competencies.
			EP 3 Performance improvement findings are used when evaluating the competence of staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals.

**DHS 35.15**

DHS 35.15 Orientation and training.

**DHS 35.15(1)**

(1) GENERAL REQUIREMENT.

The clinic administrator shall ensure each staff member receives initial and continuing training that enables the staff member to perform staff member's duties effectively, efficiently, and competently. Documentation of training shall be made available to department staff upon request.

**HR.01.04.01 The organization provides orientation to staff.**

- EP 1 The organization determines the key safety content of orientation provided to staff.  
Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, or services and the environment of care.
- EP 2 The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented.
- EP 3 The organization orients staff on the following: Policies and procedures related to job duties and responsibilities. Completion of this orientation is documented.
- EP 4 The organization orients staff on the following: Their specific job duties and responsibilities. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)

DHS Number 35.15(1)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 5 The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.            Note: Sensitivity to cultural diversity means being aware of and respecting cultural differences. This does not mean that staff have to be conversant with every culture that they may encounter in the organization.</p>
			<p>EP 6 The organization orients staff on the following: The rights of individuals served, including the ethical aspects of care, treatment, or services. Completion of this orientation is documented. (See also RI.01.07.03, EP 5)</p>
		<b>HR.01.05.03 Staff participate in education and training.</b>	
			<p>EP 1 Staff participate in education and training to maintain or increase their competency. Staff participation is documented.</p>
			<p>EP 4 Staff participate in education and training whenever changes in their responsibilities require it. Staff participation is documented.            Note: Education and training are only required if an assessment of staff skills and competencies indicates a need for their provision.</p>
			<p>EP 5 Staff participate in education and training that is specific to the needs of the population(s) served by the organization. Staff participation is documented. (See also RI.03.01.05, EP 7)</p>

**DHS 35.15(2)**  
(2) ORIENTATION.

**DHS 35.15(2)(a)**

(a) The clinic shall maintain documentation that each staff member who is a mental health professional and who is new to the clinic has completed the training requirements specified under par. (b), either as part of orientation to the clinic or as part of prior education or training. The clinic administrator shall require all other staff members to complete only the orientation training requirements specified under par. (b) that are necessary, as determined by the clinic administrator, for the staff member to successfully perform the staff member's assigned job responsibilities.

**HR.01.04.01 The organization provides orientation to staff.**

- EP 1 The organization determines the key safety content of orientation provided to staff.  
 Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, or services and the environment of care.
- EP 2 The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented.
- EP 3 The organization orients staff on the following: Policies and procedures related to job duties and responsibilities. Completion of this orientation is documented.
- EP 4 The organization orients staff on the following: Their specific job duties and responsibilities. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)
- EP 5 The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.  
 Note: Sensitivity to cultural diversity means being aware of and respecting cultural differences. This does not mean that staff have to be conversant with every culture that they may encounter in the organization.

DHS Number 35.15(2)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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EP 6 The organization orients staff on the following: The rights of individuals served, including the ethical aspects of care, treatment, or services. Completion of this orientation is documented. (See also RI.01.07.03, EP 5)

**DHS 35.15(2)(b)**

(b) The orientation training requirements under this subsection are:

**DHS 35.15(2)(b)1.**

1. A review of the pertinent parts of this chapter and other applicable statutes and regulations.

**HR.01.04.01 The organization provides orientation to staff.**

EP 1 The organization determines the key safety content of orientation provided to staff.  
Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, or services and the environment of care.

EP 3 The organization orients staff on the following: Policies and procedures related to job duties and responsibilities. Completion of this orientation is documented.

**DHS 35.15(2)(b)2.**

2. A review of the clinic's policies and procedures.

**HR.01.04.01 The organization provides orientation to staff.**

EP 3 The organization orients staff on the following: Policies and procedures related to job duties and responsibilities. Completion of this orientation is documented.

EP 4 The organization orients staff on the following: Their specific job duties and responsibilities. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)

**DHS 35.15(2)(b)3.**

3. Cultural factors that need to be taken into consideration in providing outpatient mental health services for the clinic's consumers.

**HR.01.04.01 The organization provides orientation to staff.**

EP 5 The organization orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.  
Note: Sensitivity to cultural diversity means being aware of and respecting cultural differences. This does not mean that staff have to be conversant with every culture that they may encounter in the organization.

**DHS 35.15(2)(b)4.**

4. The signs and symptoms of substance use disorders and reactions to psychotropic drugs most relevant to the treatment of mental illness and mental disorders served by the clinic.

**HR.01.05.03 Staff participate in education and training.**

EP 5 Staff participate in education and training that is specific to the needs of the population(s) served by the organization. Staff participation is documented. (See also RI.03.01.05, EP 7)

DHS Number 35.15(2)(b)4.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>HR.01.06.03</b>	<p><b>Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals are competent to do so.</b></p> <hr/> <p>EP 1 Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals demonstrate knowledge about substance abuse, dependence, and other addictive behaviors and their treatment.</p> <hr/> <p>EP 2 Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals have the knowledge and skills to do the following:</p> <ul style="list-style-type: none"> <li>- Establish rapport, systematically gather data, determine the readiness of the individual for treatment and change, and apply accepted criteria for diagnosis of substance use disorders</li> <li>- Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms</li> <li>- Screen for danger to self or others</li> <li>- Screen for co-occurring mental health issues</li> <li>- Analyze and interpret data to determine treatment recommendations and priorities</li> <li>- With the individual served, formulate mutually agreed-upon, measurable treatment goals and objectives</li> <li>- Demonstrate adherence to accepted ethical and behavioral standards of conduct</li> <li>- Participate in continuing professional development</li> </ul> <p>Note: This does not mean that every staff member must have all of these competencies; rather the total complement of staff together possess all of these competencies.</p> <hr/>
<b>DHS 35.15(2)(b)5.</b>	<p>5. Techniques for assessing and responding to the needs of consumers who appear to have problems related to trauma; abuse of alcohol, drug abuse or addiction; and other co-occurring illnesses and disabilities.</p>	<b>HR.01.04.01</b>	<p><b>The organization provides orientation to staff.</b></p> <hr/> <p>EP 1 The organization determines the key safety content of orientation provided to staff. Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, or services and the environment of care.</p> <hr/>
		<b>HR.01.06.03</b>	<p><b>Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals are competent to do so.</b></p> <hr/> <p>EP 2 Staff who assess individuals with substance abuse, dependence, and other addictive behaviors and who plan services for and deliver services to these individuals have the knowledge and skills to do the following:</p> <ul style="list-style-type: none"> <li>- Establish rapport, systematically gather data, determine the readiness of the individual for treatment and change, and apply accepted criteria for diagnosis of substance use disorders</li> <li>- Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms</li> <li>- Screen for danger to self or others</li> <li>- Screen for co-occurring mental health issues</li> <li>- Analyze and interpret data to determine treatment recommendations and priorities</li> <li>- With the individual served, formulate mutually agreed-upon, measurable treatment goals and objectives</li> <li>- Demonstrate adherence to accepted ethical and behavioral standards of conduct</li> <li>- Participate in continuing professional development</li> </ul> <p>Note: This does not mean that every staff member must have all of these competencies; rather the total complement of staff together possess all of these competencies.</p> <hr/>



DHS Number 35.15(2)(b)5.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**DHS 35.15(2)(b)6.**

6. How to assess a consumer to detect suicidal tendencies and to manage persons at risk of attempting suicide or causing harm to self or others.

**HR.01.04.01 The organization provides orientation to staff.**

- EP 2 The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented.
- EP 4 The organization orients staff on the following: Their specific job duties and responsibilities. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)

**DHS 35.15(2)(b)7.**

7. Recovery concepts and principles that ensure services, and supports connection to others and to the community.

**HR.01.04.01 The organization provides orientation to staff.**

- EP 4 The organization orients staff on the following: Their specific job duties and responsibilities. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)

**DHS 35.15(2)(b)8.**

8. Any other subject that the clinic determines is necessary to enable the staff member to perform the staff member's duties effectively, efficiently, and competently.

**HR.01.04.01 The organization provides orientation to staff.**

- EP 1 The organization determines the key safety content of orientation provided to staff.  
Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, or services and the environment of care.
- EP 2 The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented.
- EP 3 The organization orients staff on the following: Policies and procedures related to job duties and responsibilities. Completion of this orientation is documented.
- EP 4 The organization orients staff on the following: Their specific job duties and responsibilities. Completion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)
- EP 6 The organization orients staff on the following: The rights of individuals served, including the ethical aspects of care, treatment, or services. Completion of this orientation is documented. (See also RI.01.07.03, EP 5)

**DHS 35.15(3)**

(3) MAINTAINING ORIENTATION AND TRAINING POLICIES.

A clinic shall maintain in its central administrative records the most current copy of its orientation and training policies.

**DHS 35.16**

DHS 35.16 Admission.

DHS Number 35.16	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
<b>DHS 35.16(1)</b>	(1) The clinic shall establish written selection criteria for use when screening a consumer for possible admission. The criteria may include any of the following limitations as applicable:	<b>PC.1.10</b>	<p><b>The organization accepts for care, treatment, or services only those individuals whose identified care, treatment, or service needs it can meet.</b></p> <p><b>Note: For opioid treatment programs: If an individual eligible for treatment applies for admission to a comprehensive maintenance treatment program but cannot be placed within 14 days in a program that is within a reasonable geographic area, an opioid treatment program's Program Sponsor may place the individual in interim maintenance treatment.</b></p> <hr/> <p>EP 1 The organization has a written process that includes the following:</p> <ul style="list-style-type: none"> <li>- The information to be gathered to determine eligibility for care, treatment, or services</li> <li>- The populations of individuals accepted or not accepted by the organization (for example, programs designed to treat adults that do not treat young children)</li> <li>- The criteria to determine eligibility for care, treatment, or services</li> <li>- The procedures for accepting referrals</li> </ul> <hr/> <p>EP 2 Individuals are screened for appropriateness at the point of first contact (including contact by phone) with the organization.</p>
<b>DHS 35.16(1)(a)</b>	(a) Sources from which referrals may be accepted by the clinic.	<b>PC.1.10</b>	<p><b>The organization accepts for care, treatment, or services only those individuals whose identified care, treatment, or service needs it can meet.</b></p> <p><b>Note: For opioid treatment programs: If an individual eligible for treatment applies for admission to a comprehensive maintenance treatment program but cannot be placed within 14 days in a program that is within a reasonable geographic area, an opioid treatment program's Program Sponsor may place the individual in interim maintenance treatment.</b></p> <hr/> <p>EP 1 The organization has a written process that includes the following:</p> <ul style="list-style-type: none"> <li>- The information to be gathered to determine eligibility for care, treatment, or services</li> <li>- The populations of individuals accepted or not accepted by the organization (for example, programs designed to treat adults that do not treat young children)</li> <li>- The criteria to determine eligibility for care, treatment, or services</li> <li>- The procedures for accepting referrals</li> </ul>
<b>DHS 35.16(1)(b)</b>	(b) Restrictions on acceptable sources of payment for services, or the ability of a consumer or a consumer's family to pay.	<b>LD.04.03.07</b>	<p><b>Individuals with comparable needs receive the same standard of care, treatment, or services throughout the organization.</b></p> <hr/> <p>EP 1 Variances in staff, setting, or payment source do not affect outcomes of care, treatment, or services in a negative way.</p> <hr/> <p>EP 2 Care, treatment, or services are consistent with the organization's mission, vision, and goals.</p>

DHS Number 35.16(1)(c)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
<b>DHS 35.16(1)(c)</b>	(c) The age range of consumers whom the clinic will serve based on the expertise of the clinic staff members.	<b>PC.1.10</b>	<p><b>The organization accepts for care, treatment, or services only those individuals whose identified care, treatment, or service needs it can meet.</b></p> <p><b>Note: For opioid treatment programs: If an individual eligible for treatment applies for admission to a comprehensive maintenance treatment program but cannot be placed within 14 days in a program that is within a reasonable geographic area, an opioid treatment program's Program Sponsor may place the individual in interim maintenance treatment.</b></p>
			<p>EP 1 The organization has a written process that includes the following:</p> <ul style="list-style-type: none"> <li>- The information to be gathered to determine eligibility for care, treatment, or services</li> <li>- The populations of individuals accepted or not accepted by the organization (for example, programs designed to treat adults that do not treat young children)</li> <li>- The criteria to determine eligibility for care, treatment, or services</li> <li>- The procedures for accepting referrals</li> </ul>
<b>DHS 35.16(1)(d)</b>	(d) Diagnostic or behavioral requirements that the clinic will apply in deciding whether or not to admit a consumer for treatment.	<b>PC.1.10</b>	<p><b>The organization accepts for care, treatment, or services only those individuals whose identified care, treatment, or service needs it can meet.</b></p> <p><b>Note: For opioid treatment programs: If an individual eligible for treatment applies for admission to a comprehensive maintenance treatment program but cannot be placed within 14 days in a program that is within a reasonable geographic area, an opioid treatment program's Program Sponsor may place the individual in interim maintenance treatment.</b></p>
			<p>EP 1 The organization has a written process that includes the following:</p> <ul style="list-style-type: none"> <li>- The information to be gathered to determine eligibility for care, treatment, or services</li> <li>- The populations of individuals accepted or not accepted by the organization (for example, programs designed to treat adults that do not treat young children)</li> <li>- The criteria to determine eligibility for care, treatment, or services</li> <li>- The procedures for accepting referrals</li> </ul>
			<p>EP 2 Individuals are screened for appropriateness at the point of first contact (including contact by phone) with the organization.</p>
			<p>EP 7 When warranted by need, separate specialized screening, assessment and reassessment processes are identified for the various populations served.</p>
<b>DHS 35.16(1)(e)</b>	(e) Any consumer characteristics for which the clinic has been specifically designed, including the nature or severity of disorders that can be managed on an outpatient basis by the clinic, and the expected length of time that services may be necessary.	<b>PC.1.10</b>	<p><b>The organization accepts for care, treatment, or services only those individuals whose identified care, treatment, or service needs it can meet.</b></p> <p><b>Note: For opioid treatment programs: If an individual eligible for treatment applies for admission to a comprehensive maintenance treatment program but cannot be placed within 14 days in a program that is within a reasonable geographic area, an opioid treatment program's Program Sponsor may place the individual in interim maintenance treatment.</b></p>

DHS Number 35.16(1)(e)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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- EP 1 The organization has a written process that includes the following:
- The information to be gathered to determine eligibility for care, treatment, or services
  - The populations of individuals accepted or not accepted by the organization (for example, programs designed to treat adults that do not treat young children)
  - The criteria to determine eligibility for care, treatment, or services
  - The procedures for accepting referrals

**DHS 35.16(2)**

(2) A clinic shall refer any consumer not meeting the clinic's selection criteria for admission to appropriate services.

**PC.4.90 When individuals served need additional services not offered by the organization, appropriate referrals are made and documented in the clinical/case record.**

- EP 1 Individuals served are referred to an outside source when services needed are not provided directly.
- EP 2 Referrals to an outside source are based on assessment of need.
- EP 4 Referrals of individuals served to outside sources are documented in the clinical/case record.

**DHS 35.16(3)**

(3) If a clinic establishes priorities for consumers to be served, a waiting list for consumers to be admitted, or a waiting list for consumers who have been admitted but resources to provide services to these consumers are not yet available, the priorities or the procedures for the operation of the waiting list shall be maintained in writing and applied fairly and uniformly.

**DHS 35.16(4)**

(4)

**DHS 35.16(4)(a)**

(a) Only a licensed treatment professional, or a recognized psychotherapy practitioner, may diagnose a mental illness of a consumer on behalf of a clinic. The licensed treatment professional, or recognized psychotherapy practitioner shall document, in the consumer file, the recommendation for psychotherapy specifying the diagnosis; the date of the recommendation for psychotherapy; the length of time of the recommendation; the services that are expected to be needed; and the name and signature of the person issuing the recommendation for psychotherapy.

**HR.01.02.07 The organization determines how staff function within the organization.**

- EP 2 Staff practice within the scope of their license, certification, or registration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)

**HR.02.01.03 The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.**

- EP 12 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any voluntary and involuntary relinquishment of license or registration.
- EP 14 Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any voluntary or involuntary limitation, reduction, or loss of clinical responsibilities.

DHS Number 35.16(4)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		EP 15	Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Any professional liability actions that resulted in a final judgment against the staff member.
		EP 17	Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates the following: Whether the requested clinical responsibilities are consistent with the population(s) served by the organization.
		EP 18	Before assigning or reassigning clinical responsibilities to staff who are permitted by law and the organization to practice independently, the organization evaluates whether the requested clinical responsibilities are consistent with the program or site-specific care, treatment, or services provided.
		EP 20	The decision by leaders to assign clinical responsibilities is based on the credentials information obtained.
		EP 23	The governing body approves, in writing, clinical responsibilities.
		EP 25	Practitioners who are permitted by law and the organization to practice independently practice within the scope of their clinical responsibilities.
		EP 36	The organization establishes program/service-specific criteria for each clinical responsibility. These criteria include the following: <ul style="list-style-type: none"> <li>- Current licensure and/or certification as appropriate, verified with the primary source</li> <li>- Successful completion of training</li> <li>- Peer or faculty recommendation</li> <li>- Evidence of the ability to perform the assigned clinical responsibilities</li> </ul> Note: Refer to the Glossary for the definition of peer recommendation.
		<b>HR.02.01.07</b>	<b>Licensed independent practitioners who provide coverage for other licensed independent practitioners are competent.</b>
		EP 4	When a licensed independent practitioner designates another licensed independent practitioner (who does not have assigned clinical responsibilities) to cover in his or her absence, the organization defines the maximum time frame this individual can practice before he or she is required to go through the organization's process for the assignment of clinical responsibilities.
		<b>RC.01.01.01</b>	<b>The organization maintains complete and accurate clinical/case records.</b>
		EP 5	The clinical/case record contains the information needed to support the diagnosis or condition of the individual served.
		EP 6	The clinical/case record contains the information needed to justify the care, treatment, or services provided to the individual served.
		<b>RC.01.02.01</b>	<b>Entries in the clinical/case record are authenticated.</b>
		EP 1	Only authorized staff make entries in the clinical/case record.

DHS Number 35.16(4)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		RC.02.01.01	<p><b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b></p> <hr/> <p>EP 2 The clinical/case record of the individual served contains the following clinical information:</p> <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, or services</li> <li>- The initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the medical history and physical examination</li> <li>- Any diagnoses or conditions established during the course of care, treatment, or services</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, or services</li> <li>- The response to care, treatment, or services</li> <li>- Any emergency care, treatment, or services provided prior to arrival</li> <li>- Any progress notes</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, and route</li> <li>- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)</li> <li>- Any adverse drug reactions</li> <li>- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services</li> <li>- Orders for diagnostic and therapeutic tests and procedures and their results</li> </ul> <hr/>
<b>DHS 35.16(4)(b)</b>	<p>(b) In order to be reimbursed under the medical assistance program for psychotherapy services provided to a medical assistance recipient, the recommendation for psychotherapy under par. (a) shall be a physician prescription as required under s. 49.46 (2) (b) 6. f., Stats.</p>		
<b>DHS 35.16(5)</b>	<p>(5) If a clinic provides substance use services to a consumer, the clinic shall use a department approved placement criteria tool to determine if a consumer who has a co-occurring substance use disorder requires substance abuse treatment services. If the consumer is determined to need a level of substance use services that are above the level of substance use services that can be provided by the clinic, the consumer shall be referred to an appropriate department certified provider.</p>		
		<b>PC.4.90</b>	<p><b>When individuals served need additional services not offered by the organization, appropriate referrals are made and documented in the clinical/case record.</b></p> <hr/> <p>EP 1 Individuals served are referred to an outside source when services needed are not provided directly.</p> <hr/> <p>EP 2 Referrals to an outside source are based on assessment of need.</p> <hr/> <p>EP 4 Referrals of individuals served to outside sources are documented in the clinical/case record.</p> <hr/>
		<b>PC.5.60</b>	<p><b>The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and consistent with the organization's scope of care, treatment, or services.</b></p> <hr/> <p>EP 6 When needs are identified for which the organization does not directly provide services, the organization refers individuals served to an outside source.</p> <hr/>

DHS Number 35.165	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**DHS 35.165**

DHS 35.165 Emergency services.

Note: The phrase "available to provide outpatient mental health services" is defined under s. DHS 35.03 (2).

**DHS 35.165(1)**

(1) The clinic shall have and implement a written policy on how the clinic will provide or arrange for the provision of services to address a consumer's mental health emergency or crisis during hours when its offices are closed, or when staff members are not available to provide outpatient mental health services.

**NPSG.15.01.01 Identify individuals at risk for suicide.**

EP 3 Provide suicide prevention information to individuals at risk for suicide and their families when they leave the care of the organization.

**PC.6.180 For organizations providing community integration services: The individual served, with assistance from the organization, determines their needs for education, training, and supports to progress towards goals of more independent living and community integration.**

EP 4 For organizations providing community integration services: Needs, preferences and goals of the individual served, and the organization's scope of services, guide the provision of educational opportunities to the individual about the following:

- Personal grooming and hygiene
- Housekeeping
- Shopping for necessities
- Meal preparation and healthy eating
- Budgeting
- Banking
- Accessing public transportation
- Use of community resources
- Communication skills
- Social skills
- Leisure activity
- Volunteer activity
- Illness self management (for example, symptom management, medication management), including what to do in case of a crisis or health problem

**DHS 35.165(2)**

(2) The clinic shall include, in its written policies, the procedures for identifying risk of attempted suicide or risk of harm to self or others.

**PC.2.10 The organization has a screening procedure for the early detection of risk of imminent harm to self or others.**

EP 1 The initial screening process determines the need for immediate intervention to protect the individual served or others.

**DHS 35.17**

DHS 35.17 Assessment.

DHS Number 35.17(1)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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DHS 35.17(1)  
(1)

**DHS 35.17(1)(a)**

(a) A mental health professional, shall complete an initial assessment of a consumer before a second meeting with a staff member. The information collected during the initial assessment shall be sufficient to identify the consumer's need for outpatient mental health services.

**PC.2.40 All non-24-hour care programs have and implement written procedures requiring a physical health screening to determine the need for a physical health assessment, including a medical history and physical examination.**

- EP 1 Organizations providing non-24-hour care services (such as partial hospitalization, day treatment, outpatient, intensive outpatient services, supportive living, case management, assertive community treatment, adult day care, or emergency shelters) have written procedures addressing physical health screening.
- EP 2 Organizations providing non-24-hour care services have procedures that specify the data to be collected, responsible staff, a time frame, and decision criteria for determining the need for a physical examination.
- EP 3 Organizations providing non-24-hour care services have a qualified licensed independent practitioner who participates in developing the physical health screening procedure.
- EP 4 Organizations providing non-24-hour care services gather the following physical health data:
  - Significant, known past treatment procedures
  - Past and current diagnoses or problems
  - Currently and recently used medications

**PC.2.60 The organization defines in writing the data and information gathered during the psychosocial assessment.**

- EP 2 Family members' participation is considered a potential source of information for the psychosocial assessment.
- EP 3 When addressing bereavement, the psychosocial assessment includes the social, spiritual, and cultural variables that influence the perceptions and expressions of grief by the individual served or his or her family.



DHS Number 35.17(1)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**PC.2.70      The organization defines in writing the data and information gathered during the emotional and behavioral assessment.**

EP 1 The information defined by the organization to be gathered during the emotional and behavioral assessment includes, as relevant to the care, treatment, or services, at least the following:

- History of emotional problems
- History of behavioral problems
- Addictive behaviors as a primary or a co-occurring condition(s), including the use of alcohol, other drugs, gambling, or other addictive behaviors by the individual served and family members.
- Current emotional and behavioral functioning
- Maladaptive or problem behaviors
- Community resources accessed by the individual served

Note: For certain populations, early identification of community resources is important to care, treatment, or service discharge-planning decisions. Such populations include the severely and persistently mentally ill, the severely and chronically disabled, and children and youth. Community resources for these groups encompass a wide range of services. These services are supportive (such as community mental health, sheltered living, day treatment, or activity programs) as well as commonly accessed by the general public (such as public transportation, banking or retail stores, and so on). For youth or children in foster care or being provided through in-home services, such resources might include community mental health centers, teen centers, YMCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.

EP 2 When indicated, the following evaluations are conducted:

- Mental status
- Psychiatric
- Psychological
- Language, self-care, visual-motor, and cognitive functioning.

**PC.4.20      The care, treatment, or services planned are appropriate to the assessed needs of the individual served.**

EP 1 The needs of the individual served are identified based on information from the assessment.

**DHS 35.17(1)(b)**

(b) A comprehensive assessment shall be valid, accurately reflect the consumer's current needs, strengths and functioning, be completed before beginning treatment under the treatment plan established under s. DHS 35.19 (1), and include all of the following:

**PC.2.100      A legal status screening is done, and when indicated, an in-depth legal status assessment is performed.**

EP 1 A screening identifies individuals for whom a legal assessment is indicated.

EP 2 Individuals for whom a legal assessment is indicated are either assessed or referred for assessment.

DHS Number 35.17(1)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 3 When conducted by the organization, the information defined by the organization to be gathered during the initial legal status assessment includes, as relevant to the care, treatment, or services, at least the following:</p> <ul style="list-style-type: none"> <li>- A legal history</li> <li>- A preliminary discussion to determine how much the individual's legal situation will influence his or her progress in care, treatment, or services, and the urgency of the legal situation</li> <li>- The relationship between the presenting conditions and legal involvement</li> </ul>
		<b>PC.2.110</b>	<p><b>A nutritional screening is done, and when indicated, an in-depth nutritional assessment is performed.</b></p>
			<p>EP 1 A screening identifies individuals who may be at moderate or high nutritional risk.</p>
			<p>EP 2 Individuals who may be at moderate or high nutritional risk are either assessed or referred for assessment by a qualified professional.</p>
		<b>PC.2.140</b>	<p><b>Initial screenings and assessments are performed as defined by the organization.</b></p>
			<p>EP 1 Each individual served is assessed per organization policy.</p>
			<p>EP 2 Each individual's initial assessment is conducted within the time frame specified by the needs of the individual served, organization policy, and law and regulation.</p>
			<p>EP 3 The organization collects information during initial screenings and/or assessments about the following: The individual's perceptions of needs and preferences for care, treatment, or services.</p>
			<p>EP 4 The organization collects information during initial screenings and/or assessments about the following: The family's perceptions, when indicated and available, and preferences for care, treatment, or services.</p>
			<p>EP 5 In acute 24-hour settings, a qualified, licensed independent practitioner is responsible for determining the degree of assessment and care for each individual treated in an emergency care area. Note: "Acute settings" may also refer to inpatient crisis stabilization or medical detoxification.</p>

DHS Number 35.17(1)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.2.70</b>	<p><b>The organization defines in writing the data and information gathered during the emotional and behavioral assessment.</b></p> <hr/> <p>EP 1 The information defined by the organization to be gathered during the emotional and behavioral assessment includes, as relevant to the care, treatment, or services, at least the following:</p> <ul style="list-style-type: none"> <li>- History of emotional problems</li> <li>- History of behavioral problems</li> <li>- Addictive behaviors as a primary or a co-occurring condition(s), including the use of alcohol, other drugs, gambling, or other addictive behaviors by the individual served and family members.</li> <li>- Current emotional and behavioral functioning</li> <li>- Maladaptive or problem behaviors</li> <li>- Community resources accessed by the individual served</li> </ul> <p>Note: For certain populations, early identification of community resources is important to care, treatment, or service discharge-planning decisions. Such populations include the severely and persistently mentally ill, the severely and chronically disabled, and children and youth. Community resources for these groups encompass a wide range of services. These services are supportive (such as community mental health, sheltered living, day treatment, or activity programs) as well as commonly accessed by the general public (such as public transportation, banking or retail stores, and so on). For youth or children in foster care or being provided through in-home services, such resources might include community mental health centers, teen centers, YMCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.</p> <hr/> <p>EP 2 When indicated, the following evaluations are conducted:</p> <ul style="list-style-type: none"> <li>- Mental status</li> <li>- Psychiatric</li> <li>- Psychological</li> <li>- Language, self-care, visual-motor, and cognitive functioning.</li> </ul>
		<b>PC.3.30</b>	<p><b>For organizations providing care, treatment, or services to a child/youth: The needs of children/youth are assessed.</b></p> <hr/> <p>EP 1 For organizations providing care, treatment, or services to a child/youth: Assessment information defined by the organization to be gathered during the initial assessment of a child/youth includes at least the following, as relevant to the care, treatment, or services:</p> <ul style="list-style-type: none"> <li>- An assessment of the family's effect on the child's/youth's needs and the effect of those needs on the family</li> <li>- Legal custody status, including the clear identification of the legal guardian(s)</li> <li>- The use of a developmental perspective in evaluating all aspects of functioning, including the child's or youth's physical, emotional, cognitive, educational, nutritional, and social development</li> <li>- Assessment in relation to normative development for chronological age</li> <li>- The child's or youth's play, recreation, and daily activity needs</li> <li>- The family history and current living situation</li> <li>- The family dynamics and their impact on the child's/youth's current needs</li> <li>- Areas that should be addressed in the care, treatment, or services process</li> <li>- Family dynamics that should be considered in discharge planning</li> </ul>

DHS Number 35.17(1)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 2 For organizations providing care, treatment, or services to a child/youth: When a physical health assessment is done for a child/youth, it addresses the following:</p> <ul style="list-style-type: none"> <li>- Motor development and functioning</li> <li>- Sensorimotor functioning</li> <li>- Speech, hearing, and language functioning</li> <li>- Visual functioning</li> <li>- Immunization status</li> <li>- Oral health and oral hygiene</li> </ul>
		<b>PC.3.40</b>	<p><b>For organizations providing care, treatment, or services to individuals with intellectual disabilities: The needs of individuals with intellectual disabilities are assessed.</b></p>
			<p>EP 1 For organizations providing care, treatment, or services to individuals with intellectual disabilities: A comprehensive assessment of individuals with intellectual disabilities is done within 30 days of admission and at regular intervals thereafter as specified in policy.</p>
			<p>EP 2 For organizations providing care, treatment, or services to individuals with intellectual disabilities: Individuals with intellectual disabilities receive at least an annual physical examination.</p>
			<p>EP 3 For organizations providing care, treatment, or services to individuals with intellectual disabilities: Individuals with intellectual disabilities are reassessed for social, emotional, behavioral, educational, vocational, and cognitive functioning, and recreational needs at regular intervals and at least annually, and, when indicated, reassessed for legal needs.</p>
			<p>EP 4 For organizations providing care, treatment, or services to individuals with intellectual disabilities: The organization identifies the most common instances in which a reassessment of the individual served should be done more than once a year.</p>
			<p>EP 5 For organizations providing care, treatment, or services to individuals with intellectual disabilities: Information to be gathered during the initial assessment of individuals with intellectual disabilities, includes, as relevant to the care, treatment, or services, at least the following:</p> <ul style="list-style-type: none"> <li>- The presenting conditions</li> <li>- Other disabilities</li> <li>- Needs</li> <li>- When possible, the causes of the disability</li> </ul>
			<p>EP 6 For organizations providing care, treatment, or services to individuals with intellectual disabilities: When a physical health assessment is done for individuals with intellectual disabilities, it addresses the following:</p> <ul style="list-style-type: none"> <li>- Motor development and functioning</li> <li>- Sensorimotor functioning</li> <li>- Speech, hearing, and language functioning</li> <li>- Visual functioning</li> <li>- Immunization status</li> <li>- Oral health and oral hygiene</li> </ul>
			<p>EP 7 For organizations providing care, treatment, or services to individuals with intellectual disabilities: The psychosocial assessment for individuals with intellectual disabilities addresses the following:</p> <ul style="list-style-type: none"> <li>- A comprehensive social history</li> <li>- Adaptive behavior, social functioning, and independent living skills, talents, aptitudes, interests, and leisure activities</li> </ul>

DHS Number 35.17(1)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		EP 8	For organizations providing care, treatment, or services to individuals with intellectual disabilities: The educational and vocational functioning assessment for individuals with intellectual disabilities addresses the following: <ul style="list-style-type: none"> <li>- Education and training history</li> <li>- Work history</li> <li>- Work interests, skills, and work-related behavior</li> </ul>
		EP 9	For organizations providing care, treatment, or services to individuals with intellectual disabilities: The cognitive functioning assessment for individuals with intellectual disabilities addresses the following: <ul style="list-style-type: none"> <li>- Intelligence testing</li> <li>- Conceptual skills</li> <li>- The current level of concrete and abstract reasoning</li> </ul>
		<b>PC.3.60</b>	<b>For organizations providing care, treatment, or services to individuals with addictions: The assessment includes the individual's history of addictive behaviors.</b>
		EP 1	For organizations providing care, treatment, or services to individuals with addictions: The individual's history of alcohol use, drug use, nicotine use, and other addictive behaviors is obtained. The information includes the following: <ul style="list-style-type: none"> <li>- Age of onset</li> <li>- Duration</li> <li>- Patterns of use (for example, continuous, episodic, or binge use)</li> </ul>
		<b>PC.4.20</b>	<b>The care, treatment, or services planned are appropriate to the assessed needs of the individual served.</b>
		EP 1	The needs of the individual served are identified based on information from the assessment.
		EP 2	Care, treatment, or service decisions are collaborative and interdisciplinary when more than one discipline is involved in the care, treatment, or services of the individual served.
		EP 3	Planning care, treatment, or services includes identifying specific objectives for the identified goals.
		EP 4	Planning care, treatment, or services includes interventions and services necessary to meet the identified goals.
		<b>PC.4.30</b>	<b>Appropriate care, treatment, or services may begin before a full plan is formulated.</b>
		EP 1	A preliminary plan for care, treatment, or services may be formulated and interventions underway to address immediate needs while full detailed assessments and planning are done.
		EP 2	The preliminary plan for care, treatment, or services is developed as soon as possible after initial contact.
		EP 3	The preliminary plan for care, treatment, or services addresses the presenting needs based on information gathered during admission and initial assessment.
		EP 4	The preliminary plan for care, treatment, or services addresses interventions in response to emergency needs, such as an immediate need for placement, danger to self or others, or severe personality disorder when present.

DHS Number 35.17(1)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.4.40</b>	<b>The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.</b>
			<p>EP 1 The plan for care, treatment, or services includes the following:</p> <ul style="list-style-type: none"> <li>- Clearly defined problems and needs statements</li> <li>- Measurable goals and objectives based on the assessed needs, strengths, and the limitations of the individual served</li> <li>- The frequency of care, treatment, or services</li> <li>- A description of facilitating factors and possible barriers to care, treatment, or services or reaching goals</li> <li>- As appropriate to the services or setting, the criteria for the transition to more independent and less restrictive environments and successful adaptation into community settings</li> </ul> <p>Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.</p> <p>Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required.</p>
			<p>EP 2 Objectives of the plan for care, treatment, or services are as follows:</p> <ul style="list-style-type: none"> <li>- Sufficiently specific to evaluate the progress of the individual served</li> <li>- Expressed in behavioral terms that specify measurable indices of progress</li> </ul>
			<p>EP 3 Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy.</p>
			<p>EP 4 Justification for deferring care, treatment, or services of specific needs is documented.</p>

**DHS 35.17(1)(b)1.**

1. The consumer's presenting problems.

<b>PC.2.70</b>	<b>The organization defines in writing the data and information gathered during the emotional and behavioral assessment.</b>
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DHS Number 35.17(1)(b)1.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 1 The information defined by the organization to be gathered during the emotional and behavioral assessment includes, as relevant to the care, treatment, or services, at least the following:</p> <ul style="list-style-type: none"> <li>- History of emotional problems</li> <li>- History of behavioral problems</li> <li>- Addictive behaviors as a primary or a co-occurring condition(s), including the use of alcohol, other drugs, gambling, or other addictive behaviors by the individual served and family members.</li> <li>- Current emotional and behavioral functioning</li> <li>- Maladaptive or problem behaviors</li> <li>- Community resources accessed by the individual served</li> </ul> <p>Note: For certain populations, early identification of community resources is important to care, treatment, or service discharge-planning decisions. Such populations include the severely and persistently mentally ill, the severely and chronically disabled, and children and youth. Community resources for these groups encompass a wide range of services. These services are supportive (such as community mental health, sheltered living, day treatment, or activity programs) as well as commonly accessed by the general public (such as public transportation, banking or retail stores, and so on). For youth or children in foster care or being provided through in-home services, such resources might include community mental health centers, teen centers, YMCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.</p> <hr/> <p>EP 2 When indicated, the following evaluations are conducted:</p> <ul style="list-style-type: none"> <li>- Mental status</li> <li>- Psychiatric</li> <li>- Psychological</li> <li>- Language, self-care, visual-motor, and cognitive functioning.</li> </ul> <hr/> <p><b>PC.4.20 The care, treatment, or services planned are appropriate to the assessed needs of the individual served.</b></p> <hr/> <p>EP 1 The needs of the individual served are identified based on information from the assessment.</p> <hr/> <p><b>PC.4.30 Appropriate care, treatment, or services may begin before a full plan is formulated.</b></p> <hr/> <p>EP 3 The preliminary plan for care, treatment, or services addresses the presenting needs based on information gathered during admission and initial assessment.</p> <hr/>

DHS Number 35.17(1)(b)1.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**PC.4.40 The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.**

- EP 1 The plan for care, treatment, or services includes the following:
- Clearly defined problems and needs statements
  - Measurable goals and objectives based on the assessed needs, strengths, and the limitations of the individual served
  - The frequency of care, treatment, or services
  - A description of facilitating factors and possible barriers to care, treatment, or services or reaching goals
  - As appropriate to the services or setting, the criteria for the transition to more independent and less restrictive environments and successful adaptation into community settings
- Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.
- Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required.

**DHS 35.17(1)(b)2.**

2. A diagnosis, which shall be established from the current Diagnostic and Statistical Manual of Mental Disorders, or for children up to age 4, the current Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.

Note: The Diagnostic and Statistical Manual of Mental Disorders is published by the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. Washington, DC, American Psychiatric Association, 2000. The Diagnostic and Statistical Manual of Mental Disorders may be ordered through <http://www.appi.org/book.cfm?id=2024> or other sources. Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood is published by the National Center for Clinical Infant Programs: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Arlington, VA, National Center for Clinical Infant Programs, 1994. The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood may be ordered through <http://www.zerotothree.org/bookstore/index.cfm?pubID=2597> or other sources.

**PC.2.70 The organization defines in writing the data and information gathered during the emotional and behavioral assessment.**

- EP 1 The information defined by the organization to be gathered during the emotional and behavioral assessment includes, as relevant to the care, treatment, or services, at least the following:
- History of emotional problems
  - History of behavioral problems
  - Addictive behaviors as a primary or a co-occurring condition(s), including the use of alcohol, other drugs, gambling, or other addictive behaviors by the individual served and family members.
  - Current emotional and behavioral functioning
  - Maladaptive or problem behaviors
  - Community resources accessed by the individual served
- Note: For certain populations, early identification of community resources is important to care, treatment, or service discharge-planning decisions. Such populations include the severely and persistently mentally ill, the severely and chronically disabled, and children and youth. Community resources for these groups encompass a wide range of services. These services are supportive (such as community mental health, sheltered living, day treatment, or activity programs) as well as commonly accessed by the general public (such as public transportation, banking or retail stores, and so on). For youth or children in foster care or being provided through in-home services, such resources might include community mental health centers, teen centers, YMCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.
- EP 2 When indicated, the following evaluations are conducted:
- Mental status
  - Psychiatric
  - Psychological
  - Language, self-care, visual-motor, and cognitive functioning.



DHS Number 35.17(1)(b)2.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.3.10</b>	<b>Individuals served who may be victims of abuse, neglect, or exploitation are assessed.</b>
			EP 4 Victims of abuse, neglect, or exploitation are identified using the criteria developed or adopted by the organization during initial screening and assessment and on an ongoing basis.
		<b>RC.02.01.01</b>	<b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b>
			EP 2 The clinical/case record of the individual served contains the following clinical information: <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, or services</li> <li>- The initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the medical history and physical examination</li> <li>- Any diagnoses or conditions established during the course of care, treatment, or services</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, or services</li> <li>- The response to care, treatment, or services</li> <li>- Any emergency care, treatment, or services provided prior to arrival</li> <li>- Any progress notes</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, and route</li> <li>- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)</li> <li>- Any adverse drug reactions</li> <li>- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services</li> <li>- Orders for diagnostic and therapeutic tests and procedures and their results</li> </ul>

**DHS 35.17(1)(b)3.**

3. The recipient's symptoms which support the given diagnosis.

<b>PC.2.70</b>	<b>The organization defines in writing the data and information gathered during the emotional and behavioral assessment.</b>
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DHS Number 35.17(1)(b)3.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 1 The information defined by the organization to be gathered during the emotional and behavioral assessment includes, as relevant to the care, treatment, or services, at least the following:</p> <ul style="list-style-type: none"> <li>- History of emotional problems</li> <li>- History of behavioral problems</li> <li>- Addictive behaviors as a primary or a co-occurring condition(s), including the use of alcohol, other drugs, gambling, or other addictive behaviors by the individual served and family members.</li> <li>- Current emotional and behavioral functioning</li> <li>- Maladaptive or problem behaviors</li> <li>- Community resources accessed by the individual served</li> </ul> <p>Note: For certain populations, early identification of community resources is important to care, treatment, or service discharge-planning decisions. Such populations include the severely and persistently mentally ill, the severely and chronically disabled, and children and youth. Community resources for these groups encompass a wide range of services. These services are supportive (such as community mental health, sheltered living, day treatment, or activity programs) as well as commonly accessed by the general public (such as public transportation, banking or retail stores, and so on). For youth or children in foster care or being provided through in-home services, such resources might include community mental health centers, teen centers, YMCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.</p>

**DHS 35.17(1)(b)4.**

4. Information on the consumer's strengths, and current and past psychological, social, and physiological data; information related to school or vocational, medical, and cognitive functioning; past and present trauma; and substance abuse.

**PC.2.40**

**All non-24-hour care programs have and implement written procedures requiring a physical health screening to determine the need for a physical health assessment, including a medical history and physical examination.**

- EP 1 Organizations providing non-24-hour care services (such as partial hospitalization, day treatment, outpatient, intensive outpatient services, supportive living, case management, assertive community treatment, adult day care, or emergency shelters) have written procedures addressing physical health screening.
- EP 2 Organizations providing non-24-hour care services have procedures that specify the data to be collected, responsible staff, a time frame, and decision criteria for determining the need for a physical examination.
- EP 3 Organizations providing non-24-hour care services have a qualified licensed independent practitioner who participates in developing the physical health screening procedure.
- EP 4 Organizations providing non-24-hour care services gather the following physical health data:
  - Significant, known past treatment procedures
  - Past and current diagnoses or problems
  - Currently and recently used medications

DHS Number 35.17(1)(b)4.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.2.50</b>	<b>When necessary or relevant to the care, treatment, or services provided, the organization has a process to obtain medical histories, physical examinations, and diagnostic and laboratory tests not directly provided by the organization.</b>
			EP 1 When necessary or relevant to the care, treatment, or services provided, organizations that do not provide physical health assessments or diagnostic and laboratory tests arrange for such services to be provided by an outside source that is a recognized health care organization, laboratory, or qualified and competent licensed independent practitioner.
		<b>PC.2.60</b>	<b>The organization defines in writing the data and information gathered during the psychosocial assessment.</b>
			EP 1 As relevant to care, treatment, or services, the information defined by the organization to be gathered during the psychosocial assessment includes at least the following: <ul style="list-style-type: none"> <li>- Environment and living situation</li> <li>- Leisure and recreation</li> <li>- Religion and spiritual orientation</li> <li>- Childhood history</li> <li>- Military service history, if applicable</li> <li>- Financial issues</li> <li>- Usual social, peer-group, and environmental setting</li> <li>- Sexual history</li> <li>- Family circumstances</li> </ul>
		<b>PC.2.70</b>	<b>The organization defines in writing the data and information gathered during the emotional and behavioral assessment.</b>
			EP 1 The information defined by the organization to be gathered during the emotional and behavioral assessment includes, as relevant to the care, treatment, or services, at least the following: <ul style="list-style-type: none"> <li>- History of emotional problems</li> <li>- History of behavioral problems</li> <li>- Addictive behaviors as a primary or a co-occurring condition(s), including the use of alcohol, other drugs, gambling, or other addictive behaviors by the individual served and family members.</li> <li>- Current emotional and behavioral functioning</li> <li>- Maladaptive or problem behaviors</li> <li>- Community resources accessed by the individual served</li> </ul> <p>Note: For certain populations, early identification of community resources is important to care, treatment, or service discharge-planning decisions. Such populations include the severely and persistently mentally ill, the severely and chronically disabled, and children and youth. Community resources for these groups encompass a wide range of services. These services are supportive (such as community mental health, sheltered living, day treatment, or activity programs) as well as commonly accessed by the general public (such as public transportation, banking or retail stores, and so on). For youth or children in foster care or being provided through in-home services, such resources might include community mental health centers, teen centers, YMCAs, or Jewish community centers. These sources of community services may be used as informational, discharge planning, supportive, or continuing care resources.</p>
			EP 2 When indicated, the following evaluations are conducted: <ul style="list-style-type: none"> <li>- Mental status</li> <li>- Psychiatric</li> <li>- Psychological</li> <li>- Language, self-care, visual-motor, and cognitive functioning.</li> </ul>

DHS Number 35.17(1)(b)4.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.2.80</b>	<b>As appropriate to the age of the individual served, a vocational screening is done, and when indicated, an in-depth vocational assessment is performed.</b>
			EP 1 A screening identifies individuals for whom a vocational assessment is indicated.
			EP 2 Individuals for whom a vocational assessment is indicated are either assessed or referred for assessment.
		<b>PC.2.90</b>	<b>An educational status screening is done, and when indicated, an in-depth educational status assessment is performed.</b>
			EP 1 A screening identifies individuals for whom a more in-depth educational assessment is indicated.
			EP 2 Individuals for whom a more in-depth educational assessment is indicated are either assessed or referred for assessment.
			EP 3 The information defined by the organization to be gathered during the initial educational assessment includes, as relevant to care, treatment, or services, at least the following: - The educational background of the individual served - Preferences of areas of study and academic performance - Attitude toward academic achievement - Possibilities for future education
		<b>PC.3.10</b>	<b>Individuals served who may be victims of abuse, neglect, or exploitation are assessed.</b>
			EP 4 Victims of abuse, neglect, or exploitation are identified using the criteria developed or adopted by the organization during initial screening and assessment and on an ongoing basis.
		<b>PC.3.110</b>	<b>For organizations providing care, treatment, or services to individuals with additions: The assessment includes the history of previous treatment and relapse of the individual served.</b>
			EP 1 For organizations providing care, treatment, or services to individuals with additions: Assessments of the individual served contain information about previous treatment.
			EP 2 For organizations providing care, treatment, or services to individuals with additions: Assessments of the individual served contain information about the individual's response to previous treatment.
			EP 3 For organizations providing care, treatment, or services to individuals with additions: Assessments of the individual served contain information about the relapse history of the individual served.

DHS Number 35.17(1)(b)4.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.3.30</b>	<b>For organizations providing care, treatment, or services to a child/youth: The needs of children/youth are assessed.</b>
			<p>EP 1 For organizations providing care, treatment, or services to a child/youth: Assessment information defined by the organization to be gathered during the initial assessment of a child/youth includes at least the following, as relevant to the care, treatment, or services:</p> <ul style="list-style-type: none"> <li>- An assessment of the family's effect on the child's/youth's needs and the effect of those needs on the family</li> <li>- Legal custody status, including the clear identification of the legal guardian(s)</li> <li>- The use of a developmental perspective in evaluating all aspects of functioning, including the child's or youth's physical, emotional, cognitive, educational, nutritional, and social development</li> <li>- Assessment in relation to normative development for chronological age</li> <li>- The child's or youth's play, recreation, and daily activity needs</li> <li>- The family history and current living situation</li> <li>- The family dynamics and their impact on the child's/youth's current needs</li> <li>- Areas that should be addressed in the care, treatment, or services process</li> <li>- Family dynamics that should be considered in discharge planning</li> </ul>
		<b>PC.3.70</b>	<b>For organizations providing care, treatment, or services to individuals with addictions: The assessment includes the individual's history of mental, emotional, behavioral, legal, and social consequences of dependence or addiction; their co-occurrences with substance use problems; and their treatment.</b>
			<p>EP 1 For organizations providing care, treatment, or services to individuals with addictions: The individual's history of emotional, behavioral, legal, and social consequences of dependence or addiction is obtained.</p> <p>EP 2 For organizations providing care, treatment, or services to individuals with addictions: Information including consequences of dependence or addiction (for example, legal problems, divorce, loss of friends, job-related incidents, financial difficulties, blackouts, memory impairment) is obtained.</p>
		<b>PC.3.80</b>	<b>For organizations providing care, treatment, or services to individuals with addictions: The assessment includes the individual's history of physical problems associated with substance abuse, dependence, and other addictive behaviors.</b>
			<p>EP 1 For organizations providing care, treatment, or services to individuals with addictions: The individual's history of physical problems associated with substance dependence and other addictive behaviors is obtained.</p>
<b>DHS 35.17(1)(b)5.</b>	<p>5. The consumer's unique perspective and own words about how the consumer views his or her recovery, experience, challenges, strengths, needs, recovery goals, priorities, preferences, values and lifestyle, areas of functional impairment, and family and community support.</p>	<b>PC.2.140</b>	<b>Initial screenings and assessments are performed as defined by the organization.</b>
<p>Note: Nothing in this chapter is intended to interfere with the right of providers under s. 51.61 (6), Stats., to use customary and usual treatment techniques and procedures in a reasonable and appropriate manner in the treatment of patients who are receiving services under the mental health system, for the purpose of ameliorating the conditions for which the patients were admitted to the system.</p>			<p>EP 3 The organization collects information during initial screenings and/or assessments about the following: The individual's perceptions of needs and preferences for care, treatment, or services.</p> <p>EP 4 The organization collects information during initial screenings and/or assessments about the following: The family's perceptions, when indicated and available, and preferences for care, treatment, or services.</p>

DHS Number 35.17(1)(b)5.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.4.50</b>	<p data-bbox="1075 159 2053 214"><b>Individuals served are encouraged to participate in developing their plan for care, treatment, or services.</b></p> <hr/> <p data-bbox="1075 233 2053 383">EP 1 The organization has a process for involving individuals served in their care, treatment, or service decisions. Note: Documentation of the nature and extent of the involvement is often included in progress notes. It is not necessary for the individual served to sign a specific plan for care, treatment, or services because a signature alone does not testify to the degree of involvement, understanding, or agreement in this important process.</p> <hr/> <p data-bbox="1075 402 2053 448">EP 4 All interventions described in a plan for care, treatment, or services consider and respect the views of the individual served.</p> <hr/> <p data-bbox="1075 467 2053 522">EP 5 The participation of the individual served in developing his or her plan for care, treatment, or services is documented.</p>

**DHS 35.17(2)**

(2) If a consumer is determined to have one or more co-occurring disorders, a licensed treatment professional, mental health practitioner, or a recognized psychotherapy practitioner, shall document the treatments and services concurrently received by the consumer through other providers; whether the clinic can serve the consumer's needs using qualified staff members or in collaboration with other providers; and any recommendations for additional services, if needed. If a clinic cannot serve a consumer's needs, independently, or in collaboration with other providers, the clinic shall refer the consumer, with the consumer's consent, to an appropriate provider.

<b>PC.4.90</b>	<p data-bbox="1050 631 2053 686"><b>When individuals served need additional services not offered by the organization, appropriate referrals are made and documented in the clinical/case record.</b></p> <hr/> <p data-bbox="1050 706 2053 761">EP 1 Individuals served are referred to an outside source when services needed are not provided directly.</p> <hr/> <p data-bbox="1050 781 2053 803">EP 2 Referrals to an outside source are based on assessment of need.</p> <hr/> <p data-bbox="1050 823 2053 878">EP 3 Concurrent care, treatment, or services provided by an outside source that are integral to meeting goals and objectives are reflected in the plan for care, treatment, or services.</p> <hr/> <p data-bbox="1050 898 2053 920">EP 4 Referrals of individuals served to outside sources are documented in the clinical/case record.</p>
<b>PC.5.60</b>	<p data-bbox="1050 950 2053 1021"><b>The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and consistent with the organization's scope of care, treatment, or services.</b></p> <hr/> <p data-bbox="1050 1040 2053 1096">EP 1 The organization coordinates the care, treatment, or services provided through internal resources to an individual served.</p> <hr/> <p data-bbox="1050 1115 2053 1170">EP 2 When external resources are needed, the organization participates in coordinating care, treatment, or services with these resources.</p> <hr/> <p data-bbox="1050 1190 2053 1261">EP 3 The organization has a process to receive or share relevant information to facilitate appropriate coordination and continuity when individuals served are referred to other care, treatment, or service providers.</p>

DHS Number 35.17(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		RC.02.01.01	<b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b>
		EP 4	<p>As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:</p> <ul style="list-style-type: none"> <li>- Any advance directives</li> <li>- Any informed consent (See also RI.01.03.01, EP 13)</li> <li>- Any documentation of protective services</li> <li>- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research</li> <li>- Any records of communication with the individual served, such as telephone calls or e-mail</li> <li>- Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family</li> <li>- Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served</li> <li>- Any indications for and episodes of special procedures</li> </ul>
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<p><b>DHS 35.18</b> DHS 35.18 Consent for outpatient mental health services.</p>			
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<p><b>DHS 35.18(1)</b> (1) If a clinic determines that a consumer is appropriate for receiving outpatient mental health services through the clinic, the clinic shall inform the consumer or the consumer's legal representative of the results of the assessment. In addition, the clinic shall inform the consumer or the consumer's legal representative, orally and in writing, of all of the following:</p>		RI.01.01.03	<b>The organization respects the right of the individual served to receive information in a manner he or she understands.</b>
		EP 1	The organization provides information to the individual served in a manner tailored to his or her language and ability to understand. (See also RI.01.01.01, EP 2)
		RI.01.02.01	<b>The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.</b>
		EP 1	<p>The organization involves the individual served in making decisions about his or her care, treatment, or services.  Note: This involvement goes beyond mere presence at the time of discussion or decision making. Involvement connotes a collaborative process in which the organization actively engages the individual served in decision making regarding his or her care, treatment, or services.</p>
		EP 8	<p>The individual served has the right to involve his or her family in decisions about care, treatment, or services. When there is a surrogate decision-maker, he or she can exercise the right to involve the family on behalf of the individual served, in accordance with law and regulation. (See also RI.01.07.01, EP 2)</p>
		RI.01.03.01	<b>The organization honors the right of the individual served to give or withhold informed consent.</b>
		EP 7	The informed consent process includes a discussion about the proposed care, treatment, or services for the individual served.

DHS Number 35.18(1)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**DHS 35.18(1)(b)**

(b) Treatment alternatives.

**RI.01.03.01 The organization honors the right of the individual served to give or withhold informed consent.**

EP 7 The informed consent process includes a discussion about the proposed care, treatment, or services for the individual served.

EP 11 The informed consent process includes a discussion about reasonable alternatives to the individual's proposed care, treatment, or services. The discussion encompasses risks and benefits related to the alternatives and the risks related to not receiving the proposed care, treatment, or services.

**DHS 35.18(1)(c)**

(c) Possible outcomes and side effects of treatment recommended in the treatment plan.

**PC.6.30 The individual served receives education and training specific to the individual's abilities as appropriate to the care, treatment, or services provided by the organization.**

EP 1 Education provided is appropriate to the abilities of the individual served.

EP 2 Education provided to the individual served is coordinated among the disciplines providing care, treatment, or services.

EP 4 Teaching methods accommodate various learning styles of the individuals served.

EP 5 Comprehension of the education provided to the individual served is evaluated.

**RI.01.03.01 The organization honors the right of the individual served to give or withhold informed consent.**

EP 1 The organization has a written policy on informed consent.

EP 2 The organization's written policy identifies the specific care, treatment, or services that require informed consent, in accordance with law and regulation.

EP 3 The organization's written policy describes circumstances that would allow for exceptions to obtaining informed consent.  
Note: Such circumstances may include situations involving threat of harm to self or others, child abuse, or elder abuse.

EP 6 The organization's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6)

EP 11 The informed consent process includes a discussion about reasonable alternatives to the individual's proposed care, treatment, or services. The discussion encompasses risks and benefits related to the alternatives and the risks related to not receiving the proposed care, treatment, or services.

EP 13 Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4)



DHS Number 35.18(1)(d)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
<b>DHS 35.18(1)(d)</b>	(d) Treatment recommendations and benefits of the treatment recommendations.	<b>RI.01.03.01</b>	<p data-bbox="1104 198 1986 246"><b>The organization honors the right of the individual served to give or withhold informed consent.</b></p> <hr/> <p data-bbox="1066 272 2007 321">EP 7 The informed consent process includes a discussion about the proposed care, treatment, or services for the individual served.</p> <hr/> <p data-bbox="1058 344 1990 441">EP 11 The informed consent process includes a discussion about reasonable alternatives to the individual's proposed care, treatment, or services. The discussion encompasses risks and benefits related to the alternatives and the risks related to not receiving the proposed care, treatment, or services.</p> <hr/>
<b>DHS 35.18(1)(e)</b>	(e) Approximate duration and desired outcome of treatment recommended in the treatment plan.	<b>RI.01.03.01</b>	<p data-bbox="1104 555 1986 604"><b>The organization honors the right of the individual served to give or withhold informed consent.</b></p> <hr/> <p data-bbox="1066 630 2007 678">EP 7 The informed consent process includes a discussion about the proposed care, treatment, or services for the individual served.</p> <hr/> <p data-bbox="1066 701 2028 750">EP 9 The informed consent process includes a discussion with the individual served about the goals and potential benefits and risks of the proposed care, treatment, or services.</p> <hr/>
<b>DHS 35.18(1)(f)</b>	(f) The rights of a consumer receiving outpatient mental health services, including the consumer's rights and responsibilities in the development and implementation of an individual treatment plan.	<b>PC.4.50</b>	<p data-bbox="1104 857 1936 906"><b>Individuals served are encouraged to participate in developing their plan for care, treatment, or services.</b></p> <hr/> <p data-bbox="1066 932 2028 1081">EP 1 The organization has a process for involving individuals served in their care, treatment, or service decisions. Note: Documentation of the nature and extent of the involvement is often included in progress notes. It is not necessary for the individual served to sign a specific plan for care, treatment, or services because a signature alone does not testify to the degree of involvement, understanding, or agreement in this important process.</p> <hr/> <p data-bbox="1066 1104 1990 1153">EP 2 Providers relate their conclusions and recommendations for care, treatment, or services to each individual served.</p> <hr/> <p data-bbox="1066 1175 2024 1224">EP 3 Individuals served are encouraged to express their views and make choices about the plan for care, treatment, or services.</p> <hr/> <p data-bbox="1066 1247 2007 1295">EP 4 All interventions described in a plan for care, treatment, or services consider and respect the views of the individual served.</p> <hr/> <p data-bbox="1066 1318 2003 1367">EP 5 The participation of the individual served in developing his or her plan for care, treatment, or services is documented.</p> <hr/> <p data-bbox="945 1390 1726 1416"><b>RI.01.01.01 The organization respects the rights of the individual served.</b></p> <hr/> <p data-bbox="1066 1438 1835 1464">EP 1 The organization has written policies on the rights of the individual served.</p> <hr/>

DHS Number 35.18(1)(f)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**RI.01.02.01 The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.**

EP 1 The organization involves the individual served in making decisions about his or her care, treatment, or services.  
 Note: This involvement goes beyond mere presence at the time of discussion or decision making. Involvement connotes a collaborative process in which the organization actively engages the individual served in decision making regarding his or her care, treatment, or services.

EP 8 The individual served has the right to involve his or her family in decisions about care, treatment, or services. When there is a surrogate decision-maker, he or she can exercise the right to involve the family on behalf of the individual served, in accordance with law and regulation. (See also RI.01.07.01, EP 2)

EP 9 The organization accommodates the right of the individual served to request the opinion of a consultant.  
 Note: This element of performance does not require the organization to pay for consultant services.

**DHS 35.18(1)(g)**

(g) The outpatient mental health services that will be offered under the treatment plan.

**PC.4.20 The care, treatment, or services planned are appropriate to the assessed needs of the individual served.**

EP 4 Planning care, treatment, or services includes interventions and services necessary to meet the identified goals.

**PC.4.50 Individuals served are encouraged to participate in developing their plan for care, treatment, or services.**

EP 1 The organization has a process for involving individuals served in their care, treatment, or service decisions.  
 Note: Documentation of the nature and extent of the involvement is often included in progress notes. It is not necessary for the individual served to sign a specific plan for care, treatment, or services because a signature alone does not testify to the degree of involvement, understanding, or agreement in this important process.

EP 2 Providers relate their conclusions and recommendations for care, treatment, or services to each individual served.

EP 3 Individuals served are encouraged to express their views and make choices about the plan for care, treatment, or services.

EP 4 All interventions described in a plan for care, treatment, or services consider and respect the views of the individual served.

EP 5 The participation of the individual served in developing his or her plan for care, treatment, or services is documented.

DHS Number 35.18(1)(g)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.4.60</b>	<b>The plan for care, treatment, or services addresses the family's involvement as a natural support system when indicated.</b>
			EP 1 The family of the individual served is involved in developing the plan for care, treatment, or services when indicated.
			EP 2 The plan for care, treatment, or services reflects family participation in care, treatment, and services when indicated.
			EP 3 Family participation (if any) may be documented in the plan for care, treatment, or services through problems or needs statements, goals, objectives, or interventions.
		<b>RI.01.02.01</b>	<b>The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.</b>
			EP 1 The organization involves the individual served in making decisions about his or her care, treatment, or services.
			Note: This involvement goes beyond mere presence at the time of discussion or decision making. Involvement connotes a collaborative process in which the organization actively engages the individual served in decision making regarding his or her care, treatment, or services.
<b>DHS 35.18(1)(h)</b>	(h) The fees that the consumer or responsible party will be expected to pay for the proposed services.	<b>LD.04.02.03</b>	<b>Ethical principles guide the organization's business practices.</b>
			EP 7 Individuals served receive information about charges for which they will be responsible.
Note: Consumers receiving Medicaid covered services may not be charged any amount in connection with services other than the applicable cost share, if any, specified by the Wisconsin Medicaid Program.			
<b>DHS 35.18(1)(i)</b>	(i) How to use the clinic's grievance procedure under ch. DHS 94.	<b>APR.09.01.01</b>	<b>The organization notifies the public it serves about how to contact its organization management and The Joint Commission to report concerns about safety of the individual served and quality of care.</b> <b>Note: Methods of notice may include, but are not limited to, distribution of information about The Joint Commission, including contact information in published materials such as brochures and/or posting this information on the organization's Web site.</b>
			EP 1 The organization informs the public it serves about how to contact its management to report concerns about the safety and quality of care of the individual served.
			EP 2 The organization informs the public it serves about how to contact The Joint Commission to report concerns about the safety and quality of care of the individual served.
		<b>RI.01.07.01</b>	<b>The individual served and his or her family have the right to have complaints reviewed by the organization.</b>
			EP 1 The organization establishes a complaint resolution process.

DHS Number 35.18(1)(i)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 2 The organization informs the individual served and his or her family about the complaint resolution process. (See also RI.01.02.01, EP 8) Note: If the individual served has a surrogate decision-maker, he or she will be informed of and involved in the complaint resolution process.</p> <hr/> <p>EP 4 The organization reviews and, when possible, resolves complaints from the individual served and his or her family.</p> <hr/> <p>EP 6 The organization acknowledges receipt of the complaint and notifies the individual served and, when appropriate, his or her family of the outcome of the complaint.</p> <hr/> <p>EP 7 The organization provides the individual served (and when deemed beneficial, his or her family) with the phone number and address needed to file a complaint with the relevant state authority.</p> <hr/> <p>EP 10 The organization allows the individual served and his or her family to complain and recommend changes regarding care, treatment, or services without being subject to coercion, discrimination, or reprisals, or to interruptions of care, treatment, or services that could adversely affect the individual served.</p>
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<b>DHS 35.18(1)(j)</b>	(j) The means by which a consumer may obtain emergency mental health services during periods outside the normal operating hours of the clinic.	<b>NPSG.15.01.01 Identify individuals at risk for suicide.</b>	<p>EP 3 Provide suicide prevention information to individuals at risk for suicide and their families when they leave the care of the organization.</p>
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<b>DHS 35.18(1)(k)</b>	(k) The clinic's discharge policy, including circumstances under which a patient may be involuntarily discharged for inability to pay or for behavior reasonably the result of mental health symptoms.	<b>PC.15.10 A process addresses the needs for continuing care, treatment, or services after discharge or transfer.</b>	<p>EP 1 The organization has a process for addressing the needs for continuing care, treatment, or services after discharge or transfer that includes the following:</p> <ul style="list-style-type: none"> <li>- The reason(s) for transfer or discharge</li> <li>- The conditions under which transfer or discharge can occur</li> <li>- Shifting responsibility for care, treatment, or services for the individual served from one clinician, organization, organizational program, or service to another (which could include transferring complete responsibility for the individual and his or her care, treatment, or services to others or referring the individual to others, such as one or more agencies or professionals, to provide one or more specific services)</li> <li>- Mechanisms for internal and external transfer</li> <li>- The accountability and responsibility for the safety of the individual served during transfer, for both the organization initiating the transfer and the organization receiving the individual</li> </ul>

DHS Number 35.18(1)(k)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		PC.15.20	<b>The transfer or discharge of an individual served to another level of care, treatment, or services, different professionals, or different settings is based on the assessed needs of the individual and the organization's capabilities.</b>
			EP 3 Planning for transfer or discharge involves the individual served and all appropriate licensed independent practitioners, staff, and family members involved in the individual's care, treatment, or services.
		RC.02.04.01	<b>The organization documents the discharge information of the individual served.</b>
			EP 3 The clinical/case record contains the following: <ul style="list-style-type: none"> <li>- A concise discharge summary that includes the reason for acceptance for care, treatment, or services</li> <li>- The care, treatment, or services provided</li> <li>- The condition at discharge of the individual served</li> <li>- Information provided to the individual served and his or her family (for example, written discharge instructions, medication regimen, follow-up care)</li> </ul> Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary. Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.
		RI.01.02.01	<b>The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.</b>
			EP 4 When an individual refuses care, treatment, or services, the organization fully informs the individual about its responsibility, in accordance with professional standards, to terminate the relationship with the individual upon reasonable notice, or to seek orders for involuntary treatment or other legal alternatives.
<b>DHS 35.18(2)</b>	(2) If a consumer wishes to receive services through the clinic, the consumer or the consumer's legal representative, where the consent of the legal representative is required for treatment, shall sign a clinic form to indicate the consumer's informed consent to receive outpatient mental health services.	RC.02.01.01	<b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b>
			EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information: <ul style="list-style-type: none"> <li>- Any advance directives</li> <li>- Any informed consent (See also RI.01.03.01, EP 13)</li> <li>- Any documentation of protective services</li> <li>- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research</li> <li>- Any records of communication with the individual served, such as telephone calls or e-mail</li> <li>- Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family</li> <li>- Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served</li> <li>- Any indications for and episodes of special procedures</li> </ul>

DHS Number 35.18(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 27 When more than one member of the family is receiving individual care, treatment, or services, a separate clinical/case record is maintained for each family member. Note: Separate clinical/case records are not needed for family members participating in family therapy or counseling only.</p>
		<b>RI.01.02.01</b>	<b>The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.</b>
			<p>EP 8 The individual served has the right to involve his or her family in decisions about care, treatment, or services. When there is a surrogate decision-maker, he or she can exercise the right to involve the family on behalf of the individual served, in accordance with law and regulation. (See also RI.01.07.01, EP 2)</p>
		<b>RI.01.03.01</b>	<b>The organization honors the right of the individual served to give or withhold informed consent.</b>
			<p>EP 13 Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4)</p>
<b>DHS 35.18(3)</b>			
<p>(3) If a consumer is prescribed medication as part of the consumer's treatment plan developed under s. DHS 35.19 (1), the clinic shall obtain a separate consent that indicates that the prescriber has explained to the consumer, or the consumer's legal representative, if the legal representative's consent is required, the nature, risks and benefits of the medication and that the consumer, or legal representative, understands the explanation and consents to the use of the medication.</p>			
		<b>RC.02.01.01</b>	<b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b>
			<p>EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:</p> <ul style="list-style-type: none"> <li>- Any advance directives</li> <li>- Any informed consent (See also RI.01.03.01, EP 13)</li> <li>- Any documentation of protective services</li> <li>- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research</li> <li>- Any records of communication with the individual served, such as telephone calls or e-mail</li> <li>- Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family</li> <li>- Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served</li> <li>- Any indications for and episodes of special procedures</li> </ul>
			<p>EP 27 When more than one member of the family is receiving individual care, treatment, or services, a separate clinical/case record is maintained for each family member. Note: Separate clinical/case records are not needed for family members participating in family therapy or counseling only.</p>
		<b>RI.01.03.01</b>	<b>The organization honors the right of the individual served to give or withhold informed consent.</b>
			<p>EP 1 The organization has a written policy on informed consent.</p>
			<p>EP 2 The organization's written policy identifies the specific care, treatment, or services that require informed consent, in accordance with law and regulation.</p>

DHS Number 35.18(3)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			EP 3 The organization's written policy describes circumstances that would allow for exceptions to obtaining informed consent. Note: Such circumstances may include situations involving threat of harm to self or others, child abuse, or elder abuse.
			EP 6 The organization's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6)
			EP 7 The informed consent process includes a discussion about the proposed care, treatment, or services for the individual served.
			EP 9 The informed consent process includes a discussion with the individual served about the goals and potential benefits and risks of the proposed care, treatment, or services.
			EP 13 Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4)
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<b>DHS 35.18(4)</b> (4) The consent to outpatient mental health services shall be renewed in accordance with s. DHS 94.03 (1) (f).  Note: The consent of the patient or legal representative is not required where treatment is ordered pursuant to a court order for involuntary commitment order.			
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<b>DHS 35.19</b> DHS 35.19 Treatment plan.			
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<b>DHS 35.19(1)</b> (1) DEVELOPMENT OF THE TREATMENT PLAN.			
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<b>DHS 35.19(1)(a)</b> (a) A licensed treatment professional, mental health practitioner, or recognized psychotherapy practitioner, shall develop an initial treatment plan upon completion of the comprehensive assessment required under s. DHS 35.17 (1) (b). The treatment plan shall be based upon the diagnosis and symptoms of the consumer and describe all of the following:			
		<b>PC.1.10</b>	<b>The organization accepts for care, treatment, or services only those individuals whose identified care, treatment, or service needs it can meet.</b> <b>Note: For opioid treatment programs: If an individual eligible for treatment applies for admission to a comprehensive maintenance treatment program but cannot be placed within 14 days in a program that is within a reasonable geographic area, an opioid treatment program's Program Sponsor may place the individual in interim maintenance treatment.</b>
			EP 8 After screening, individuals are matched with the care, treatment, or services in the organization most appropriate to their needs.
		<b>PC.4.20</b>	<b>The care, treatment, or services planned are appropriate to the assessed needs of the individual served.</b>
			EP 2 Care, treatment, or service decisions are collaborative and interdisciplinary when more than one discipline is involved in the care, treatment, or services of the individual served.

DHS Number 35.19(1)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**PC.4.30      Appropriate care, treatment, or services may begin before a full plan is formulated.**

- EP 1 A preliminary plan for care, treatment, or services may be formulated and interventions underway to address immediate needs while full detailed assessments and planning are done.
- EP 2 The preliminary plan for care, treatment, or services is developed as soon as possible after initial contact.
- EP 3 The preliminary plan for care, treatment, or services addresses the presenting needs based on information gathered during admission and initial assessment.
- EP 4 The preliminary plan for care, treatment, or services addresses interventions in response to emergency needs, such as an immediate need for placement, danger to self or others, or severe personality disorder when present.

**PC.4.40      The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.**

- EP 1 The plan for care, treatment, or services includes the following:
  - Clearly defined problems and needs statements
  - Measurable goals and objectives based on the assessed needs, strengths, and the limitations of the individual served
  - The frequency of care, treatment, or services
  - A description of facilitating factors and possible barriers to care, treatment, or services or reaching goals
  - As appropriate to the services or setting, the criteria for the transition to more independent and less restrictive environments and successful adaptation into community settings

Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.

Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required.
- EP 2 Objectives of the plan for care, treatment, or services are as follows:
  - Sufficiently specific to evaluate the progress of the individual served
  - Expressed in behavioral terms that specify measurable indices of progress
- EP 3 Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy.
- EP 4 Justification for deferring care, treatment, or services of specific needs is documented.

**DHS 35.19(1)(a)1.**

1. The consumer's strengths and how they will be used to develop the methods and expected measurable outcomes that will be accomplished.

**PC.4.40      The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.**



DHS Number 35.19(1)(a)1.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 1 The plan for care, treatment, or services includes the following:</p> <ul style="list-style-type: none"> <li>- Clearly defined problems and needs statements</li> <li>- Measurable goals and objectives based on the assessed needs, strengths, and the limitations of the individual served</li> <li>- The frequency of care, treatment, or services</li> <li>- A description of facilitating factors and possible barriers to care, treatment, or services or reaching goals</li> <li>- As appropriate to the services or setting, the criteria for the transition to more independent and less restrictive environments and successful adaptation into community settings</li> </ul> <p>Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.</p> <p>Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required.</p>
<p><b>DHS 35.19(1)(a)2.</b></p> <p>2. The method to reduce or eliminate the symptoms causing the consumer's problems or inability to function in day to day living, and to increase the consumer's ability to function as independently as possible.</p>		<p><b>PC.4.40</b></p>	<p><b>The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.</b></p> <hr/> <p>EP 1 The plan for care, treatment, or services includes the following:</p> <ul style="list-style-type: none"> <li>- Clearly defined problems and needs statements</li> <li>- Measurable goals and objectives based on the assessed needs, strengths, and the limitations of the individual served</li> <li>- The frequency of care, treatment, or services</li> <li>- A description of facilitating factors and possible barriers to care, treatment, or services or reaching goals</li> <li>- As appropriate to the services or setting, the criteria for the transition to more independent and less restrictive environments and successful adaptation into community settings</li> </ul> <p>Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.</p> <p>Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required.</p> <hr/> <p>EP 2 Objectives of the plan for care, treatment, or services are as follows:</p> <ul style="list-style-type: none"> <li>- Sufficiently specific to evaluate the progress of the individual served</li> <li>- Expressed in behavioral terms that specify measurable indices of progress</li> </ul> <hr/> <p>EP 3 Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy.</p> <hr/> <p>EP 4 Justification for deferring care, treatment, or services of specific needs is documented.</p> <hr/> <p><b>PC.6.170</b></p> <p><b>For organizations providing case management/care coordination services: Case management/care coordination services are based on needs, preferences, and available community resources of the individual served.</b></p> <hr/> <p>EP 4 For organizations providing case management/care coordination services: Staff coordinating case management/care coordination services supports informed choice for individuals served.</p>

DHS Number 35.19(1)(a)2.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**PC.6.180 For organizations providing community integration services: The individual served, with assistance from the organization, determines their needs for education, training, and supports to progress towards goals of more independent living and community integration.**

- EP 1 For organizations providing community integration services: Needs, preferences and goals of the individual served guide the type of education and training provided.
- EP 2 For organizations providing community integration services: Needs, preferences and goals of the individual served guide the intensity of education, training and supports provided.
- EP 4 For organizations providing community integration services: Needs, preferences and goals of the individual served, and the organization's scope of services, guide the provision of educational opportunities to the individual about the following:
  - Personal grooming and hygiene
  - Housekeeping
  - Shopping for necessities
  - Meal preparation and healthy eating
  - Budgeting
  - Banking
  - Accessing public transportation
  - Use of community resources
  - Communication skills
  - Social skills
  - Leisure activity
  - Volunteer activity
  - Illness self management (for example, symptom management, medication management), including what to do in case of a crisis or health problem

**DHS 35.19(1)(a)3.**

3. For a child or adolescent, a consideration of the child's or adolescent's development needs as well as the demands of the illness.

**PC.3.30 For organizations providing care, treatment, or services to a child/youth: The needs of children/youth are assessed.**

- EP 1 For organizations providing care, treatment, or services to a child/youth: Assessment information defined by the organization to be gathered during the initial assessment of a child/youth includes at least the following, as relevant to the care, treatment, or services:
  - An assessment of the family's effect on the child's/youth's needs and the effect of those needs on the family
  - Legal custody status, including the clear identification of the legal guardian(s)
  - The use of a developmental perspective in evaluating all aspects of functioning, including the child's or youth's physical, emotional, cognitive, educational, nutritional, and social development
  - Assessment in relation to normative development for chronological age
  - The child's or youth's play, recreation, and daily activity needs
  - The family history and current living situation
  - The family dynamics and their impact on the child's/youth's current needs
  - Areas that should be addressed in the care, treatment, or services process
  - Family dynamics that should be considered in discharge planning

DHS Number 35.19(1)(a)3.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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- EP 2 For organizations providing care, treatment, or services to a child/youth: When a physical health assessment is done for a child/youth, it addresses the following:
- Motor development and functioning
  - Sensorimotor functioning
  - Speech, hearing, and language functioning
  - Visual functioning
  - Immunization status
  - Oral health and oral hygiene

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**PC.4.40 The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.**

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- EP 1 The plan for care, treatment, or services includes the following:
- Clearly defined problems and needs statements
  - Measurable goals and objectives based on the assessed needs, strengths, and the limitations of the individual served
  - The frequency of care, treatment, or services
  - A description of facilitating factors and possible barriers to care, treatment, or services or reaching goals
  - As appropriate to the services or setting, the criteria for the transition to more independent and less restrictive environments and successful adaptation into community settings
- Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.
- Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required.
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**DHS 35.19(1)(a)4.**

4. The schedules, frequency, and nature of services recommended to support the achievement of the consumer's recovery goals, irrespective of the availability of services and funding.

Note: Nothing in this chapter is intended to interfere with the right of providers under s. 51.61 (6), Stats., to use customary and usual treatment techniques and procedures in a reasonable and appropriate manner in the treatment of patients who are receiving services under the mental health system, for the purpose of ameliorating the conditions for which the patients were admitted to the system.

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**LD.04.02.05 When internal or external review results in the denial of care, treatment, or services, or payment, the organization makes decisions regarding the ongoing provision of care, treatment, or services, and discharge or transfer, based on the assessed needs of the individual served.**

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- EP 2 The safety and quality of care, treatment, or services do not depend on the ability of the individual served to pay.
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**PC.4.20 The care, treatment, or services planned are appropriate to the assessed needs of the individual served.**

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- EP 4 Planning care, treatment, or services includes interventions and services necessary to meet the identified goals.
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DHS Number 35.19(1)(a)4.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		PC.4.40	<p><b>The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.</b></p> <hr/> <p>EP 1 The plan for care, treatment, or services includes the following:</p> <ul style="list-style-type: none"> <li>- Clearly defined problems and needs statements</li> <li>- Measurable goals and objectives based on the assessed needs, strengths, and the limitations of the individual served</li> <li>- The frequency of care, treatment, or services</li> <li>- A description of facilitating factors and possible barriers to care, treatment, or services or reaching goals</li> <li>- As appropriate to the services or setting, the criteria for the transition to more independent and less restrictive environments and successful adaptation into community settings</li> </ul> <p>Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.</p> <p>Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required.</p> <hr/>
<p><b>DHS 35.19(1)(b)</b></p> <p>(b) The treatment plan shall reflect the current needs and goals of the consumer as indicated by progress notes and by reviewing and updating the assessment as necessary.</p>		PC.2.150	<p><b>Individuals served are reassessed as needed.</b></p> <p><b>Note: The scope and intensity of any further assessments are based on the individual's diagnosis; the setting; the individual's desire for care, treatment, or services; and the individual's response to any previous care, treatment, or services. Each individual may be reassessed for many reasons including the following:</b></p> <ul style="list-style-type: none"> <li>- To evaluate his or her response to care, treatment, or services</li> <li>- To respond to a significant change in status and/or diagnosis or condition</li> <li>- To satisfy legal or regulatory requirements</li> <li>- To meet time intervals specified by the organization</li> <li>- To meet time intervals determined by the course of the care, treatment, or services for the individual served</li> </ul> <hr/> <p>EP 1 Each individual served is reassessed as needed.</p> <hr/>
		PC.4.40	<p><b>The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.</b></p> <hr/> <p>EP 2 Objectives of the plan for care, treatment, or services are as follows:</p> <ul style="list-style-type: none"> <li>- Sufficiently specific to evaluate the progress of the individual served</li> <li>- Expressed in behavioral terms that specify measurable indices of progress</li> </ul> <hr/> <p>EP 3 Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy.</p> <hr/>

DHS Number 35.19(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
<p><b>DHS 35.19(2)</b>            (2) APPROVAL OF THE TREATMENT PLAN. As treatment services are rendered, the consumer or the consumer's legal representative must approve and sign the treatment plan and agree with staff on a course of treatment. If the consumer does not approve of the schedules, frequency, and nature of the services recommended, then appropriate notations regarding the consumer's refusal shall be made in the consumer file. The treatment plan under this subsection shall include a written statement immediately preceding the consumer's or legal representative's signature that the consumer or legal representative had an opportunity to be informed of the services in the treatment plan, and to participate in the planning of treatment or care, as required by s. 51.61 (1) (fm), Stats.</p>		<p><b>PC.4.50</b></p>	<p><b>Individuals served are encouraged to participate in developing their plan for care, treatment, or services.</b></p> <hr/> <p>EP 1 The organization has a process for involving individuals served in their care, treatment, or service decisions.            Note: Documentation of the nature and extent of the involvement is often included in progress notes. It is not necessary for the individual served to sign a specific plan for care, treatment, or services because a signature alone does not testify to the degree of involvement, understanding, or agreement in this important process.</p> <hr/> <p>EP 2 Providers relate their conclusions and recommendations for care, treatment, or services to each individual served.</p> <hr/> <p>EP 3 Individuals served are encouraged to express their views and make choices about the plan for care, treatment, or services.</p> <hr/> <p>EP 4 All interventions described in a plan for care, treatment, or services consider and respect the views of the individual served.</p> <hr/> <p>EP 5 The participation of the individual served in developing his or her plan for care, treatment, or services is documented.</p>
		<p><b>PC.4.60</b></p>	<p><b>The plan for care, treatment, or services addresses the family's involvement as a natural support system when indicated.</b></p> <hr/> <p>EP 1 The family of the individual served is involved in developing the plan for care, treatment, or services when indicated.</p>
		<p><b>RC.02.01.01</b></p>	<p><b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b></p> <hr/> <p>EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:            - Any advance directives            - Any informed consent (See also RI.01.03.01, EP 13)            - Any documentation of protective services            - Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research            - Any records of communication with the individual served, such as telephone calls or e-mail            - Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family            - Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served            - Any indications for and episodes of special procedures</p>

DHS Number 35.19(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		RI.01.02.01	<b>The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.</b>
			<p>EP 1 The organization involves the individual served in making decisions about his or her care, treatment, or services.  Note: This involvement goes beyond mere presence at the time of discussion or decision making. Involvement connotes a collaborative process in which the organization actively engages the individual served in decision making regarding his or her care, treatment, or services.</p>
			<p>EP 3 The organization respects the right of the individual served to refuse care, treatment, or services, in accordance with law and regulation.</p>
			<p>EP 4 When an individual refuses care, treatment, or services, the organization fully informs the individual about its responsibility, in accordance with professional standards, to terminate the relationship with the individual upon reasonable notice, or to seek orders for involuntary treatment or other legal alternatives.</p>
			<p>EP 7 When a surrogate decision-maker is responsible for making care, treatment, or services decisions, the organization respects the surrogate decision-maker's right to refuse care, treatment, or services on behalf of the individual served, in accordance with law and regulation.</p>
		RI.01.03.01	<b>The organization honors the right of the individual served to give or withhold informed consent.</b>
			<p>EP 7 The informed consent process includes a discussion about the proposed care, treatment, or services for the individual served.</p>
			<p>EP 13 Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4)</p>

**DHS 35.19(3)**  
(3) CLINICAL REVIEW OF THE TREATMENT PLAN.

**DHS 35.19(3)(a)**  
(a) Staff shall establish a process for a clinical review of the consumer's treatment plan and progress toward measurable outcomes. The review shall include the participation of the consumer and be an ongoing process. The results of each clinical review shall be clearly documented in the consumer file. Documentation shall address all of the following:

**PC.4.40 The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.**

EP 3 Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy.

DHS Number 35.19(3)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.4.50</b>	<b>Individuals served are encouraged to participate in developing their plan for care, treatment, or services.</b>
		EP 1	The organization has a process for involving individuals served in their care, treatment, or service decisions. Note: Documentation of the nature and extent of the involvement is often included in progress notes. It is not necessary for the individual served to sign a specific plan for care, treatment, or services because a signature alone does not testify to the degree of involvement, understanding, or agreement in this important process.
		<b>RC.01.01.01</b>	<b>The organization maintains complete and accurate clinical/case records.</b>
		EP 7	The clinical/case record contains information that documents the course and result of the care, treatment, or services provided to the individual served.
<b>DHS 35.19(3)(a)1.</b>	1. The degree to which the goals of treatment have been met.	<b>PC.4.40</b>	<b>The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.</b>
		EP 3	Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy.
		<b>RC.02.01.01</b>	<b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b>
		EP 2	The clinical/case record of the individual served contains the following clinical information: <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, or services</li> <li>- The initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the medical history and physical examination</li> <li>- Any diagnoses or conditions established during the course of care, treatment, or services</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, or services</li> <li>- The response to care, treatment, or services</li> <li>- Any emergency care, treatment, or services provided prior to arrival</li> <li>- Any progress notes</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, and route</li> <li>- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)</li> <li>- Any adverse drug reactions</li> <li>- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services</li> <li>- Orders for diagnostic and therapeutic tests and procedures and their results</li> </ul>

DHS Number 35.19(3)(a)2.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
DHS 35.19(3)(a)2. 2. Any significant changes suggested or required in the treatment plan.		PC.2.150	<p><b>Individuals served are reassessed as needed.</b>  <b>Note: The scope and intensity of any further assessments are based on the individual's diagnosis; the setting; the individual's desire for care, treatment, or services; and the individual's response to any previous care, treatment, or services. Each individual may be reassessed for many reasons including the following:</b></p> <ul style="list-style-type: none"> <li>- To evaluate his or her response to care, treatment, or services</li> <li>- To respond to a significant change in status and/or diagnosis or condition</li> <li>- To satisfy legal or regulatory requirements</li> <li>- To meet time intervals specified by the organization</li> <li>- To meet time intervals determined by the course of the care, treatment, or services for the individual served</li> </ul>
			<p>EP 1 Each individual served is reassessed as needed.</p>
		PC.4.40	<p><b>The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.</b></p>
			<p>EP 3 Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy.</p>
		RC.02.01.01	<p><b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b></p>
			<p>EP 2 The clinical/case record of the individual served contains the following clinical information:</p> <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, or services</li> <li>- The initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the medical history and physical examination</li> <li>- Any diagnoses or conditions established during the course of care, treatment, or services</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, or services</li> <li>- The response to care, treatment, or services</li> <li>- Any emergency care, treatment, or services provided prior to arrival</li> <li>- Any progress notes</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, and route</li> <li>- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)</li> <li>- Any adverse drug reactions</li> <li>- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services</li> <li>- Orders for diagnostic and therapeutic tests and procedures and their results</li> </ul>



DHS Number 35.19(3)(a)3.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
DHS 35.19(3)(a)3.			
3. Whether any additional assessment or evaluation is recommended as a result of information received or observations made during the course of treatment.	PC.2.150	<p><b>Individuals served are reassessed as needed.</b></p> <p><b>Note: The scope and intensity of any further assessments are based on the individual's diagnosis; the setting; the individual's desire for care, treatment, or services; and the individual's response to any previous care, treatment, or services. Each individual may be reassessed for many reasons including the following:</b></p> <ul style="list-style-type: none"> <li>- To evaluate his or her response to care, treatment, or services</li> <li>- To respond to a significant change in status and/or diagnosis or condition</li> <li>- To satisfy legal or regulatory requirements</li> <li>- To meet time intervals specified by the organization</li> <li>- To meet time intervals determined by the course of the care, treatment, or services for the individual served</li> </ul>	
	EP 1	Each individual served is reassessed as needed.	
	PC.4.40	<p><b>The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.</b></p>	
EP 3	Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy.		
RC.02.01.01	<p><b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b></p>		
EP 2	<p>The clinical/case record of the individual served contains the following clinical information:</p> <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, or services</li> <li>- The initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the medical history and physical examination</li> <li>- Any diagnoses or conditions established during the course of care, treatment, or services</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, or services</li> <li>- The response to care, treatment, or services</li> <li>- Any emergency care, treatment, or services provided prior to arrival</li> <li>- Any progress notes</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, and route</li> <li>- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)</li> <li>- Any adverse drug reactions</li> <li>- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services</li> <li>- Orders for diagnostic and therapeutic tests and procedures and their results</li> </ul>		

DHS Number 35.19(3)(a)4.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
DHS 35.19(3)(a)4.	4. The consumer's assessment of functional improvement toward meeting treatment goals and suggestions for modification.	PC.2.150	<p><b>Individuals served are reassessed as needed.</b>  <b>Note: The scope and intensity of any further assessments are based on the individual's diagnosis; the setting; the individual's desire for care, treatment, or services; and the individual's response to any previous care, treatment, or services. Each individual may be reassessed for many reasons including the following:</b></p> <ul style="list-style-type: none"> <li>- To evaluate his or her response to care, treatment, or services</li> <li>- To respond to a significant change in status and/or diagnosis or condition</li> <li>- To satisfy legal or regulatory requirements</li> <li>- To meet time intervals specified by the organization</li> <li>- To meet time intervals determined by the course of the care, treatment, or services for the individual served</li> </ul>
			EP 1 Each individual served is reassessed as needed.
			EP 3 For opioid treatment programs: Assessments are updated quarterly during the patient's first year of continuous treatment and semiannually during subsequent years.
		PC.4.40	<p><b>The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.</b></p>
			EP 3 Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy.
		PC.4.50	<p><b>Individuals served are encouraged to participate in developing their plan for care, treatment, or services.</b></p>
			EP 1 The organization has a process for involving individuals served in their care, treatment, or service decisions. Note: Documentation of the nature and extent of the involvement is often included in progress notes. It is not necessary for the individual served to sign a specific plan for care, treatment, or services because a signature alone does not testify to the degree of involvement, understanding, or agreement in this important process.
			EP 2 Providers relate their conclusions and recommendations for care, treatment, or services to each individual served.
			EP 3 Individuals served are encouraged to express their views and make choices about the plan for care, treatment, or services.
			EP 4 All interventions described in a plan for care, treatment, or services consider and respect the views of the individual served.
			EP 5 The participation of the individual served in developing his or her plan for care, treatment, or services is documented.

DHS Number 35.19(3)(a)4.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		RC.02.01.01	<b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b>
		EP 4	<p>As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:</p> <ul style="list-style-type: none"> <li>- Any advance directives</li> <li>- Any informed consent (See also RI.01.03.01, EP 13)</li> <li>- Any documentation of protective services</li> <li>- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research</li> <li>- Any records of communication with the individual served, such as telephone calls or e-mail</li> <li>- Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family</li> <li>- Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served</li> <li>- Any indications for and episodes of special procedures</li> </ul>
<b>DHS 35.19(3)(b)</b>	(b) A mental health professional shall conduct a clinical review of the treatment plan with the consumer as described in par. (a) at least every 90 days or 6 treatment sessions, whichever covers a longer period of time.	<b>PC.4.40</b>	<b>The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations of the individual served.</b>
EP 3		Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when necessary, revised based on changes in the problems, needs, and responses to care, treatment, or services of the individual served or, if no changes occur, at a minimum specified time interval established by organization policy.	
<b>PC.4.50</b>		<b>Individuals served are encouraged to participate in developing their plan for care, treatment, or services.</b>	
		EP 3	Individuals served are encouraged to express their views and make choices about the plan for care, treatment, or services.
<b>DHS 35.19(4)</b>	(4) The clinic shall develop and implement written policies and procedures for referring consumers to other community service providers for services that the clinic does not or is unable to provide to meet the consumer's needs as identified in the comprehensive assessment required under s. DHS 35.17 (1) (b). The policies shall identify community services providers to which the clinic reasonably determines it will be able to refer consumers for services the clinic does not or cannot provide.	<b>PC.15.10</b>	<b>A process addresses the needs for continuing care, treatment, or services after discharge or transfer.</b>
EP 6		When needs are identified for which the organization does not directly provide services, the organization refers individuals to an outside source.	
<b>PC.4.90</b>		<b>When individuals served need additional services not offered by the organization, appropriate referrals are made and documented in the clinical/case record.</b>	
		EP 1	Individuals served are referred to an outside source when services needed are not provided directly.
		EP 2	Referrals to an outside source are based on assessment of need.

DHS Number 35.19(4)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.5.60</b>	<b>The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and consistent with the organization's scope of care, treatment, or services.</b>
			EP 1 The organization coordinates the care, treatment, or services provided through internal resources to an individual served.
			EP 2 When external resources are needed, the organization participates in coordinating care, treatment, or services with these resources.
			EP 3 The organization has a process to receive or share relevant information to facilitate appropriate coordination and continuity when individuals served are referred to other care, treatment, or service providers.
			EP 4 There is a process for individuals served to resolve duplication or conflict with either internal or external resources.
			EP 5 The activities detailed in the plan for care, treatment, or services is designed to occur in a time frame that meets the health needs of the individual served.
			EP 6 When needs are identified for which the organization does not directly provide services, the organization refers individuals served to an outside source.
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<b>DHS 35.20</b> DHS 35.20 Medication management.			
<b>DHS 35.20(1)</b> (1) A clinic may choose whether to provide medication management as part of its services.		<b>Comments:</b> The management of medication has many components, such as, selection, dispensing, and administration. The organization chooses, based on its mission, services, and population, whether to manage medications and if so, which component(s) of medication management it will provide for in its organization.	
		<b>LD.01.03.01</b> Governance is ultimately accountable for the safety and quality of care, treatment, or services.	
			EP 3 Governance approves the organization's written scope of services.
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<b>DHS 35.20(2)</b> (2) Consumers receiving only medication management from a clinic shall be referred by the clinic's prescriber for psychotherapy when appropriate to the consumer's needs and recovery.			
		<b>PC.1.10</b> The organization accepts for care, treatment, or services only those individuals whose identified care, treatment, or service needs it can meet. <b>Note:</b> For opioid treatment programs: If an individual eligible for treatment applies for admission to a comprehensive maintenance treatment program but cannot be placed within 14 days in a program that is within a reasonable geographic area, an opioid treatment program's Program Sponsor may place the individual in interim maintenance treatment.	
			EP 7 When warranted by need, separate specialized screening, assessment and reassessment processes are identified for the various populations served.

DHS Number 35.20(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			EP 8 After screening, individuals are matched with the care, treatment, or services in the organization most appropriate to their needs.
		<b>PC.15.10</b>	<b>A process addresses the needs for continuing care, treatment, or services after discharge or transfer.</b>
			EP 6 When needs are identified for which the organization does not directly provide services, the organization refers individuals to an outside source.
		<b>PC.4.20</b>	<b>The care, treatment, or services planned are appropriate to the assessed needs of the individual served.</b>
			EP 2 Care, treatment, or service decisions are collaborative and interdisciplinary when more than one discipline is involved in the care, treatment, or services of the individual served.
		<b>PC.5.60</b>	<b>The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and consistent with the organization's scope of care, treatment, or services.</b>
			EP 1 The organization coordinates the care, treatment, or services provided through internal resources to an individual served.
			EP 2 When external resources are needed, the organization participates in coordinating care, treatment, or services with these resources.
			EP 3 The organization has a process to receive or share relevant information to facilitate appropriate coordination and continuity when individuals served are referred to other care, treatment, or service providers.
<b>DHS 35.20(3)</b>			
(3) All medications prescribed by the clinic shall be documented in the consumer file as required under s. DHS 35.23 (1) (a) 10.		<b>RC.02.01.01</b>	<b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b>

DHS Number 35.20(3)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 2 The clinical/case record of the individual served contains the following clinical information:</p> <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, or services</li> <li>- The initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the medical history and physical examination</li> <li>- Any diagnoses or conditions established during the course of care, treatment, or services</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, or services</li> <li>- The response to care, treatment, or services</li> <li>- Any emergency care, treatment, or services provided prior to arrival</li> <li>- Any progress notes</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, and route</li> <li>- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)</li> <li>- Any adverse drug reactions</li> <li>- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services</li> <li>- Orders for diagnostic and therapeutic tests and procedures and their results</li> </ul>
			<p>EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:</p> <ul style="list-style-type: none"> <li>- Any advance directives</li> <li>- Any informed consent (See also RI.01.03.01, EP 13)</li> <li>- Any documentation of protective services</li> <li>- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research</li> <li>- Any records of communication with the individual served, such as telephone calls or e-mail</li> <li>- Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family</li> <li>- Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served</li> <li>- Any indications for and episodes of special procedures</li> </ul>
			<p>EP 27 When more than one member of the family is receiving individual care, treatment, or services, a separate clinical/case record is maintained for each family member. Note: Separate clinical/case records are not needed for family members participating in family therapy or counseling only.</p>

**DHS 35.21**

DHS 35.21 Treatment approaches and services.

DHS Number 35.21(1)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**DHS 35.21(1)**

(1) The clinic shall have and implement a written policy that identifies the selection of treatment approaches and the role of clinical supervision and clinical collaboration in treatment approaches. The treatment approaches shall be based on guidelines published by a professional organization or peer-reviewed journal. The final decision on the selection of treatment approaches for a specific consumer shall be made by the consumer's therapist in accordance with the clinic's written policy.

<b>HR.01.03.01</b>	<b>Staff are supervised effectively.</b>
	EP 5 The scope and depth of supervision that staff receive is based on their experience with the care, treatment, or services they are providing and the age and needs of the population(s) served.
<b>IM.03.01.01</b>	<b>Knowledge-based information resources are available, current, and authoritative.</b>
	EP 1 The organization provides access to knowledge-based information resources. (See also IM.01.01.03, EPs 2 and 6)
<b>LD.01.03.01</b>	<b>Governance is ultimately accountable for the safety and quality of care, treatment, or services.</b>
	EP 3 Governance approves the organization's written scope of services.
<b>LD.04.01.07</b>	<b>The organization has policies and procedures that guide and support care, treatment, or services.</b>
	EP 1 Leaders review and approve policies and procedures that guide and support care, treatment, or services.
	EP 2 The organization manages the implementation of policies and procedures.
<b>PC.4.20</b>	<b>The care, treatment, or services planned are appropriate to the assessed needs of the individual served.</b>
	EP 2 Care, treatment, or service decisions are collaborative and interdisciplinary when more than one discipline is involved in the care, treatment, or services of the individual served.

**DHS 35.21(2)**

(2) The clinic shall make reasonable efforts to ensure that each consumer receives the recommended interventions and services identified in the consumer's treatment plan or revision of the treatment plan that is created under s. DHS 35.19 (1), that the consumer is willing to receive as communicated by an informed consent for treatment.

<b>LD.04.02.03</b>	<b>Ethical principles guide the organization's business practices.</b>
	EP 5 Care, treatment, or services are provided based on the needs of individuals served, regardless of compensation or financial risk-sharing with those who work in the organization, including staff.
<b>LD.04.03.01</b>	<b>The organization provides services that meet needs of the individual served.</b>
	EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.
<b>PC.5.10</b>	<b>The organization provides care, treatment, or services for each individual served according to the plan for care, treatment, or services.</b>
	EP 1 The organization provides care, treatment, or services for each individual served according to the plan for care, treatment, or services.

DHS Number 35.21(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		RC.02.01.01	<b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b>
			<p>EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:</p> <ul style="list-style-type: none"> <li>- Any advance directives</li> <li>- Any informed consent (See also RI.01.03.01, EP 13)</li> <li>- Any documentation of protective services</li> <li>- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research</li> <li>- Any records of communication with the individual served, such as telephone calls or e-mail</li> <li>- Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family</li> <li>- Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served</li> <li>- Any indications for and episodes of special procedures</li> </ul>
		RI.01.02.01	<b>The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.</b>
			<p>EP 1 The organization involves the individual served in making decisions about his or her care, treatment, or services.</p> <p>Note: This involvement goes beyond mere presence at the time of discussion or decision making. Involvement connotes a collaborative process in which the organization actively engages the individual served in decision making regarding his or her care, treatment, or services.</p>
		RI.01.03.01	<b>The organization honors the right of the individual served to give or withhold informed consent.</b>
			EP 1 The organization has a written policy on informed consent.
			EP 2 The organization's written policy identifies the specific care, treatment, or services that require informed consent, in accordance with law and regulation.
			<p>EP 3 The organization's written policy describes circumstances that would allow for exceptions to obtaining informed consent.</p> <p>Note: Such circumstances may include situations involving threat of harm to self or others, child abuse, or elder abuse.</p>
			EP 6 The organization's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6)
			EP 7 The informed consent process includes a discussion about the proposed care, treatment, or services for the individual served.
			EP 9 The informed consent process includes a discussion with the individual served about the goals and potential benefits and risks of the proposed care, treatment, or services.



DHS Number 35.21(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 11 The informed consent process includes a discussion about reasonable alternatives to the individual's proposed care, treatment, or services. The discussion encompasses risks and benefits related to the alternatives and the risks related to not receiving the proposed care, treatment, or services.</p> <hr/> <p>EP 12 The informed consent process includes a discussion about any circumstances under which information about the individual served must be disclosed or reported. Note: Such circumstances may include situations involving threat of harm to self or others, child abuse, or elder abuse.</p> <hr/> <p>EP 13 Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4)</p>

**DHS 35.215**

DHS 35.215 Group therapy.

The maximum number of consumers receiving services in a single group therapy session is 16, and the minimum staff to consumer ratio in group therapy is one to 8. If different limits are justified based on guidelines published by a governmental entity, professional organization or peer-reviewed journal indicate, the clinic may request a variance of either the limit of group size or the minimum staff to consumer ratio.

**DHS 35.22**

DHS 35.22 Discharge summary.

**DHS 35.22(1)**

(1) Within 30 days after a consumer's date of discharge, the licensed treatment professional, mental health practitioner, or recognized psychotherapy practitioner who was primarily responsible for providing outpatient mental health services for the consumer shall prepare a discharge summary and enter it into the consumer file. The discharge summary shall include all of the following:

**PC.15.20 The transfer or discharge of an individual served to another level of care, treatment, or services, different professionals, or different settings is based on the assessed needs of the individual and the organization's capabilities.**

- EP 6 When the individual served is discharged, information provided to the individual includes the following:
- The reason he or she is being discharged
  - The anticipated need for continued care, treatment, or services after discharge
- Note: Available services include, as appropriate, special education, adult day care, case management, home health services, hospice, long term care facilities, outpatient care, support groups, rehabilitation services, and community mental health services.

**RC.01.01.01 The organization maintains complete and accurate clinical/case records.**

- EP 1 The organization defines the components of a complete clinical/case record.

DHS Number 35.22(1)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**RC.02.04.01 The organization documents the discharge information of the individual served.**

- EP 3 The clinical/case record contains the following:
- A concise discharge summary that includes the reason for acceptance for care, treatment, or services
  - The care, treatment, or services provided
  - The condition at discharge of the individual served
  - Information provided to the individual served and his or her family (for example, written discharge instructions, medication regimen, follow-up care)
- Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary.
- Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.

**DHS 35.22(1)(a)**

(a) A description of the reasons for discharge.

**PC.12.30 For organizations that use restraint or seclusion: Staff is trained and competent to minimize the use of restraint and seclusion and, when use is indicated, to use restraint or seclusion safely.**

- EP 11 For organizations that use restraint or seclusion: The viewpoints of individuals who have experienced restraint or seclusion are incorporated into staff training and education to help staff better understand all aspects of restraint and seclusion.

**PC.15.10 A process addresses the needs for continuing care, treatment, or services after discharge or transfer.**

- EP 1 The organization has a process for addressing the needs for continuing care, treatment, or services after discharge or transfer that includes the following:
- The reason(s) for transfer or discharge
  - The conditions under which transfer or discharge can occur
  - Shifting responsibility for care, treatment, or services for the individual served from one clinician, organization, organizational program, or service to another (which could include transferring complete responsibility for the individual and his or her care, treatment, or services to others or referring the individual to others, such as one or more agencies or professionals, to provide one or more specific services)
  - Mechanisms for internal and external transfer
  - The accountability and responsibility for the safety of the individual served during transfer, for both the organization initiating the transfer and the organization receiving the individual

DHS Number 35.22(1)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		PC.15.20	<p><b>The transfer or discharge of an individual served to another level of care, treatment, or services, different professionals, or different settings is based on the assessed needs of the individual and the organization's capabilities.</b></p> <hr/> <p>EP 6 When the individual served is discharged, information provided to the individual includes the following:</p> <ul style="list-style-type: none"> <li>- The reason he or she is being discharged</li> <li>- The anticipated need for continued care, treatment, or services after discharge</li> </ul> <p>Note: Available services include, as appropriate, special education, adult day care, case management, home health services, hospice, long term care facilities, outpatient care, support groups, rehabilitation services, and community mental health services.</p>
		RC.02.04.01	<p><b>The organization documents the discharge information of the individual served.</b></p> <hr/> <p>EP 3 The clinical/case record contains the following:</p> <ul style="list-style-type: none"> <li>- A concise discharge summary that includes the reason for acceptance for care, treatment, or services</li> <li>- The care, treatment, or services provided</li> <li>- The condition at discharge of the individual served</li> <li>- Information provided to the individual served and his or her family (for example, written discharge instructions, medication regimen, follow-up care)</li> </ul> <p>Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary.</p> <p>Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.</p>
<p><b>DHS 35.22(1)(b)</b> (b) A summary of the outpatient mental health services provided by the clinic, including any medications.</p>		PC.15.30	<p><b>When individuals served are transferred or discharged, appropriate information related to the care, treatment, or services provided is exchanged with other service providers.</b></p> <hr/> <p>EP 2 The information shared includes the following, as appropriate to the care, treatment, or services provided:</p> <ul style="list-style-type: none"> <li>- The reason for transfer or discharge</li> <li>- Relevant biopsychosocial status at transfer or discharge</li> <li>- A summary of care, treatment, or services provided and progress toward goals</li> <li>- Community resources or referrals provided to the individual served</li> </ul>

DHS Number 35.22(1)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**RC.02.04.01 The organization documents the discharge information of the individual served.**

- EP 3 The clinical/case record contains the following:
- A concise discharge summary that includes the reason for acceptance for care, treatment, or services
  - The care, treatment, or services provided
  - The condition at discharge of the individual served
  - Information provided to the individual served and his or her family (for example, written discharge instructions, medication regimen, follow-up care)
- Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary.
- Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.

**DHS 35.22(1)(c)**

(c) A final evaluation of the consumer's progress toward the goals of the treatment plan.

**PC.15.30 When individuals served are transferred or discharged, appropriate information related to the care, treatment, or services provided is exchanged with other service providers.**

- EP 1 The organization communicates appropriate information to any organization or provider to which the individual served is transferred or discharged.
- EP 2 The information shared includes the following, as appropriate to the care, treatment, or services provided:
- The reason for transfer or discharge
  - Relevant biopsychosocial status at transfer or discharge
  - A summary of care, treatment, or services provided and progress toward goals
  - Community resources or referrals provided to the individual served

DHS Number 35.22(1)(c)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.**

- EP 2 The clinical/case record of the individual served contains the following clinical information:
- The reason(s) for admission for care, treatment, or services
  - The initial diagnosis, diagnostic impression(s), or condition(s)
  - Any findings of assessments and reassessments
  - Any allergies to food
  - Any allergies to medications
  - Any conclusions or impressions drawn from the medical history and physical examination
  - Any diagnoses or conditions established during the course of care, treatment, or services
  - Any consultation reports
  - Any observations relevant to care, treatment, or services
  - The response to care, treatment, or services
  - Any emergency care, treatment, or services provided prior to arrival
  - Any progress notes
  - Any medications ordered or prescribed
  - Any medications administered, including the strength, dose, and route
  - Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)
  - Any adverse drug reactions
  - Treatment goals, plan of care, and revisions to the plan of care, treatment, or services
  - Orders for diagnostic and therapeutic tests and procedures and their results

**RC.02.04.01 The organization documents the discharge information of the individual served.**

- EP 3 The clinical/case record contains the following:
- A concise discharge summary that includes the reason for acceptance for care, treatment, or services
  - The care, treatment, or services provided
  - The condition at discharge of the individual served
  - Information provided to the individual served and his or her family (for example, written discharge instructions, medication regimen, follow-up care)
- Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary.
- Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.

**DHS 35.22(1)(d)**

(d) Any remaining consumer needs at the time of discharge and the recommendations for meeting those needs, which may include the names and addresses of any facilities, persons or programs to which the consumer was referred for additional services following discharge.

**PC.15.10 A process addresses the needs for continuing care, treatment, or services after discharge or transfer.**

- EP 6 When needs are identified for which the organization does not directly provide services, the organization refers individuals to an outside source.

DHS Number 35.22(1)(d)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>PC.15.20</b>	<b>The transfer or discharge of an individual served to another level of care, treatment, or services, different professionals, or different settings is based on the assessed needs of the individual and the organization's capabilities.</b>
			EP 1 The organization identifies the physical and psychosocial needs for continuing care of the individual served.
			EP 6 When the individual served is discharged, information provided to the individual includes the following: - The reason he or she is being discharged - The anticipated need for continued care, treatment, or services after discharge Note: Available services include, as appropriate, special education, adult day care, case management, home health services, hospice, long term care facilities, outpatient care, support groups, rehabilitation services, and community mental health services.
			EP 7 When indicated, the individual served is educated about how to obtain further care, treatment, or services to meet his or her identified needs.
			EP 8 When indicated and before discharge, the organization arranges for or helps the family arrange for services needed to meet the needs of the individual served after discharge.
			EP 9 Discharge instructions in a form the individual served can understand are given to the individual and/or those responsible for providing continuing care.
		<b>PC.15.30</b>	<b>When individuals served are transferred or discharged, appropriate information related to the care, treatment, or services provided is exchanged with other service providers.</b>
			EP 2 The information shared includes the following, as appropriate to the care, treatment, or services provided: - The reason for transfer or discharge - Relevant biopsychosocial status at transfer or discharge - A summary of care, treatment, or services provided and progress toward goals - Community resources or referrals provided to the individual served
		<b>RC.02.04.01</b>	<b>The organization documents the discharge information of the individual served.</b>
			EP 3 The clinical/case record contains the following: - A concise discharge summary that includes the reason for acceptance for care, treatment, or services - The care, treatment, or services provided - The condition at discharge of the individual served - Information provided to the individual served and his or her family (for example, written discharge instructions, medication regimen, follow-up care) Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary. Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.

DHS Number 35.22(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**DHS 35.22(2)**

(2) The discharge summary shall be signed and dated by the licensed treatment professional, mental health practitioner, or recognized psychotherapy practitioner who was primarily responsible for providing services to the consumer.

**RC.01.02.01 Entries in the clinical/case record are authenticated.**

- EP 3 The author of each clinical/case record entry is identified in the clinical/case record.
- EP 4 Entries in the clinical/case record are authenticated by the author. Information introduced into the clinical/case record through transcription or dictation is authenticated by the author.  
 Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.  
 Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or organization policy. For electronic records, electronic signatures will be date-stamped.

**RC.02.04.01 The organization documents the discharge information of the individual served.**

- EP 3 The clinical/case record contains the following:
  - A concise discharge summary that includes the reason for acceptance for care, treatment, or services
  - The care, treatment, or services provided
  - The condition at discharge of the individual served
  - Information provided to the individual served and his or her family (for example, written discharge instructions, medication regimen, follow-up care)
 Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary.  
 Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.

**DHS 35.23**

DHS 35.23 Consumer file.

**DHS 35.23(1)**

(1) RECORDS REQUIRED.

**DHS 35.23(1)(a)**

(a) The clinic shall maintain a consumer file for each consumer who receives outpatient mental health services. Each consumer file shall be arranged in a format that provides for consistent recordkeeping that facilitates accurate and efficient retrieval of record information. All entries in the consumer file shall be factual, accurate, legible, permanently recorded, dated, and authenticated with the signature and license or title of the person making the entry. Treatment records contained in a consumer file are confidential to the extent required under s. 51.30, Stats. An electronic representation of a person's signature may be used only by the person who makes the entry. The clinic shall possess a statement signed by the person, which certifies that only that person shall use the electronic representation via use of a personal password. Each consumer file shall include accurate documentation of all outpatient mental health services received including all of the following:

**IM.02.01.01 The organization protects the privacy of health information.**

- EP 1 The organization has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)
- EP 2 The organization implements its policy on the privacy of health information. (See also RI.01.01.01, EP 7)
- EP 3 The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)

DHS Number 35.23(1)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>IM.02.01.03</b>	<b>The organization maintains the security and integrity of health information.</b>
			EP 6 The organization protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.
		<b>IM.04.01.01</b>	<b>The organization maintains accurate health information.</b>
			EP 1 The organization has processes to check the accuracy of health information. Note: The organization has the flexibility to determine what health information needs to be checked for accuracy and the frequency with which it will be checked.
		<b>RC.01.01.01</b>	<b>The organization maintains complete and accurate clinical/case records.</b>
			EP 9 The organization uses standardized formats to document the care, treatment, or services it provides to individuals served.
			EP 11 All entries in the clinical/case record are dated.
			EP 12 The organization tracks the location of all components of the clinical/case record.
			EP 13 The organization assembles or makes available in a summary in the clinical/case record all information required to provide care, treatment, or services to the individual. (See also MM.01.01.01, EP 1)
		<b>RC.01.02.01</b>	<b>Entries in the clinical/case record are authenticated.</b>
			EP 3 The author of each clinical/case record entry is identified in the clinical/case record.
			EP 4 Entries in the clinical/case record are authenticated by the author. Information introduced into the clinical/case record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or organization policy. For electronic records, electronic signatures will be date-stamped.
			EP 5 The staff identified by the signature stamp or method of electronic authentication is the only staff who uses it.



DHS Number 35.23(1)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.**

- EP 2 The clinical/case record of the individual served contains the following clinical information:
- The reason(s) for admission for care, treatment, or services
  - The initial diagnosis, diagnostic impression(s), or condition(s)
  - Any findings of assessments and reassessments
  - Any allergies to food
  - Any allergies to medications
  - Any conclusions or impressions drawn from the medical history and physical examination
  - Any diagnoses or conditions established during the course of care, treatment, or services
  - Any consultation reports
  - Any observations relevant to care, treatment, or services
  - The response to care, treatment, or services
  - Any emergency care, treatment, or services provided prior to arrival
  - Any progress notes
  - Any medications ordered or prescribed
  - Any medications administered, including the strength, dose, and route
  - Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)
  - Any adverse drug reactions
  - Treatment goals, plan of care, and revisions to the plan of care, treatment, or services
  - Orders for diagnostic and therapeutic tests and procedures and their results

**DHS 35.23(1)(a)1.**

1. Results of each assessment conducted.

**RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.**

- EP 2 The clinical/case record of the individual served contains the following clinical information:
- The reason(s) for admission for care, treatment, or services
  - The initial diagnosis, diagnostic impression(s), or condition(s)
  - Any findings of assessments and reassessments
  - Any allergies to food
  - Any allergies to medications
  - Any conclusions or impressions drawn from the medical history and physical examination
  - Any diagnoses or conditions established during the course of care, treatment, or services
  - Any consultation reports
  - Any observations relevant to care, treatment, or services
  - The response to care, treatment, or services
  - Any emergency care, treatment, or services provided prior to arrival
  - Any progress notes
  - Any medications ordered or prescribed
  - Any medications administered, including the strength, dose, and route
  - Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)
  - Any adverse drug reactions
  - Treatment goals, plan of care, and revisions to the plan of care, treatment, or services
  - Orders for diagnostic and therapeutic tests and procedures and their results

DHS Number 35.23(1)(a)2.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
DHS 35.23(1)(a)2.	2. Initial and updated treatment plans.	<b>RC.01.02.01</b>	<b>Entries in the clinical/case record are authenticated.</b>
			EP 3 The author of each clinical/case record entry is identified in the clinical/case record.
		<b>RC.02.01.01</b>	<b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b>
		EP 1 The clinical/case record contains the following demographic information: - The name, address, date of birth, and sex of the individual served (See also MM.01.01.01, EP 1) - The name and contact information for the individual's family and any legally authorized representative - The preferred language and any special communication needs of the individual served Note: Special communication needs may include sign language.	
		EP 2 The clinical/case record of the individual served contains the following clinical information: - The reason(s) for admission for care, treatment, or services - The initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the medical history and physical examination - Any diagnoses or conditions established during the course of care, treatment, or services - Any consultation reports - Any observations relevant to care, treatment, or services - The response to care, treatment, or services - Any emergency care, treatment, or services provided prior to arrival - Any progress notes - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration (for intravenous therapy) - Any adverse drug reactions - Treatment goals, plan of care, and revisions to the plan of care, treatment, or services - Orders for diagnostic and therapeutic tests and procedures and their results	
		EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information: - Any advance directives - Any informed consent (See also RI.01.03.01, EP 13) - Any documentation of protective services - Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research - Any records of communication with the individual served, such as telephone calls or e-mail - Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family - Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served - Any indications for and episodes of special procedures	

<b>DHS Number</b> 35.23(1)(a)3.	<b>Wisconsin Department of Health Services</b>	<b>Joint Commission Equivalent Number</b>	<b>Joint Commission Standards</b>
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**DHS 35.23(1)(a)3.**

3. The recommendation or prescription for psychotherapy.

**RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.**

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- EP 1 The clinical/case record contains the following demographic information:
- The name, address, date of birth, and sex of the individual served (See also MM.01.01.01, EP 1)
  - The name and contact information for the individual's family and any legally authorized representative
  - The preferred language and any special communication needs of the individual served
- Note: Special communication needs may include sign language.
- 
- EP 2 The clinical/case record of the individual served contains the following clinical information:
- The reason(s) for admission for care, treatment, or services
  - The initial diagnosis, diagnostic impression(s), or condition(s)
  - Any findings of assessments and reassessments
  - Any allergies to food
  - Any allergies to medications
  - Any conclusions or impressions drawn from the medical history and physical examination
  - Any diagnoses or conditions established during the course of care, treatment, or services
  - Any consultation reports
  - Any observations relevant to care, treatment, or services
  - The response to care, treatment, or services
  - Any emergency care, treatment, or services provided prior to arrival
  - Any progress notes
  - Any medications ordered or prescribed
  - Any medications administered, including the strength, dose, and route
  - Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)
  - Any adverse drug reactions
  - Treatment goals, plan of care, and revisions to the plan of care, treatment, or services
  - Orders for diagnostic and therapeutic tests and procedures and their results
- 
- EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:
- Any advance directives
  - Any informed consent (See also RI.01.03.01, EP 13)
  - Any documentation of protective services
  - Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research
  - Any records of communication with the individual served, such as telephone calls or e-mail
  - Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family
  - Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served
  - Any indications for and episodes of special procedures
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DHS Number 35.23(1)(a)4.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
<p><b>DHS 35.23(1)(a)4.</b></p> <p>4. For consumers who are diagnosed with substance abuse disorder, a completed copy of the most current approved placement criteria summary if required by s. DHS 35.16 (5).</p>			
<p><b>DHS 35.23(1)(a)5.</b></p> <p>5. Documentation of referrals of the consumer to outside resources.</p>		<p><b>RC.02.01.01</b></p>	<p><b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b></p> <hr/> <p>EP 2 The clinical/case record of the individual served contains the following clinical information:</p> <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, or services</li> <li>- The initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the medical history and physical examination</li> <li>- Any diagnoses or conditions established during the course of care, treatment, or services</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, or services</li> <li>- The response to care, treatment, or services</li> <li>- Any emergency care, treatment, or services provided prior to arrival</li> <li>- Any progress notes</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, and route</li> <li>- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)</li> <li>- Any adverse drug reactions</li> <li>- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services</li> <li>- Orders for diagnostic and therapeutic tests and procedures and their results</li> </ul> <hr/> <p>EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:</p> <ul style="list-style-type: none"> <li>- Any advance directives</li> <li>- Any informed consent (See also RI.01.03.01, EP 13)</li> <li>- Any documentation of protective services</li> <li>- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research</li> <li>- Any records of communication with the individual served, such as telephone calls or e-mail</li> <li>- Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family</li> <li>- Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served</li> <li>- Any indications for and episodes of special procedures</li> </ul>

DHS Number 35.23(1)(a)6.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**DHS 35.23(1)(a)6.**

6. Descriptions of significant events that are related to the consumer's treatment plan and contribute to an overall understanding of the consumer's ongoing level and quality of functioning.

**RC.01.01.01 The organization maintains complete and accurate clinical/case records.**

EP 7 The clinical/case record contains information that documents the course and result of the care, treatment, or services provided to the individual served.

**RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.**

EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:

- Any advance directives
- Any informed consent (See also RI.01.03.01, EP 13)
- Any documentation of protective services
- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research
- Any records of communication with the individual served, such as telephone calls or e-mail
- Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family
- Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served
- Any indications for and episodes of special procedures

**DHS 35.23(1)(a)7.**

7. Progress notes, which shall include documentation of therapeutic progress, functional status, treatment plan progress, symptom status, change in diagnosis, and general management of treatment.

**PC.5.60 The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and consistent with the organization's scope of care, treatment, or services.**

EP 1 The organization coordinates the care, treatment, or services provided through internal resources to an individual served.

EP 2 When external resources are needed, the organization participates in coordinating care, treatment, or services with these resources.

EP 5 The activities detailed in the plan for care, treatment, or services is designed to occur in a time frame that meets the health needs of the individual served.

**RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.**

EP 1 The clinical/case record contains the following demographic information:

- The name, address, date of birth, and sex of the individual served (See also MM.01.01.01, EP 1)
- The name and contact information for the individual's family and any legally authorized representative
- The preferred language and any special communication needs of the individual served

Note: Special communication needs may include sign language.

DHS Number 35.23(1)(a)7.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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- EP 2 The clinical/case record of the individual served contains the following clinical information:
- The reason(s) for admission for care, treatment, or services
  - The initial diagnosis, diagnostic impression(s), or condition(s)
  - Any findings of assessments and reassessments
  - Any allergies to food
  - Any allergies to medications
  - Any conclusions or impressions drawn from the medical history and physical examination
  - Any diagnoses or conditions established during the course of care, treatment, or services
  - Any consultation reports
  - Any observations relevant to care, treatment, or services
  - The response to care, treatment, or services
  - Any emergency care, treatment, or services provided prior to arrival
  - Any progress notes
  - Any medications ordered or prescribed
  - Any medications administered, including the strength, dose, and route
  - Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)
  - Any adverse drug reactions
  - Treatment goals, plan of care, and revisions to the plan of care, treatment, or services
  - Orders for diagnostic and therapeutic tests and procedures and their results

- EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:
- Any advance directives
  - Any informed consent (See also RI.01.03.01, EP 13)
  - Any documentation of protective services
  - Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research
  - Any records of communication with the individual served, such as telephone calls or e-mail
  - Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family
  - Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served
  - Any indications for and episodes of special procedures

**RC.02.04.01 The organization documents the discharge information of the individual served.**

- EP 3 The clinical/case record contains the following:
- A concise discharge summary that includes the reason for acceptance for care, treatment, or services
  - The care, treatment, or services provided
  - The condition at discharge of the individual served
  - Information provided to the individual served and his or her family (for example, written discharge instructions, medication regimen, follow-up care)
- Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary.
- Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.

DHS Number 35.23(1)(a)8.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
DHS 35.23(1)(a)8.	8. Any recommended changes or improvement of the treatment plan resulting from clinical collaboration or clinical supervision.	<b>PC.5.60</b>	<p><b>The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and consistent with the organization's scope of care, treatment, or services.</b></p> <hr/> <p>EP 3 The organization has a process to receive or share relevant information to facilitate appropriate coordination and continuity when individuals served are referred to other care, treatment, or service providers.</p> <hr/> <p><b>RC.01.01.01 The organization maintains complete and accurate clinical/case records.</b></p> <hr/> <p>EP 8 The clinical/case record contains information about the care, treatment, or services provided to the individual served that promotes continuity of care among providers.</p> <hr/> <p><b>RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b></p> <hr/> <p>EP 1 The clinical/case record contains the following demographic information:</p> <ul style="list-style-type: none"> <li>- The name, address, date of birth, and sex of the individual served (See also MM.01.01.01, EP 1)</li> <li>- The name and contact information for the individual's family and any legally authorized representative</li> <li>- The preferred language and any special communication needs of the individual served</li> </ul> <p>Note: Special communication needs may include sign language.</p> <hr/> <p>EP 2 The clinical/case record of the individual served contains the following clinical information:</p> <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, or services</li> <li>- The initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the medical history and physical examination</li> <li>- Any diagnoses or conditions established during the course of care, treatment, or services</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, or services</li> <li>- The response to care, treatment, or services</li> <li>- Any emergency care, treatment, or services provided prior to arrival</li> <li>- Any progress notes</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, and route</li> <li>- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)</li> <li>- Any adverse drug reactions</li> <li>- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services</li> <li>- Orders for diagnostic and therapeutic tests and procedures and their results</li> </ul> <hr/>

DHS Number 35.23(1)(a)8.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:</p> <ul style="list-style-type: none"> <li>- Any advance directives</li> <li>- Any informed consent (See also RI.01.03.01, EP 13)</li> <li>- Any documentation of protective services</li> <li>- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research</li> <li>- Any records of communication with the individual served, such as telephone calls or e-mail</li> <li>- Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family</li> <li>- Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served</li> <li>- Any indications for and episodes of special procedures</li> </ul> <hr/> <p>EP 27 When more than one member of the family is receiving individual care, treatment, or services, a separate clinical/case record is maintained for each family member. Note: Separate clinical/case records are not needed for family members participating in family therapy or counseling only.</p>

**DHS 35.23(1)(a)9.**

9. Signed consent forms for disclosure of information and for medication administration and treatment, and court orders, if any.

**RC.01.01.01 The organization maintains complete and accurate clinical/case records.**

EP 4 The clinical/case record contains information unique to the individual served, which is used for identification of the individual.

**RC.01.05.01 The organization retains its clinical/case records.**

EP 8 Original clinical/case records are not released unless the organization is responding to law and regulation.

**RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.**

EP 4 As needed to provide care, treatment, or services, the clinical/case record contains the following additional information:

- Any advance directives
- Any informed consent (See also RI.01.03.01, EP 13)
- Any documentation of protective services
- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research
- Any records of communication with the individual served, such as telephone calls or e-mail
- Any documentation of involvement in care, treatment, or services by the individual served and, when necessary, his or her family
- Any information on unusual occurrences, such as complications; accidents or injuries to the individual served; procedures that place the individual served at risk or cause pain; other illnesses or conditions that affect care, treatment, or services; or the death of the individual served
- Any indications for and episodes of special procedures



DHS Number 35.23(1)(a)9.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		RI.01.02.01	<b>The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.</b>
			EP 4 When an individual refuses care, treatment, or services, the organization fully informs the individual about its responsibility, in accordance with professional standards, to terminate the relationship with the individual upon reasonable notice, or to seek orders for involuntary treatment or other legal alternatives.
		RI.01.03.01	<b>The organization honors the right of the individual served to give or withhold informed consent.</b>
			EP 2 The organization's written policy identifies the specific care, treatment, or services that require informed consent, in accordance with law and regulation.
			EP 12 The informed consent process includes a discussion about any circumstances under which information about the individual served must be disclosed or reported. Note: Such circumstances may include situations involving threat of harm to self or others, child abuse, or elder abuse.
			EP 13 Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4)
<b>DHS 35.23(1)(a)10.</b>	10. A listing of medications prescribed by staff prescribers, and a medication administration record if staff dispenses or administers medications to the consumer.	RC.02.01.01	<b>The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.</b>
			EP 2 The clinical/case record of the individual served contains the following clinical information: <ul style="list-style-type: none"> <li>- The reason(s) for admission for care, treatment, or services</li> <li>- The initial diagnosis, diagnostic impression(s), or condition(s)</li> <li>- Any findings of assessments and reassessments</li> <li>- Any allergies to food</li> <li>- Any allergies to medications</li> <li>- Any conclusions or impressions drawn from the medical history and physical examination</li> <li>- Any diagnoses or conditions established during the course of care, treatment, or services</li> <li>- Any consultation reports</li> <li>- Any observations relevant to care, treatment, or services</li> <li>- The response to care, treatment, or services</li> <li>- Any emergency care, treatment, or services provided prior to arrival</li> <li>- Any progress notes</li> <li>- Any medications ordered or prescribed</li> <li>- Any medications administered, including the strength, dose, and route</li> <li>- Any access site for medication, administration devices used, and rate of administration (for intravenous therapy)</li> <li>- Any adverse drug reactions</li> <li>- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services</li> <li>- Orders for diagnostic and therapeutic tests and procedures and their results</li> </ul>

DHS Number 35.23(1)(a)11.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**DHS 35.23(1)(a)11.**

11. Discharge summary and any related information.

**RC.02.04.01 The organization documents the discharge information of the individual served.**

- EP 3 The clinical/case record contains the following:
- A concise discharge summary that includes the reason for acceptance for care, treatment, or services
  - The care, treatment, or services provided
  - The condition at discharge of the individual served
  - Information provided to the individual served and his or her family (for example, written discharge instructions, medication regimen, follow-up care)
- Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary.
- Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.

**DHS 35.23(1)(a)12.**

12. Notice of involuntary discharge, if applicable.

**RC.01.01.01 The organization maintains complete and accurate clinical/case records.**

- EP 1 The organization defines the components of a complete clinical/case record.
- EP 6 The clinical/case record contains the information needed to justify the care, treatment, or services provided to the individual served.
- EP 7 The clinical/case record contains information that documents the course and result of the care, treatment, or services provided to the individual served.
- EP 8 The clinical/case record contains information about the care, treatment, or services provided to the individual served that promotes continuity of care among providers.
- EP 9 The organization uses standardized formats to document the care, treatment, or services it provides to individuals served.
- EP 11 All entries in the clinical/case record are dated.

**RC.01.02.01 Entries in the clinical/case record are authenticated.**

- EP 1 Only authorized staff make entries in the clinical/case record.
- EP 2 The organization defines the types of entries in the clinical/case record made by staff that require countersigning, in accordance with law and regulation.
- EP 3 The author of each clinical/case record entry is identified in the clinical/case record.

DHS Number 35.23(1)(a)12.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
			<p>EP 4 Entries in the clinical/case record are authenticated by the author. Information introduced into the clinical/case record through transcription or dictation is authenticated by the author.            Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.            Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or organization policy. For electronic records, electronic signatures will be date-stamped.</p>
		<b>RC.01.03.01</b>	<b>Documentation in the clinical/case record is entered in a timely manner.</b>
			<p>EP 2 The organization defines the time frame for completion of the clinical/case record following discharge.</p>
			<p>EP 3 The organization implements its policy requiring timely entry of information into the clinical/case record of the individual served.</p>
		<b>RC.01.04.01</b>	<b>The organization audits its clinical/case records.</b>
			<p>EP 1 According to a time frame it defines, the organization reviews its clinical/case records to confirm that the required information is present, accurate, legible, authenticated, and completed on time.</p>
		<b>RC.02.04.01</b>	<b>The organization documents the discharge information of the individual served.</b>
			<p>EP 3 The clinical/case record contains the following:            - A concise discharge summary that includes the reason for acceptance for care, treatment, or services            - The care, treatment, or services provided            - The condition at discharge of the individual served            - Information provided to the individual served and his or her family (for example, written discharge instructions, medication regimen, follow-up care)            Note 1: A discharge summary is not required when individuals served are seen for brief interventions, as defined by the clinical staff. In these instances, a final progress note may be substituted for the discharge summary.            Note 2: When individuals served are transferred to a different program within the organization, and staff change, a transfer summary may be substituted for the discharge summary. If the staff do not change, a progress note may be used.</p>

**DHS 35.23(1)(a)13.**

13. Any other information that is appropriate for the consumer file.

**RC.01.01.01 The organization maintains complete and accurate clinical/case records.**

EP 1 The organization defines the components of a complete clinical/case record.

DHS Number 35.23(1)(a)13.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.**

- EP 1 The clinical/case record contains the following demographic information:
- The name, address, date of birth, and sex of the individual served (See also MM.01.01.01, EP 1)
  - The name and contact information for the individual's family and any legally authorized representative
  - The preferred language and any special communication needs of the individual served
- Note: Special communication needs may include sign language.

**DHS 35.23(1)(b)**

(b) Clinics may keep composite consumer files of a family in treatment as a unit. When information is released, provisions shall be made for individual confidentiality pursuant to s. 51.30, Stats., and ch. DHS 92.

**RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.**

- EP 27 When more than one member of the family is receiving individual care, treatment, or services, a separate clinical/case record is maintained for each family member.
- Note: Separate clinical/case records are not needed for family members participating in family therapy or counseling only.

**DHS 35.23(2)**

(2) CONFIDENTIALITY.

Treatment records shall be kept confidential as required under s. 51.30, Stats., ch. DHS 92, and 45 CFR Parts 160, 162 and 164, and 42 CFR Part 2 in a designated place in each clinic office at which records are stored that is not accessible to consumers or the public but is accessible to appropriate staff members at all times.

Note: If notes or records, recorded in any medium, maintained for personal use by an individual providing treatment services are available to others, the notes or records become part of the treatment records. See s. 51.30 (1) (b), Stats., and ss. DHS 92.02 (16) and 92.03 (1) (b).

**IM.02.01.01 The organization protects the privacy of health information.**

- EP 1 The organization has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)
- EP 2 The organization implements its policy on the privacy of health information. (See also RI.01.01.01, EP 7)
- EP 3 The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
- EP 4 The organization discloses health information only as authorized by the individual served or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)

**IM.02.01.03 The organization maintains the security and integrity of health information.**

- EP 1 The organization has a written policy that addresses the security of health information, including access, use, and disclosure.
- EP 4 The organization has a written policy that defines when and by whom the removal of health information is permitted.
- Note: Removal refers to those actions that place health information outside the organization's control.

DHS Number 35.23(2)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>IM.02.02.03</b>	<b>The organization retrieves, disseminates, and transmits health information in useful formats.</b>
			EP 3 The organization disseminates data and information in useful formats within time frames that are defined by the organization and consistent with law and regulation.
<b>DHS 35.23(3)</b> (3) TRANSFERRING TREATMENT RECORDS.	<p>Upon written request of a consumer or former consumer or, if required, that person's legal representative, the clinic shall transfer to another licensed treatment professional, clinic or mental health program or facility the treatment records and all other information in the consumer file necessary for the other licensed treatment professional, clinic or mental health program or facility to provide further treatment to the consumer or former consumer.</p>	<b>PC.15.30</b>	<b>When individuals served are transferred or discharged, appropriate information related to the care, treatment, or services provided is exchanged with other service providers.</b>
			EP 1 The organization communicates appropriate information to any organization or provider to which the individual served is transferred or discharged.
			EP 2 The information shared includes the following, as appropriate to the care, treatment, or services provided: <ul style="list-style-type: none"> <li>- The reason for transfer or discharge</li> <li>- Relevant biopsychosocial status at transfer or discharge</li> <li>- A summary of care, treatment, or services provided and progress toward goals</li> <li>- Community resources or referrals provided to the individual served</li> </ul>
		<b>PC.5.60</b>	<b>The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and consistent with the organization's scope of care, treatment, or services.</b>
			EP 3 The organization has a process to receive or share relevant information to facilitate appropriate coordination and continuity when individuals served are referred to other care, treatment, or service providers.
		<b>RI.01.01.01</b>	<b>The organization respects the rights of the individual served.</b>
			EP 10 In accordance with law and regulation, the organization allows the individual served to access and request amendment to his or her health information and to obtain information on disclosures of this information.
<b>DHS 35.23(4)</b> (4) RETENTION AND DISPOSAL.			
<b>DHS 35.23(4)(a)</b>	(a) The clinic shall implement a written policy governing the retention of treatment records that is in accordance with s. DHS 92.12 and any other applicable laws.	<b>IM.02.01.03</b>	<b>The organization maintains the security and integrity of health information.</b>
			EP 5 The organization protects against unauthorized access, use, and disclosure of health information.
		<b>RC.01.01.01</b>	<b>The organization maintains complete and accurate clinical/case records.</b>
			EP 12 The organization tracks the location of all components of the clinical/case record.

DHS Number 35.23(4)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>RC.01.03.01</b>	<b>Documentation in the clinical/case record is entered in a timely manner.</b>
			EP 1 The organization has a written policy that requires timely entry of information into the clinical/case record.
			EP 3 The organization implements its policy requiring timely entry of information into the clinical/case record of the individual served.
<b>DHS 35.23(4)(b)</b>	(b) Upon termination of a staff member's association with the clinic, the treatment records for which the staff member was responsible shall remain in the custody of the clinic.	<b>IM.02.01.03</b>	<b>The organization maintains the security and integrity of health information.</b>
			EP 5 The organization protects against unauthorized access, use, and disclosure of health information.
			EP 6 The organization protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.
		<b>RC.01.01.01</b>	<b>The organization maintains complete and accurate clinical/case records.</b>
			EP 12 The organization tracks the location of all components of the clinical/case record.
		<b>RC.01.03.01</b>	<b>Documentation in the clinical/case record is entered in a timely manner.</b>
			EP 1 The organization has a written policy that requires timely entry of information into the clinical/case record.
			EP 3 The organization implements its policy requiring timely entry of information into the clinical/case record of the individual served.
<b>DHS 35.23(5)</b>	(5) ELECTRONIC RECORD-KEEPING SYSTEMS.	<b>IM.01.01.03</b>	<b>The organization plans for continuity of its information management processes.</b>
			EP 1 The organization has a written plan for managing interruptions to its information processes (paper-based, electronic, or a mix of paper-based and electronic). (See also EM.01.01.01, EP 6)
			EP 2 The plan for managing interruptions to electronic information systems addresses the following: Scheduled and unscheduled interruptions. (See also IM.03.01.01, EP 1; EM.01.01.01, EP 6)
			EP 3 The plan for managing interruptions to electronic information systems addresses the following: Training for staff on alternative procedures to follow when systems are unavailable. (See also EM.01.01.01, EP 6)
			EP 4 The plan for managing interruptions to electronic information systems addresses the following: Backup of the electronic information systems. (See also EM.01.01.01, EP 6)
			EP 5 The organization's plan for managing interruptions to electronic information systems is tested for effectiveness according to time frames defined by the organization.

DHS Number 35.23(5)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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EP 6 The organization implements its plan for managing interruptions to information processes to maintain access to information needed for the care, treatment, or services of the individuals served. (See also IM.03.01.01, EP 1)

**IM.02.01.03 The organization maintains the security and integrity of health information.**

EP 2 The organization has a written policy addressing the integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.

EP 3 The organization has a written policy addressing the intentional destruction of health information.

EP 4 The organization has a written policy that defines when and by whom the removal of health information is permitted.  
Note: Removal refers to those actions that place health information outside the organization's control.

EP 5 The organization protects against unauthorized access, use, and disclosure of health information.

**DHS 35.23(5)(a)**

(a) Clinics may maintain treatment records electronically if the clinic has a written policy describing the record and the authentication and security policy.

**IM.02.01.03 The organization maintains the security and integrity of health information.**

EP 1 The organization has a written policy that addresses the security of health information, including access, use, and disclosure.

**RC.01.02.01 Entries in the clinical/case record are authenticated.**

EP 1 Only authorized staff make entries in the clinical/case record.

EP 2 The organization defines the types of entries in the clinical/case record made by staff that require countersigning, in accordance with law and regulation.

EP 4 Entries in the clinical/case record are authenticated by the author. Information introduced into the clinical/case record through transcription or dictation is authenticated by the author.  
Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.  
Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or organization policy. For electronic records, electronic signatures will be date-stamped.

**DHS 35.23(5)(b)**

(b) Electronic transmission of information from treatment records to information systems outside the outpatient mental health clinic may not occur without voluntary written consent of the consumer unless the release of confidential treatment information is permitted under s. 51.30, Stats., or other applicable law.

**IM.02.01.01 The organization protects the privacy of health information.**

EP 3 The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)

Note: Transmission of information must comply with 45 CFR parts 160, 162, and 164, s. 51.30, Stats., and ch. DHS 92.

DHS Number 35.23(5)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		<b>IM.02.01.03</b>	<b>The organization maintains the security and integrity of health information.</b>
			EP 4 The organization has a written policy that defines when and by whom the removal of health information is permitted. Note: Removal refers to those actions that place health information outside the organization's control.
		<b>RI.01.01.01</b>	<b>The organization respects the rights of the individual served.</b>
			EP 10 In accordance with law and regulation, the organization allows the individual served to access and request amendment to his or her health information and to obtain information on disclosures of this information.
		<b>RI.01.03.01</b>	<b>The organization honors the right of the individual served to give or withhold informed consent.</b>
			EP 12 The informed consent process includes a discussion about any circumstances under which information about the individual served must be disclosed or reported. Note: Such circumstances may include situations involving threat of harm to self or others, child abuse, or elder abuse.
<b>DHS 35.23(5)(c)</b>	(c) If treatment records are kept electronically, the confidentiality of the treatment records shall be maintained as required under subs. (2) to (4). A clinic shall maintain a paper or electronic back-up system for any treatment records maintained electronically.		
Note: If notes or records, recorded in any medium, maintained for personal use by an individual providing treatment services are available to others, the notes or records become part of the treatment records. See s. 51.30 (1) (b), Stats., and ss. DHS 92.02 (16) and 92.03 (1) (b).		<b>IM.01.01.03</b>	<b>The organization plans for continuity of its information management processes.</b>
			EP 1 The organization has a written plan for managing interruptions to its information processes (paper-based, electronic, or a mix of paper-based and electronic). (See also EM.01.01.01, EP 6)
			EP 2 The plan for managing interruptions to electronic information systems addresses the following: Scheduled and unscheduled interruptions. (See also IM.03.01.01, EP 1; EM.01.01.01, EP 6)
			EP 3 The plan for managing interruptions to electronic information systems addresses the following: Training for staff on alternative procedures to follow when systems are unavailable. (See also EM.01.01.01, EP 6)
			EP 4 The plan for managing interruptions to electronic information systems addresses the following: Backup of the electronic information systems. (See also EM.01.01.01, EP 6)
			EP 5 The organization's plan for managing interruptions to electronic information systems is tested for effectiveness according to time frames defined by the organization.
			EP 6 The organization implements its plan for managing interruptions to information processes to maintain access to information needed for the care, treatment, or services of the individuals served. (See also IM.03.01.01, EP 1)
		<b>IM.02.01.01</b>	<b>The organization protects the privacy of health information.</b>
			EP 1 The organization has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)



DHS Number 35.23(5)(c)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**IM.02.01.03 The organization maintains the security and integrity of health information.**

EP 1 The organization has a written policy that addresses the security of health information, including access, use, and disclosure.

**DHS 35.24**

DHS 35.24 Consumer rights.

**DHS 35.24(1)**

(1) A clinic shall implement written policies and procedures that are consistent with s. 51.61, Stats., and ch. DHS 94 to protect the rights of consumers.

**IM.02.01.01 The organization protects the privacy of health information.**

EP 1 The organization has a written policy addressing the privacy of health information. (See also RI.01.01.01, EP 7)

**RI.01.01.01 The organization respects the rights of the individual served.**

EP 1 The organization has written policies on the rights of the individual served.

**DHS 35.24(2)**

(2) If a staff member no longer is employed by or contracts with the outpatient mental health clinic, the clinic shall offer consumers who had been served by that staff member options for ongoing services.

**DHS 35.24(3)**

(3)

**DHS 35.24(3)(a)**

(a) A consumer may be involuntarily discharged from treatment because of the consumer's inability to pay for services or for behavior that is reasonably a result of mental health symptoms only as provided in par. (b).

**PC.15.10 A process addresses the needs for continuing care, treatment, or services after discharge or transfer.**

EP 1 The organization has a process for addressing the needs for continuing care, treatment, or services after discharge or transfer that includes the following:

- The reason(s) for transfer or discharge
- The conditions under which transfer or discharge can occur
- Shifting responsibility for care, treatment, or services for the individual served from one clinician, organization, organizational program, or service to another (which could include transferring complete responsibility for the individual and his or her care, treatment, or services to others or referring the individual to others, such as one or more agencies or professionals, to provide one or more specific services)
- Mechanisms for internal and external transfer
- The accountability and responsibility for the safety of the individual served during transfer, for both the organization initiating the transfer and the organization receiving the individual

DHS Number 35.24(3)(a)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
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**RI.01.02.01 The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.**

EP 4 When an individual refuses care, treatment, or services, the organization fully informs the individual about its responsibility, in accordance with professional standards, to terminate the relationship with the individual upon reasonable notice, or to seek orders for involuntary treatment or other legal alternatives.

**DHS 35.24(3)(b)**

(b) Before a clinic may involuntarily discharge a consumer under par. (a), the clinic shall notify the consumer in writing of the reasons for the discharge, the effective date of the discharge, sources for further treatment, and of the consumer's right to have the discharge reviewed, prior to the effective date of the discharge, by the subunit of the department that certifies clinics under this chapter, with the address of that subunit. A review under this paragraph is in addition to and is not a precondition for any other grievance or legal action the consumer may bring in connection with the discharge, including a grievance or action under s. 51.61, Stats. In deciding whether to uphold or overturn a discharge in a review under this paragraph, the department may consider:

**DHS 35.24(3)(b)1.**

1. Whether the discharge violates the consumer's rights under s. 51.61, Stats.

**RI.01.02.01 The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.**

EP 1 The organization involves the individual served in making decisions about his or her care, treatment, or services.  
 Note: This involvement goes beyond mere presence at the time of discussion or decision making. Involvement connotes a collaborative process in which the organization actively engages the individual served in decision making regarding his or her care, treatment, or services.

**DHS 35.24(3)(b)2.**

2. In cases of discharge for behavior that is reasonably a result of mental health symptoms, whether the consumer's needs can be met by the clinic, whether the safety of staff or other consumers of the clinic may be endangered by the consumer's behavior, and whether another provider has accepted a referral to serve the consumer.

Note: The address of the subunit of the department that certifies clinics under this chapter is Behavioral Health Certification Section, Division of Quality Assurance, PO Box 2969, Madison, WI 53701-2969.

**DHS 35.25**

DHS 35.25 Death reporting.

The clinic shall report the death of a consumer to the department if required under s. 51.64 (2), Stats.