

Wisconsin Outpatient Mental Health Crosswalk

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

		11110	 		
DHS Number	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards	
DHS 35.123 DHS 35.123 Staffing requir	rements for clinics.				
	clinic administrator who is responsible for clinic operations, clinic is in compliance with this chapter and other applicable	HR.01.02.01	The organi	zation defines staff qualifications.	
state and federal law. A clinic administrator may be a licensed treatment professional or mental health practitioner.			EP 1 The org	anization defines staff qualifications specific to their job responsibilities.	
		LD.01.01.01	The organi	zation has a leadership structure.	
			EP 2 Governance identifies those responsible for planning, management, and operational a		
			EP 3 Governa	ance identifies those responsible for the provision of care, treatment, or services.	
		LD.01.03.01	Governand services.	e is ultimately accountable for the safety and quality of care, treatment, or	
			EP 1 Governa	ance defines in writing its responsibilities.	
			EP 4 Governa	ance selects the chief executive.	
		LD.01.04.01	A chief exe	cutive manages the organization.	
			EP 1 The chie	ef executive provides for the following: Information and support systems.	
			EP 2 The chie	ef executive provides for the following: Recruitment and retention of staff.	
		-	EP 3 The chie	ef executive provides for the following: Physical and financial assets.	
		E		the chief executive is absent from the organization, a qualified person is designated to the duties of this position.	

DHS Number 35.123(1)	Wisconsin Department of Health Services	Joint Commission Equivalent Number		loint Commission Standards
		LD.01.07.01		ers have the knowledge needed for their roles in the organization or they seek nce to fulfill their roles.
		E	- T - T - T - T sta - T - T rel	aders are oriented to all of the following: he organization's mission and vision he organization's safety and quality goals he organization's structure and the decision-making process he development of the budget as well as the interpretation of the organization's financial tements he population(s) served by the organization and any issues related to that population(s) he separate and interdependent responsibilities and accountabilities of leaders as they ate to supporting the mission of the organization and to providing safe and quality care pplicable law and regulation
		E		overnance provides leaders with access to information and training in areas where they need ditional skills or expertise.
		LD.04.01.01	The o	rganization complies with law and regulation.
		E	reç	e organization is licensed, is certified, or has a permit, in accordance with law and gulation, to provide the care, treatment, or services for which the organization is seeking creditation from The Joint Commission.
		E		e organization provides care, treatment, or services in accordance with licensure quirements, laws, and rules and regulations.
		E		aders act on or comply with reports or recommendations from external authorized agencies, ch as accreditation, certification, or regulatory bodies.
		LD.04.01.05	The o	rganization effectively manages its programs or services.
		E	EP1 Le	aders of the program or service oversee operations.
		E		ograms or services providing care are directed by one or more qualified professionals or by qualified licensed independent practitioner with clinical responsibilities.
		E		e organization defines, in writing, the responsibility of those with administrative and clinical ection of its programs or services.
DHS 35.123(2)				

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.

DHS Number 35.123(2)	Wisconsin Department of Health Services	Joint Comr Equivalent		Joint Commission Standards
		HR.01.02.05	The orga	nization verifies staff qualifications.
		E	perfori primar creder Note 1 source docum Note 2 creder Note 3 may b	law or regulation requires staff to be currently licensed, certified, or registered to m their job responsibilities, the organization both verifies these credentials with the ry source and documents this verification when staff are hired and when his or her ntials are renewed. (See also HR.01.02.07, EP 2) 1: It is acceptable to verify current licensure, certification, or registration with the primary evia a secure electronic communication or by telephone, if this verification is nented. 2: A primary verification source may designate another agency to communicate ntials information. The designated agency can then be used as a primary source. 3: An external organization (for example, a credentials verification organization (CVO)) e used to verify credentials information. A CVO must meet the CVO guidelines identified Glossary.
		E	job res organi	the organization requires licensure, registration, or certification for staff to perform their sponsibilities, and these credentials are not required by law and regulation, the station verifies these credentials and documents this verification at time of hire and when tredentials are renewed. (See also HR.01.02.07, EP 2)
		E	experi verifie	rganization verifies and documents that the job applicant has the education and ence required by the job responsibilities, unless this information has already been d by the entity that issued his or her licensure, certification, or registration. Education required by job responsibilities could include, for example, a master's degree.
		E		rganization obtains a criminal background check on the job applicant as required by law gulation or organization policy. Criminal background checks are documented.
		E		comply with health screening in accordance with law and regulation or organization. Health screening compliance is documented.
		E	respor - Verif - Verif - Resu organi - Outc	rganization uses the following information to make decisions about staff job insibilities: ied licensure, certification, or registration required by law or regulation or the organization ied education and experience all law and regulation or late of criminal background check(s), in accordance with law and regulation or late of applicable health screenings, in accordance with law and regulation or late of policy
		HR.01.02.07	The orga	nization determines how staff function within the organization.
		E		off who provide care, treatment, or services possess a current license, certification, or eation, in accordance with law and regulation.
		E	P 2 Staff p law an	practice within the scope of their license, certification, or registration and as required by and regulation. (See also HR.01.02.05, EPs 1 and 2)
		E	servic	orovide and/or oversee the supervision of students when they provide care, treatment, or es as part of their training. Monitoring is not required when it is provided by the student's educational institution.

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DHS Number 35.123(2)	Wisconsin Department of Health Services	Joint Com Equivalent			Joint Commission Standards	
		HR.01.06.01	Staf	f are competent to perfor	rm their responsibilities.	
		E	N	ho provide care, treatmen	r each of its programs/services the competencies it requires of s t, or services. e based on the programs/services provided and the population(s	
		LD.03.06.01	Tho	se who work in the orgar	nization are focused on improving safety and quality.	
		E		eaders provide for a suffic reatment, or services. (See	ient number and mix of staff to support safe, quality care, e also HR.01.01.03, EP 1)	
		E		hose who work in the orga See also HR.01.01.03, EP	anization are competent to complete their assigned responsibilitien. 2)	es.
		LD.04.01.05	The	organization effectively i	manages its programs or services.	
		E			ding care are directed by one or more qualified professionals or ndent practitioner with clinical responsibilities.	by
	d treatment professionals who combined are available to all health services at least 60 hours per week.	HR.01.02.01	The	organization defines sta	ff qualifications.	
		E	EP1 T	he organization defines st	aff qualifications specific to their job responsibilities.	
		HR.01.06.01	Staf	f are competent to perfor	rm their responsibilities.	
		E	N	ho provide care, treatmen	r each of its programs/services the competencies it requires of st, or services. e based on the programs/services provided and the population(st	
		LD.04.01.05	The	organization effectively i	manages its programs or services.	
		E			ding care are directed by one or more qualified professionals or ndent practitioner with clinical responsibilities.	by
DHS 35.123(2)(b) (b) One or more licensed	d treatment professionals who combined are available to	UD 04 02 04	The	organization defines etc	ff qualifications	
provide outpatient menta	al health services at least 30 hours per week and one or more ers or recognized psychotherapy practitioners who combined	HR.01.02.01		organization defines sta	aff qualifications specific to their job responsibilities.	
	outpatient mental health services at least 30 hours per week.			f are competent to perfor	, , ,	
		HR.01.06.01		<u> </u>	<u> </u>	
			N	ho provide care, treatmen	r each of its programs/services the competencies it requires of s t, or services. e based on the programs/services provided and the population(

DHS Number 35.123(2)(b)	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards
		LD.04.01.05	P 2 Progra	nization effectively manages its programs or services. ms or services providing care are directed by one or more qualified professionals or by fied licensed independent practitioner with clinical responsibilities.
provide outpatient men	ed treatment professionals who combined are available to tal health services at least 37.5 hours per week, and at least anced practice nurse prescriber who provides outpatient mental	HR.01.02.01		nization defines staff qualifications.
. ,	umers of the clinic at least 4 hours per month.	HR.01.06.01		ganization defines staff qualifications specific to their job responsibilities.
		E	who p	ganization defines for each of its programs/services the competencies it requires of staff ovide care, treatment, or services. Competencies may be based on the programs/services provided and the population(s).
		LD.04.01.05	The orga	nization effectively manages its programs or services.
		E		ms or services providing care are directed by one or more qualified professionals or by fied licensed independent practitioner with clinical responsibilities.
DHS 35.123(2m) (2m) If a clinic has mor shall comply with the re	e than one office, both the clinic as a whole and its main office equirements of sub. (2).		The Joint C accreditation that are orgaccreditation one or more organization	editation Award ommission surveys and, assuming satisfactory compliance, provides one n award for all of an organization's services, programs, and related organizations anizationally and functionally integrated to the applicant organization. If, after n is rendered to an organization, the organization's structure changes whereby of its services, programs, or related organizations is no longer part of the n that was originally surveyed, the service, program, or related organization is no ded in the organization's accreditation.
	ervices to persons 13 years old or younger, the clinic shall have g and experience to work with children and adolescents.	HR.01.02.01		nization defines staff qualifications.
				ganization defines staff qualifications specific to their job responsibilities.
		HR.01.02.07	The orga	nization determines how staff function within the organization.

EP 1 All staff who provide care, treatment, or services possess a current license, certification, or

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)

registration, in accordance with law and regulation.

DHS Number 35.123(3)	Wisconsin Department of Health Services	Joint Commission Equivalent Number		Joint Commission Standards
		HR.01.06.05	Staff who	provide care, treatment, or services to children or youth are competent to do so.
		E		ho provide care, treatment, or services to children or youth demonstrate an tanding of the developmental milestones of children.
		E		risors use performance improvement findings in their competence assessment of staff ovide care, treatment, or services to children or youth.
		E		erson responsible for administrative and clinical direction of care, treatment, or services ed 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 Com Equivalent		Joint Commission Standards
		HR.02.01.03		tion assigns initial, renewed, or revised clinical responsibilities to staff who by law and the organization to practice independently.
		EF	the organiz	igning or reassigning clinical responsibilities to staff who are permitted by law and cation to practice independently, the organization evaluates the following: Any to licensure or registration.
		EF	the organiz	igning or reassigning clinical responsibilities to staff who are permitted by law and cation to practice independently, the organization evaluates the following: Any and involuntary relinquishment of license or registration.
		EF	the organiz	igning or reassigning clinical responsibilities to staff who are permitted by law and cation to practice independently, the organization evaluates the following: Any or involuntary limitation, reduction, or loss of clinical responsibilities.
		EF	P 20 The decision information	on by leaders to assign clinical responsibilities is based on the credentials nobtained.
DHS 35.127 DHS 35.127 Persons wi mental health clinic.	ho may provide psychotherapy services through an outpatient	LD.01.01.01		tion has a leadership structure. te identifies those responsible for the provision of care, treatment, or services.
		LD.03.06.01	Those who w	ork in the organization are focused on improving safety and quality.
		E	P 3 Leaders pr treatment,	ovide for a sufficient number and mix of staff to support safe, quality care, or services. (See also HR.01.01.03, EP 1)
		E		work in the organization are competent to complete their assigned responsibilities HR.01.01.03, EP 2)
	rofessional may provide psychotherapy to consumers through a tified under this chapter.			
DHS 35.127(2)				
	t trainee may provide psychotherapy to consumers only under efined under s. DHS 35.03 (5) (a).	HR.01.02.07	The organiza	tion determines how staff function within the organization.
		E		o provide care, treatment, or services possess a current license, certification, or n, in accordance with law and regulation.
		E	services as	de and/or oversee the supervision of students when they provide care, treatment, or spart of their training. toring 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		loint Commission Standards
		HR.01.03.01	Staff	are supervised effectively.
		E		pervision and consultation are available to direct care staff to maintain and enhance their owledge and skills in providing care, treatment, or services.
		E	ca	e scope and depth of supervision that staff receive is based on their experience with the re, treatment, or services they are providing and the age and needs of the population(s) rved.
DHS 35.127(3)	to require clinical our envision of a montal hoolth proceition or or			
recognized psychothera	to require clinical supervision of a mental health practitioner or apy practitioner.	HR.01.03.01	Staff	are supervised effectively.
		E		pervision and consultation are available to direct care staff to maintain and enhance their owledge and skills in providing care, treatment, or services.
		E	ca	e scope and depth of supervision that staff receive is based on their experience with the re, treatment, or services they are providing and the age and needs of the population(s) rved.
		HR.01.06.01	Staff	are competent to perform their responsibilities.
		EF	No	e organization takes action when a staff member's competence does not meet expectations of the expectations and include, but are not limited to, providing additional training or supervision, condifying job responsibilities.
DHS 35.127(4)				
	suspended, revoked, or voluntarily surrendered professional epsychotherapy to consumers. A person whose license or	HR.01.02.07	The o	rganization determines how staff function within the organization.
certificate is limited or re prohibited by the limitati	estricted, may not provide psychotherapy under circumstances	E		staff who provide care, treatment, or services possess a current license, certification, or gistration, in accordance with law and regulation.
		E	EP 2 Sta	aff practice within the scope of their license, certification, or registration and as required by v and regulation. (See also HR.01.02.05, EPs 1 and 2)
		HR.02.01.03		rganization assigns initial, renewed, or revised clinical responsibilities to staff who ermitted by law and the organization to practice independently.
		EF	the	fore assigning or reassigning clinical responsibilities to staff who are permitted by law and e organization to practice independently, the organization evaluates the following: Any allenges to licensure or registration.
		EF	the	fore assigning or reassigning clinical responsibilities to staff who are permitted by law and e organization to practice independently, the organization evaluates the following: Any luntary and involuntary relinquishment of license or registration.
		EF	the	fore assigning or reassigning clinical responsibilities to staff who are permitted by law and e organization to practice independently, the organization evaluates the following: Any luntary or involuntary limitation, reduction, or loss of clinical responsibilities.

DHS Number Wisconsin Department of Health Services	Joint Commi		Joint Commission Standards
35.127(4) Wisconsin Department of Health Services	Equivalent N	umber	John Commission Standards
	EP 1	the or	e assigning or reassigning clinical responsibilities to staff who are permitted by law and ganization to practice independently, the organization evaluates the following: Any scional liability actions that resulted in a final judgment against the staff member.
	EP 2		ecision by leaders to assign clinical responsibilities is based on the credentials ation obtained.
DHS 35.13 DHS 35.13 Personnel policies.	LD.04.01.07	The orga	nization has policies and procedures that guide and support care, treatment, or
The clinic shall have and implement written personnel policies and procedures that		services.	
ensure all of the following:	EP	1 Leade or ser	ers review and approve policies and procedures that guide and support care, treatment, vices.
	EP	2 The o	rganization manages the implementation of policies and procedures.
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 EP HR.01.02.07	1 When perfor primar creder Note 2 source Conder Note 3 may be in the 2 When job recordant their of Staff of policy The organity of the organity of the staff of policy	law or regulation requires staff to be currently licensed, certified, or registered to m their job responsibilities, the organization both verifies these credentials with the ry source and documents this verification when staff are hired and when his or her nitials are renewed. (See also HR.01.02.07, EP 2) 1: It is acceptable to verify current licensure, certification, or registration with the primary evia a secure electronic communication or by telephone, if this verification is mented. 2: A primary verification source may designate another agency to communicate nitials information. The designated agency can then be used as a primary source. 3: An external organization (for example, a credentials verification organization (CVO)) are used to verify credentials information. A CVO must meet the CVO guidelines identified Glossary. The organization requires licensure, registration, or certification for staff to perform their esponsibilities, and these credentials are not required by law and regulation, the ization verifies these credentials and documents this verification at time of hire and when excedentials are renewed. (See also HR.01.02.07, EP 2) Traganization verifies and documents that the job applicant has the education and ence required by the job responsibilities, unless this information has already been do by the entity that issued his or her licensure, certification, or registration. Education required by job responsibilities could include, for example, a master's degree. Tomply with health screening in accordance with law and regulation or organization. Health screening compliance is documented.

DHS Number 35.13(1)	Wisconsin Department of Health Services	Joint Comr Equivalent		Ioint Commission Standards
		E		ff practice within the scope of their license, certification, or registration and as required by and regulation. (See also HR.01.02.05, EPs 1 and 2)
		HR.01.06.01	Staff a	re competent to perform their responsibilities.
		E	who Not	e organization defines for each of its programs/services the competencies it requires of staff o provide care, treatment, or services. e: Competencies may be based on the programs/services provided and the population(s) wed.
		E		ff competence is assessed and documented once every three years, or more frequently as uired by organization policy or in accordance with law and regulation.
		HR.02.01.03		ganization assigns initial, renewed, or revised clinical responsibilities to staff who rmitted by law and the organization to practice independently.
		E		e organization has a process to assign clinical responsibilities that includes review of nsure, certification, or registration.
			prir req Not and inde Priir pos are - Tr cer - Tr phy - Tr acc the - Tr Not con be Not a Ji coll liste	ore assigning initial, renewed, or revised clinical responsibilities, the organization uses nary sources when documenting the training specific to the clinical responsibilities uested. e 1: The verification of relevant training informs the organization of the clinical knowledge I skill set of staff who are permitted by law and by the organization to practice ependently. Verification must be obtained from the primary source of the specific credential. mary sources include letters from professional schools and letters from residency or stdoctoral programs for completion of training. Designated equivalent sources include, but not limited to, the following: a American Medical Association (AMA) Physician Masterfile for verification of a physician's and Puerto Rico medical school graduation and residency completion are American Board of Medical Specialties (ABMS) for verification of a physician's board diffication are Educational Commission for Foreign Medical Graduates (ECFMG) for verification of a sician's graduation from a foreign medical school are American Osteopathic Association (AOA) Physician Database for predoctoral education redited by the AOA Bureau of Professional Education, postdoctoral education approved by AOA Council on Postdoctoral Training, and Osteopathic Specialty Board Certification are Federation of State Medical Boards (FSMB) for all actions against a physician's medical nee American Academy of Physician Assistants Profile for physician assistant education and ional Commission on Certification of Physician Assistants (NCCPA) certification e 2: A primary source of verified information may designate to an agency the role of numunicating credentials information. The designated agency then becomes acceptable to used as a primary source. e 3: An external organization (for example, a credentials verification organization (CVO)) or bint Commission—accredited health care organization functioning as a CVO may be used to ect credentialing information. Both of these organizations must meet the CVO guid
		EP	the clin	ore assigning or reassigning clinical responsibilities to staff who are permitted by law and organization to practice independently, the organization evaluates whether the requested ical responsibilities are consistent with the program or site-specific care, treatment, or vices provided.

DHS Number 35.13(1)	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards
			These - Curro - Succ - Peer - Evido	rganization establishes program/service-specific criteria for each clinical responsibility. criteria include the following: ent licensure and/or certification as appropriate, verified with the primary source ressful completion of training or faculty recommendation ence of the ability to perform the assigned clinical responsibilities Refer to the Glossary for the definition of peer recommendation.
DHS 35.13(2)				
	caregiver background check and misconduct reporting 5, Stats., and ch. DHS 12, and the caregiver misconduct	HR.01.02.05	The orga	nization verifies staff qualifications.
reporting and investigation requirements in ch. DHS 13. Note: Forms for conducting a caregiver background check including the background		E		ganization obtains a criminal background check on the job applicant as required by law gulation or organization policy. Criminal background checks are documented.
Information disclosure form may be obtained from the Department's website at http://dhs.wisconsin.gov/caregiver/index.htm or by writing the Department at Office of Caregiver Quality, Division of Quality Assurance, P.O. Box 2969, Madison, WI 53701-	HR.02.01.03	The orga are perm	nization assigns initial, renewed, or revised clinical responsibilities to staff who itted by law and the organization to practice independently.	
2969. Phone: (608) 266-8481, Fax: (608) 267-0352.		E	and th	e assigning renewed or revised clinical responsibilities to staff who are permitted by law e organization to practice independently, the following occurs: The organization reviews nical performance in the organization that is outside acceptable standards.
		EI	the or	e assigning or reassigning clinical responsibilities to staff who are permitted by law and ganization to practice independently, the organization confirms the staff member's ence to organization policies, procedures, rules, and regulations.
DHS 35.13(3) 3) A record is maintaine	ed for each staff member and includes all of the following:	HR.01.04.01	The orga	nization provides orientation to staff.
		E		rganization orients staff on the following: Their specific job duties and responsibilities. letion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7
		HR.01.05.03	Staff part	icipate in education and training.
		E	Staff p Note:	participate in education and training whenever changes in their responsibilities require it participation is documented. Education and training are only required if an assessment of staff skills and etencies indicates a need for their provision.
		HR.01.07.01	The orga	nization evaluates staff performance.
		E	require	rganization evaluates staff performance once every three years, or more frequently as ed by organization policy and in accordance with law and regulation. This evaluation is nented.

DHS Number	Wisconsin Department of Health Services	Joint Commission	Joint Commission Standards
35.13(3)(a)	Wisconsin Department of Health Services	Equivalent Number	Joint Commission Standards

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.

DHS Number 35.13(3)(a)	Wisconsin Department of Health Services	Joint Comr Equivalent		Joint Commission Standards
		HR.02.01.03	_	anization assigns initial, renewed, or revised clinical responsibilities to staff who nitted by law and the organization to practice independently.
		E	prima reque Note and s indep Prima postd are note. The U.S. a The certifities The accret the Att. The licens The Nation Note comm be us Note a Joir collect.	1: The verification of relevant training informs the organization of the clinical knowledge skill set of staff who are permitted by law and by the organization to practice tendently. Verification must be obtained from the primary source of the specific credential. The sources include letters from professional schools and letters from residency or loctoral programs for completion of training. Designated equivalent sources include, but not limited to, the following: American Medical Association (AMA) Physician Masterfile for verification of a physician's and Puerto Rico medical school graduation and residency completion. American Board of Medical Specialties (ABMS) for verification of a physician's board ication. Educational Commission for Foreign Medical Graduates (ECFMG) for verification of a cian's graduation from a foreign medical school. American Osteopathic Association (AOA) Physician Database for predoctoral education addited by the AOA Bureau of Professional Education, postdoctoral education approved by OA Council on Postdoctoral Training, and Osteopathic Specialty Board Certification Federation of State Medical Boards (FSMB) for all actions against a physician's medical
		EP	the or	re assigning or reassigning clinical responsibilities to staff who are permitted by law and reganization to practice independently, the organization evaluates the following: Any enges to licensure or registration.
		EP	the or	re assigning or reassigning clinical responsibilities to staff who are permitted by law and rganization to practice independently, the organization evaluates the following: Any tary and involuntary relinquishment of license or registration.
		EP	the or	re assigning or reassigning clinical responsibilities to staff who are permitted by law and reganization to practice independently, the organization evaluates the following: Any tary 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
		perform their job primary source credentials are i Note 1: It is acc source via a sed documented. Note 2: A prima credentials infor Note 3: An exte	gulation requires staff to be currently licensed, certified, or registered to be responsibilities, the organization both verifies these credentials with the and documents this verification when staff are hired and when his or her renewed. (See also HR.01.02.07, EP 2) reptable to verify current licensure, certification, or registration with the primary cure electronic communication or by telephone, if this verification is any verification source may designate another agency to communicate remation. The designated agency can then be used as a primary source. In a organization (for example, a credentials verification organization (CVO)) verify credentials information. A CVO must meet the CVO guidelines identified
			n obtains a criminal background check on the job applicant as required by law or organization policy. Criminal background checks are documented.
DHS 35.13(3)(c) (c) A vita of training, wor	rk experience and qualifications for each prescriber and each	HR.01.02.05 The organization	verifies staff qualifications.
	, c. cas. apy	perform their job primary source credentials are Note 1: It is acc source via a sec documented. Note 2: A prima credentials infor Note 3: An exte	gulation requires staff to be currently licensed, certified, or registered to be responsibilities, the organization both verifies these credentials with the and documents this verification when staff are hired and when his or her renewed. (See also HR.01.02.07, EP 2) reptable to verify current licensure, certification, or registration with the primary cure electronic communication or by telephone, if this verification is any verification source may designate another agency to communicate remation. The designated agency can then be used as a primary source. In a organization (for example, a credentials verification organization (CVO)) verify credentials information. A CVO must meet the CVO guidelines identified
		job responsibilit organization ver	nization requires licensure, registration, or certification for staff to perform their ies, and these credentials are not required by law and regulation, the rifies these credentials and documents this verification at time of hire and when is are renewed. (See also HR.01.02.07, EP 2)

DHS 35.14

DHS 35.14 Clinical supervision and clinical collaboration.

DHS 35.14(1)

(1)

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 Number 35.14(1)(a)	Wisconsin Department of Health Services	Joint Con Equivalen		Joint Commission Standards
DHS 35.14(1)(a)				
	tor shall have responsibility for administrative oversight of the tions of each staff member and require each staff member to	HR.01.02.07	The or	ganization determines how staff function within the organization.
adhere to all laws and re	egulations governing the care and treatment of consumers and erfor their individual professions.			f practice within the scope of their license, certification, or registration and as required by and regulation. (See also HR.01.02.05, EPs 1 and 2)
		HR.01.06.01	Staff a	re competent to perform their responsibilities.
			who	organization defines for each of its programs/services the competencies it requires of staff provide care, treatment, or services. e: Competencies may be based on the programs/services provided and the population(s) ed.
			revi Not org org	f with the educational background, experience, or knowledge related to the skills being sewed assess competence. E: When suitable staff cannot be found to assess another staff member's competence, the anization can utilize a qualified outside practitioner for this task. Alternatively, the anization may consult the competency guidelines from an appropriate professional anization to make its assessment.
				organization conducts an initial assessment of staff competence as part of orientation. assessment is documented.
		HR.01.07.01	The or	ganization evaluates staff performance.
				organization evaluates staff based on performance expectations that reflect their job consibilities.
			req	organization evaluates staff performance once every three years, or more frequently as irred by organization policy and in accordance with law and regulation. This evaluation is umented.
		HR.02.01.03		ganization assigns initial, renewed, or revised clinical responsibilities to staff who mitted by law and the organization to practice independently.
			and info	ore assigning renewed or revised clinical responsibilities to staff who are permitted by law the organization to practice independently, the following occurs: The organization reviews rmation from any of the organization's performance improvement activities pertaining to essional performance, judgment, and clinical or technical skills.
			and	ore assigning renewed or revised clinical responsibilities to staff who are permitted by law the organization to practice independently, the following occurs: The organization uates the results of any peer review of the individual's clinical performance.
			and	ore assigning renewed or revised clinical responsibilities to staff who are permitted by law the organization to practice independently, the following occurs: The organization reviews clinical performance in the organization that is outside acceptable standards.
		LD.04.01.01	The or	ganization complies with law and regulation.
				organization provides care, treatment, or services in accordance with licensure lirements, laws, and rules and regulations.

DHS Number 35.14(1)(a)	Wisconsin Department of Health Services	Joint Comm Equivalent N		Joint Commission Standards
		LD.04.01.05	The organ	ization effectively manages its programs or services.
		EP	4 Staff a	e held accountable for their responsibilities.
DHS 35.14(1)(b)				
. DHS 35.03 (5). and c	lement a written policy for clinical supervision as defined under inical collaboration as defined under s. DHS 35.03 (4). Each	HR.01.03.01	Staff are	upervised effectively.
s. DHS 35.03 (5), and coolicy shall address all o	inical collaboration as defined under s. DHS 35.03 (4). Each	HR.01.03.01	4 Superv	upervised effectively. sion and consultation are available to direct care staff to maintain and enhance their dge and skills in providing care, treatment, or services.

served.

DHS 35.14(1)(b)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:

care, treatment, or services they are providing and the age and needs of the population(s)

- 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 Comm Equivalent N	Joint Commission Standards
		HR.01.06.03	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.
		EP	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	Staff who provide care, treatment, or services to children or youth are competent to do so.
		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	The organization assigns initial, renewed, or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.
		EP	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	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	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" (PI) chapter.)
		EP	2.1 Leaders set priorities for performance improvement activities and behavioral health outcomes. (See also Pl.01.01.01, EPs 1 and 3)
		PI.01.01.01	The organization collects data to monitor its performance.
		EP	7.1 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	The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)
		EP [.]	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 2	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 Com Equivalent	Joint Commission Standards
		PI.02.01.01	The organization compiles and analyzes data.
		E	EP 1 The organization compiles data into formats that enable them to be analyzed.
		E	EP 2 The organization identifies the frequency for data analysis.
		E	EP 4 The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.
		E	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
		E	EP 8 The organization uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; Pl.03.01.01, EP 1)
		PI.03.01.01	The organization improves performance.
		E	EP 1 Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		E	EP 2 The organization takes action on improvement priorities.
		E	EP 3 The organization evaluates whether actions taken resulted in improvements.
		E	EP 4 The organization takes action when it does not achieve or sustain planned improvements.
adverse outcome for or	cal issues, including incidents that pose a significant risk of an the or more consumers of the outpatient mental health clinic that collaboration, or clinical supervision that is in addition to the	LD.04.04.01	Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" (PI) chapter.)
supervision specified up	onder ch. MPSW 4, 12, or 16, or Psy 2, or for a recognized ner, in accordance with s. DHS 35.03 (5) (a), whichever is	E	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)
		PI.01.01.01	The organization collects data to monitor its performance.

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)

EP 14 The organization collects data on the following: Significant medication errors. (See also

EP 1 The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)

LD.04.04.01, EP 2; MM.08.01.01, EP 1)

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 Com Equivalent		Joint Commission Standards
		PI.02.01.01	The organ	ization compiles and analyzes data.
		E	Note: E - Recer - Evider - Perfor - Refere	ganization compares data with external sources, when available. Examples of external sources of information include the following: Int scientific, clinical, and management literature, including Sentinel Event Alerts Ince-based guidelines or parameters Immance measures Immance databases Immance organizations with similar processes
e in accordance with c	under sub. (4) (b), the clinic's policy on clinical supervision shall h. MPSW 4, 12, or 16, or Psy 2, or for a recognized	HR.01.03.01	Staff are s	upervised effectively.
psychotherapy practitioner, whichever is applicable. The clinic's policy on clinical collaboration shall require one or more of the following:		E		ision and consultation are available to direct care staff to maintain and enhance their dge and skills in providing care, treatment, or services.
		E		ope and depth of supervision that staff receive is based on their experience with the eatment, or services they are providing and the age and needs of the population(s)
DHS 35.14(2)(a) (a) Individual sessions, reedback.	with staff case review, to assess performance and provide			
planning meetings or ou	de session while a staff member provides assessments, service atpatient mental health services and in which other staff gives advice regarding staff performance.			
DHS 35.14(2)(c) (c) Group meetings to readvice or direction regard	eview and assess quality of services and provide staff members rding specific situations or strategies.			
DHS 35.14(2)(d) d) Any other form of prodesigned to provide sufficionsumers by the staff	ofessionally recognized method of clinical collaboration ficient guidance to assure the delivery of effective services to member.			

DHS Number	Wisconsin Department of Health Services	Joint Commission	Joint Commission Standards			
35.14(3)	Wisconsin Department of Health Oct Vices	Equivalent Number	Contraction Standards			
documented with the s	and clinical collaboration records shall be dated and ignature of the person providing these functions in a supervision or in the staff record of each staff member who attends the	RC.02.01.01 The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.				
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.		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 - Any medications ordered or prescribed - 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 35.14(4) (4)						
DHS 35.14(4)(a) (a) A qualified treatment supervision.	nt trainee who provides psychotherapy shall receive clinical	HR.01.02.07 The org	ganization determines how staff function within the organization.			
·		serv	f provide and/or oversee the supervision of students when they provide care, treatment, or ices as part of their training. Example: Monitoring is not required when it is provided by the student's educational institution.			
DHS 35.14(4)(b)						
(b) If any staff member in training, substance a	, including a staff member who is a substance abuse counselor- abuse counselor, or clinical abuse counselor, provides services	HR.01.02.07 The org	ganization determines how staff function within the organization.			
to consumers who hav	e a primary diagnosis of substance abuse, the staff member pervision from a clinical supervisor as defined under s. RL	serv	f provide and/or oversee the supervision of students when they provide care, treatment, or ices as part of their training. E: Monitoring is not required when it is provided by the student's educational institution.			
		HR.01.03.01 Staff ar	e supervised effectively.			
			scope and depth of supervision that staff receive is based on their experience with the			

served.

care, treatment, or services they are providing and the age and needs of the population(s)

DHS Number 35.14(4)(b)	Wisconsin Department of Health Services	Joint Comr Equivalent		Joint Commission Standards
		HR.01.06.03	behavio	o assess individuals with substance abuse, dependence, and other addictive rs and who plan services for and deliver services to these individuals are ent to do so.
		El	beha	who assess individuals with substance abuse, dependence, and other addictive viors and who plan services for and deliver services to these individuals demonstrate ledge about substance abuse, dependence, and other addictive behaviors and their nent.
		EI	beharknow - Estatreatr - Scre - Scre - Scre - Ana - With objec - Den - Part Note:	who assess individuals with substance abuse, dependence, and other addictive viors and who plan services for and deliver services to these individuals have the ledge and skills to do the following: ablish rapport, systematically gather data, determine the readiness of the individual for ment and change, and apply accepted criteria for diagnosis of substance use disorders seen for psychoactive substance toxicity, intoxication, and withdrawal symptoms seen for danger to self or others seen for co-occurring mental health issues lyze and interpret data to determine treatment recommendations and priorities in the individual served, formulate mutually agreed-upon, measurable treatment goals and tives nonstrate adherence to accepted ethical and behavioral standards of conduct icipate in continuing professional development This does not mean that every staff member must have all of these competencies; in the total complement of staff together possess all of these competencies.
		El	asses	rmance improvement findings are used when evaluating the competence of staff who se individuals with substance abuse, dependence, and other addictive behaviors and who services for and deliver services to these individuals.
			<u> </u>	

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 Commissi Equivalent Numl	Ioint Commission Standards
		بز ۱ ۲	The organization orients staff on the following: Sensitivity to cultural diversity based on their ob duties and responsibilities. Completion of this orientation is documented. Hote: 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 incounter in the organization.
		ϵ	The organization orients staff on the following: The rights of individuals served, including the thical aspects of care, treatment, or services. Completion of this orientation is documented. See also RI.01.07.03, EP 5)
		HR.01.05.03 Staf	f participate in education and training.
			staff participate in education and training to maintain or increase their competency. Staff articipation is documented.
		<u> </u>	staff participate in education and training whenever changes in their responsibilities require it. staff participation is documented. lote: Education and training are only required if an assessment of staff skills and ompetencies indicates a need for their provision.
			staff participate in education and training that is specific to the needs of the population(s) erved by the organization. Staff participation is documented. (See also RI.03.01.05, EP 7)

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 Commi Equivalent N		Joint Commission Standards
		EP	ethical	ganization orients staff on the following: The rights of individuals served, including the aspects of care, treatment, or services. Completion of this orientation is documented. so RI.01.07.03, EP 5)
DHS 35.15(2)(b) (b) The orientation traini	ng requirements under this subsection are:			
DHS 35.15(2)(b)1. 1. A review of the perting regulations.	ent parts of this chapter and other applicable statutes and	HR.01.04.01	The orgai	nization provides orientation to staff.
3		EP	Note: ł	ganization determines the key safety content of orientation provided to staff. (ey safety content may include specific processes and procedures related to the on of care, treatment, or services and the environment of care.
		EP	ganization orients staff on the following: Policies and procedures related to job duties sponsibilities. Completion of this orientation is documented.	
DHS 35.15(2)(b)2. 2. A review of the clinic's	s policies and procedures.	HR.01.04.01	The orga	nization provides orientation to staff.
		EP		ganization orients staff on the following: Policies and procedures related to job duties sponsibilities. Completion of this orientation is documented.
		EP		ganization orients staff on the following: Their specific job duties and responsibilities. etion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)
	eed to be taken into consideration in providing outpatient or the clinic's consumers.	HR.01.04.01	The orgai	nization provides orientation to staff.
		EP	job dut Note: \$ This do	ganization orients staff on the following: Sensitivity to cultural diversity based on their es and responsibilities. Completion of this orientation is documented. Sensitivity to cultural diversity means being aware of and respecting cultural differences not mean that staff have to be conversant with every culture that they may ster in the organization.
	oms of substance use disorders and reactions to psychotropic ne treatment of mental illness and mental disorders served by	HR.01.05.03	Staff part	cipate in education and training.
the clinic.		EP		articipate in education and training that is specific to the needs of the population(s) 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 Com Equivalent		Joint Commission Standards
		HR.01.06.03	behavio	no assess individuals with substance abuse, dependence, and other addictive ors and who plan services for and deliver services to these individuals are ent to do so.
		E	beha	who assess individuals with substance abuse, dependence, and other addictive viors and who plan services for and deliver services to these individuals demonstrate vledge about substance abuse, dependence, and other addictive behaviors and their ment.
		E	beha know - Esta treatr - Scr - Scr - Ana - Witt objec - Der - Par Note	who assess individuals with substance abuse, dependence, and other addictive viors and who plan services for and deliver services to these individuals have the viedge and skills to do the following: ablish rapport, systematically gather data, determine the readiness of the individual for ment and change, and apply accepted criteria for diagnosis of substance use disorders een for psychoactive substance toxicity, intoxication, and withdrawal symptoms een for danger to self or others een for co-occurring mental health issues alyze and interpret data to determine treatment recommendations and priorities the individual served, formulate mutually agreed-upon, measurable treatment goals and citives monstrate adherence to accepted ethical and behavioral standards of conduct ticipate in continuing professional development: This does not mean that every staff member must have all of these competencies; at the total complement of staff together possess all of these competencies.

DHS 35.15(2)(b)5.

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.

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.

HR.01.06.03 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.

- 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:
 - 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
 - Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms
 - Screen for danger to self or others
 - Screen for co-occurring mental health issues
 - Analyze and interpret data to determine treatment recommendations and priorities
 - With the individual served, formulate mutually agreed-upon, measurable treatment goals and objectives
 - Demonstrate adherence to accepted ethical and behavioral standards of conduct
 - Participate in continuing professional development

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.

DHS Number 35.15(2)(b)5.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
	nsumer to detect suicidal tendencies and to manage persons at	HR.01.04.01 The orga	nization provides orientation to staff.
risk of attempting suick	de or causing harm to self or others.		ganization orients its staff to the key safety content before staff provides care, ent, or services. Completion of this orientation is documented.
			ganization orients staff on the following: Their specific job duties and responsibilities. etion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)
	and principles that ensure services, and supports connection to	HR.01.04.01 The orga	nization provides orientation to staff.
others and to the comm	nunity.	EP 4 The organization orients staff on the following: Their specific job duties and respon-	
			etion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)
	at the clinic determines is necessary to enable the staff member	Compl	
8. Any other subject that	at the clinic determines is necessary to enable the staff member mber's duties effectively, efficiently, and competently.	HR.01.04.01 The organ	etion of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7)
8. Any other subject that		HR.01.04.01 The organ EP 1 The or Note: h provisi EP 2 The or	nization provides orientation to staff. ganization determines the key safety content of orientation provided to staff. Rey safety content may include specific processes and procedures related to the
8. Any other subject that		HR.01.04.01 The orgal EP 1 The or Note: I provisi EP 2 The or treatm EP 3 The or	dization of this orientation is documented. (See also IC.01.05.01, EP 6; IC.02.01.01, EP 7) dization provides orientation to staff. In a state of the staff of the staff or the staff or the staff of the staff or
8. Any other subject that		HR.01.04.01 The organ EP 1 The or Note: I provisi EP 2 The or treatm EP 3 The or and researched the control of the control	nization provides orientation to staff. ganization determines the key safety content of orientation provided to staff. Key safety content may include specific processes and procedures related to the on of care, treatment, or services and the environment of care. ganization orients its staff to the key safety content before staff provides care, ent, or services. Completion of this orientation is documented. ganization orients staff on the following: Policies and procedures related to job duties

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	
DHS 35.16(1) (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:		PC.1.10	identified care, tre Note: For opioid to admission to a co within 14 days in a	n accepts for care, treatment, or services only those individuals whose reatment, or service needs it can meet. I treatment programs: If an individual eligible for treatment applies for comprehensive maintenance treatment program but cannot be placed in a program that is within a reasonable geographic area, an opioid am's Program Sponsor may place the individual in interim maintenance	
			 The informatio The population programs design The criteria to 	n has a written process that includes the following: n to be gathered to determine eligibility for care, treatment, or services so findividuals accepted or not accepted by the organization (for example, ned to treat adults that do not treat young children) determine eligibility for care, treatment, or services s for accepting referrals	
			EP 2 Individuals are s phone) with the	screened for appropriateness at the point of first contact (including contact by organization.	
DHS 35.16(1)(a) (a) Sources from which referrals may be accepted by the clinic.		PC.1.10	identified care, tre Note: For opioid to admission to a co within 14 days in a	accepts for care, treatment, or services only those individuals whose atment, or service needs it can meet. reatment programs: If an individual eligible for treatment applies for mprehensive maintenance treatment program but cannot be placed a program that is within a reasonable geographic area, an opioid n's Program Sponsor may place the individual in interim maintenance	
			 The informatio The population programs design The criteria to 	n has a written process that includes the following: n to be gathered to determine eligibility for care, treatment, or services so of individuals accepted or not accepted by the organization (for example, ned to treat adults that do not treat young children) determine eligibility for care, treatment, or services s for accepting referrals	
DHS 35.16(1)(b)					
(b) Restrictions on acce consumer or a consume	ptable sources of payment for services, or the ability of a er's family to pay.	LD.04.03.07		omparable needs receive the same standard of care, treatment, or out the organization.	
			EP 1 Variances in sta services in a ne	off, setting, or payment source do not affect outcomes of care, treatment, or gative way.	
			EP 2 Care, treatment	, or services are consistent with the organization's mission, vision, and goals.	

DHS Number		Joint Co	ommission	
35.16(1)(c)	Wisconsin Department of Health Services		ent Number	Joint Commission Standards
DHS 35.16(1)(c)		•		
(c) The age range of consumers whom the clinic will serve based on the expertise of the clinic staff members.		PC.1.10	identified Note: For admissio within 14	nization accepts for care, treatment, or services only those individuals whose care, treatment, or service needs it can meet. opioid treatment programs: If an individual eligible for treatment applies for note to a comprehensive maintenance treatment program but cannot be placed days in a program that is within a reasonable geographic area, an opioid program's Program Sponsor may place the individual in interim maintenance.
		_	- The ii - The p progra - The c	ganization has a written process that includes the following: Information to be gathered to determine eligibility for care, treatment, or services opulations of individuals accepted or not accepted by the organization (for example, ms designed to treat adults that do not treat young children) riteria to determine eligibility for care, treatment, or services rocedures for accepting referrals
DUC 25 40(4)(4)				
DHS 35.16(1)(d) (d) Diagnostic or behav or not to admit a consu	rioral requirements that the clinic will apply in deciding whether mer for treatment.	identified care, treatment, or service needs it can meet. Note: For opioid treatment programs: If an individual eligib admission to a comprehensive maintenance treatment progwithin 14 days in a program that is within a reasonable geo treatment program's Program Sponsor may place the indivitreatment. EP 1 The organization has a written process that includes the follour of the information to be gathered to determine eligibility for care.		opioid treatment programs: If an individual eligible for treatment applies for n to a comprehensive maintenance treatment program but cannot be placed days in a program that is within a reasonable geographic area, an opioid program's Program Sponsor may place the individual in interim maintenance
				offormation to be gathered to determine eligibility for care, treatment, or services opulations of individuals accepted or not accepted by the organization (for example, ms designed to treat adults that do not treat young children) riteria to determine eligibility for care, treatment, or services
				uals are screened for appropriateness at the point of first contact (including contact by with the organization.
				warranted by need, separate specialized screening, assessment and reassessment ses are identified for the various populations served.
including the nature or	acteristics for which the clinic has been specifically designed, severity of disorders that can be managed on an outpatient the expected length of time that services may be necessary.	PC.1.10	identified Note: For admissio within 14	nization accepts for care, treatment, or services only those individuals whose care, treatment, or service needs it can meet. opioid treatment programs: If an individual eligible for treatment applies for to a comprehensive maintenance treatment program but cannot be placed days in a program that is within a reasonable geographic area, an opioid
				program's Program Sponsor may place the individual in interim maintenance

DHS Number 35.16(1)(e)	Wisconsin Department of Health Services	Joint Con Equivalen		Joint Commission Standards
			- The i - The i progra - The o	ganization has a written process that includes the following: information to be gathered to determine eligibility for care, treatment, or services informations of individuals accepted or not accepted by the organization (for example, important meaning that do not treat young children) interiated to determine eligibility for care, treatment, or services information has a written process that includes the following:
DHS 35.16(2)				
(2) A clinic shall refer ar admission to appropriate	ny consumer not meeting the clinic's selection criteria for e services.	PC.4.90		ividuals served need additional services not offered by the organization, the referrals are made and documented in the clinical/case record.
			EP 1 Individ	uals served are referred to an outside source when services needed are not provided /.
			EP 2 Referr	als to an outside source are based on assessment of need.
			EP 4 Referr	als of individuals served to outside sources are documented in the clinical/case record.
	rvices to these consumers are not yet available, the priorities or speration of the waiting list shall be maintained in writing and mly.			
DHS 35.16(4)				
				_
	ment professional, or a recognized psychotherapy practitioner, illness of a consumer on behalf of a clinic. The licensed	HR.01.02.07	The orga	nization determines how staff function within the organization.
treatment professional, consumer file, the recor	or recognized psychotherapy practitioner shall document, in the nmendation for psychotherapy specifying the diagnosis; the ation for psychotherapy; the length of time of the			ractice within the scope of their license, certification, or registration and as required by d regulation. (See also HR.01.02.05, EPs 1 and 2)
recommendation; the se	ervices that are expected to be needed; and the name and issuing the recommendation for psychotherapy.	HR.02.01.03	_	nization assigns initial, renewed, or revised clinical responsibilities to staff who tted by law and the organization to practice independently.
		E	the or	assigning or reassigning clinical responsibilities to staff who are permitted by law and panization to practice independently, the organization evaluates the following: Any ary and involuntary relinquishment of license or registration.
		E	the org	assigning or reassigning clinical responsibilities to staff who are permitted by law and panization to practice independently, the organization evaluates the following: Any ary or involuntary limitation, reduction, or loss of clinical responsibilities.

DHS Number 35.16(4)(a)	Wisconsin Department of Health Services	Joint Comr Equivalent		Ioint Commission Standards
		EP	th	efore assigning or reassigning clinical responsibilities to staff who are permitted by law and e organization to practice independently, the organization evaluates the following: Any ofessional liability actions that resulted in a final judgment against the staff member.
		EP	th th	efore assigning or reassigning clinical responsibilities to staff who are permitted by law and e organization to practice independently, the organization evaluates the following: Whether e requested clinical responsibilities are consistent with the population(s) served by the ganization.
		EP	th cl	efore assigning or reassigning clinical responsibilities to staff who are permitted by law and e organization to practice independently, the organization evaluates whether the requested nical responsibilities are consistent with the program or site-specific care, treatment, or ervices provided.
		EP		ne decision by leaders to assign clinical responsibilities is based on the credentials formation obtained.
		EP	23 TI	ne governing body approves, in writing, clinical responsibilities.
		EP		ractitioners who are permitted by law and the organization to practice independently practice thin the scope of their clinical responsibilities.
		EP	TI - (-) - I	ne organization establishes program/service-specific criteria for each clinical responsibility. nese 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 ote: Refer to the Glossary for the definition of peer recommendation.
		HR.02.01.07		sed independent practitioners who provide coverage for other licensed independent itioners are competent.
		E	pr al he	then a licensed independent practitioner designates another licensed independent actitioner (who does not have assigned clinical responsibilities) to cover in his or her osence, the organization defines the maximum time frame this individual can practice before to rshe is required to go through the organization's process for the assignment of clinical sponsibilities.
		RC.01.01.01	The	organization maintains complete and accurate clinical/case records.
		E		ne clinical/case record contains the information needed to support the diagnosis or condition the individual served.
		E		ne clinical/case record contains the information needed to justify the care, treatment, or ervices provided to the individual served.
		RC.01.02.01	Entri	es in the clinical/case record are authenticated.
		E	P1 0	nly 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
		ical/case record contains information that reflects the care, treatment, or services d to the individual served.
	- The - The - Any - The - Any	clinical/case record of the individual served contains the following clinical information: reason(s) for admission for care, treatment, or services initial diagnosis, diagnostic impression(s), or condition(s) findings of assessments and reassessments allergies to food allergies to medications conclusions or impressions drawn from the medical history and physical examination diagnoses or conditions established during the course of care, treatment, or services consultation reports observations relevant to care, treatment, or services response to care, treatment, or services emergency care, treatment, or services provided prior to arrival progress notes medications ordered or prescribed medications administered, including the strength, dose, and route access site for medication, administration devices used, and rate of administration (for enous therapy) adverse drug reactions atment goals, plan of care, and revisions to the plan of care, treatment, or services ers for diagnostic and therapeutic tests and procedures and their results

DHS 35.16(4)(b)

(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.

DHS 35.16(5)

(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.

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.

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

DHS Number 35.165	Wisconsin Department of Health Services		ommission ent Number	Joint Commission Standards
DHS 35.165 DHS 35.165 Emergence	cy services.			
Note: The phrase "avaiunder s. DHS 35.03 (2)	lable to provide outpatient mental health services" is defined).			
	e and implement a written policy on how the clinic will provide or on of services to address a consumer's mental health emergency	NPSG.15.0	01.01 Identify in	dividuals at risk for suicide.
or crisis during hours w	when its offices are closed, or when staff members are not state that the state of			suicide prevention information to individuals at risk for suicide and their families when we the care of the organization.
		PC.6.180	assistance	zations providing community integration services: The individual served, with from the organization, determines their needs for education, training, and oprogress towards goals of more independent living and community integration.
			the indi educati - Perso - House - Shopp - Meal - Budge - Banki - Acces - Use o - Comn - Socia - Leisur - Volun	ng sing public transportation from the community resources the community resou
	ude, in its written policies, the procedures for identifying risk of sk of harm to self or others.	PC.2.10		ization has a screening procedure for the early detection of risk of imminent elf or others.
				ial screening process determines the need for immediate intervention to protect the al served or others.
DHS 35.17 DHS 35.17 Assessmen	nt.			

DHS Number 35.17(1)	Wisconsin Department of Health Services		Commission lent Number	Joint Commission Standards
DHS 35.17(1) (1)				
before a second meeting	ofessional, shall complete an initial assessment of a consumer ng with a staff member. The information collected during the I be sufficient to identify the consumer's need for outpatient	PC.2.40	health sc	4-hour care programs have and implement written procedures requiring a physical reening to determine the need for a physical health assessment, including a nistory and physical examination.
			treatm assert	izations providing non-24-hour care services (such as partial hospitalization, day ent, outpatient, intensive outpatient services, supportive living, case management, we community treatment, adult day care, or emergency shelters) have written dures addressing physical health screening.
			collect	izations providing non-24-hour care services have procedures that specify the data to be ed, responsible staff, a time frame, and decision criteria for determining the need for a al examination.
				izations providing non-24-hour care services have a qualified licensed independent ioner who participates in developing the physical health screening procedure.
			- Signi - Past	izations providing non-24-hour care services gather the following physical health data: ficant, known past treatment procedures and current diagnoses or problems ently and recently used medications
		PC.2.60		nization defines in writing the data and information gathered during the ocial assessment.
				members' participation is considered a potential source of information for the osocial assessment.
		_	and cu	addressing bereavement, the psychosocial assessment includes the social, spiritual, lltural variables that influence the perceptions and expressions of grief by the individual or his or her family.

DHS Number 35.17(1)(a) Wisconsin Department of Health Service	Wisconsin Department of Health Services		ommission ent Number	Joint Commission Standards	
		PC.2.70		nization defines in writing the data and information gathered during the emotional vioral assessment.	
			behavi following - Histon - Adding other commends - Currenge - Malanger - Commends - Com	y of emotional problems y of behavioral problems tive behavioral problems tive behaviors as a primary or a co-occurring condition(s), including the use of alcohol, rugs, gambling, or other addictive behaviors by the individual served and family	
			- Ment - Psyc - Psyc	ndicated, the following evaluations are conducted: al status niatric nological uage, self-care, visual-motor, and cognitive functioning.	
		PC.4.20	The care, individua	treatment, or services planned are appropriate to the assessed needs of the served.	
			EP 1 The ne	eds of the individual served are identified based on information from the assessment.	
current needs, strengths and	sment shall be valid, accurately reflect the consumer's d functioning, be completed before beginning treatment stablished under s. DHS 35.19 (1), and include all of the	PC.2.100	A legal st is perforr	atus screening is done, and when indicated, an in-depth legal status assessment ned.	
following:	The series of the series (1), and mondes all of the		EP 1 A scre	ening identifies individuals for whom a legal assessment is indicated.	

assessment.

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

DHS Number		Joint Co	ommissio	
35.17(1)(b)	Wisconsin Department of Health Services		ent Numb	Ioint Commission Standards
			ga or - / - / hi:	Then conducted by the organization, the information defined by the organization to be athered during the initial legal status assessment includes, as relevant to the care, treatment, or services, at least the following: A legal history A preliminary discussion to determine how much the individual's legal situation will influence s or her progress in care, treatment, or services, and the urgency of the legal situation The relationship between the presenting conditions and legal involvement
		PC.2.110		tritional screening is done, and when indicated, an in-depth nutritional assessment is ormed.
			EP1 A	screening identifies individuals who may be at moderate or high nutritional risk.
				dividuals who may be at moderate or high nutritional risk are either assessed or referred for assessment by a qualified professional.
		PC.2.140	Initia	Il screenings and assessments are performed as defined by the organization.
			EP1 Ea	ach individual served is assessed per organization policy.
				ach individual's initial assessment is conducted within the time frame specified by the needs the individual served, organization policy, and law and regulation.
			fo	he organization collects information during initial screenings and/or assessments about the illowing: The individual's perceptions of needs and preferences for care, treatment, or ervices.
			fo	he organization collects information during initial screenings and/or assessments about the illowing: The family's perceptions, when indicated and available, and preferences for care, eatment, or services.
			de ca	acute 24-hour settings, a qualified, licensed independent practitioner is responsible for etermining the degree of assessment and care for each individual treated in an emergency are area. ote: "Acute settings" may also refer to inpatient crisis stabilization or medical detoxification.

DHS Number 35.17(1)(b)	Wisconsin Department of Health Services		ommission ent Number Joint Commission Standards
		PC.2.70	The organization defines in writing the data and information gathered during the emotio 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 alcohother 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 catreatment, or service discharge-planning decisions. Such populations include the severely apersistently mentally ill, the severely and chronically disabled, and children and youth. Community resources for these groups encompass a wide range of services. These service 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 transportational 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.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 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	Wisconsin Department of Health Services	Joint Comm		Joint Commission Standards
35.17(1)(b)	Wisconsin Department of Health Services	Equivalent N	umber	Joint Commission Standards
		EP	health asset - Motor deve - Sensorimo - Speech, he - Visual funo - Immunizat	
		PC.3.40		ons providing care, treatment, or services to individuals with intellectual needs of individuals with intellectual disabilities are assessed.
		EP	disabilities:	ations providing care, treatment, or services to individuals with intellectual A comprehensive assessment of individuals with intellectual disabilities is done ys of admission and at regular intervals thereafter as specified in policy.
		EP		ations providing care, treatment, or services to individuals with intellectual individuals with intellectual disabilities receive at least an annual physical .
		EP	disabilities: behavioral,	ations providing care, treatment, or services to individuals with intellectual individuals with intellectual disabilities are reassessed for social, emotional, educational, vocational, and cognitive functioning, and recreational needs at wals and at least annually, and, when indicated, reassessed for legal needs.
		EP	disabilities:	ations providing care, treatment, or services to individuals with intellectual The organization identifies the most common instances in which a reassessment dual served should be done more than once a year.
		EP	disabilities: intellectual of following: - The preser - Other disa - Needs	ations providing care, treatment, or services to individuals with intellectual information to be gathered during the initial assessment of individuals with disabilities, includes, as relevant to the care, treatment, or services, at least the ating conditions bilities
		EP	disabilities: disabilities, - Motor deve - Sensorimo - Speech, ho - Visual fund - Immunizat	
		EP	disabilities: the following - A compreh - Adaptive b	titions providing care, treatment, or services to individuals with intellectual The psychosocial assessment for individuals with intellectual disabilities addresses I: ensive social history ehavior, social functioning, and independent living skills, talents, aptitudes, d leisure activities

DHS Number 35.17(1)(b)	Wisconsin Department of Health Services		Commission lent Number	Joint Commission Standards
			disal intell - Ed - Wo	organizations providing care, treatment, or services to individuals with intellectual bilities: The educational and vocational functioning assessment for individuals with ectual disabilities addresses the following: ucation and training history rk history rk interests, skills, and work-related behavior
			disa addr - Inte - Co	organizations providing care, treatment, or services to individuals with intellectual bilities: The cognitive functioning assessment for individuals with intellectual disabilities esses the following: bligence testing especial skills courrent level of concrete and abstract reasoning
		PC.3.60	For org	anizations providing care, treatment, or services to individuals with addictions: The ment includes the individual's history of addictive behaviors.
			indiv obta - Ag	organizations providing care, treatment, or services to individuals with addictions: The idual's history of alcohol use, drug use, nicotine use, and other addictive behaviors is ined. The information includes the following: e of onset ration
				terns of use (for example, continuous, episodic, or binge use)
		PC.4.20		e, treatment, or services planned are appropriate to the assessed needs of the ual served.
			EP 1 The	needs of the individual served are identified based on information from the assessment.
				t, treatment, or service decisions are collaborative and interdisciplinary when more than discipline is involved in the care, treatment, or services of the individual served.
			EP 3 Plan goal	ning care, treatment, or services includes identifying specific objectives for the identified s.
				ning care, treatment, or services includes interventions and services necessary to meet dentified goals.
		PC.4.30	Approp	riate care, treatment, or services may begin before a full plan is formulated.
				eliminary plan for care, treatment, or services may be formulated and interventions erway to address immediate needs while full detailed assessments and planning are done.
				preliminary plan for care, treatment, or services is developed as soon as possible after I contact.
				preliminary plan for care, treatment, or services addresses the presenting needs based on mation gathered during admission and initial assessment.
			eme	preliminary plan for care, treatment, or services addresses interventions in response to rgency needs, such as an immediate need for placement, danger to self or others, or re personality disorder when present.

DHS Number 35.17(1)(b)	Wisconsin Department of Health Services		mmission nt Number	Joint Commission Standards
		PC.4.40	_	nization develops a plan for care, treatment, or services that reflects the assessed trengths, and limitations of the individual served.
			- Clea - Mea limitat - The - A de reach - As a and le Note comm disabi	lan for care, treatment, or services includes the following: urly defined problems and needs statements surable goals and objectives based on the assessed needs, strengths, and the icons of the individual served frequency of care, treatment, or services escription of facilitating factors and possible barriers to care, treatment, or services or ing goals appropriate to the services or setting, the criteria for the transition to more independent less restrictive environments and successful adaptation into community settings 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and nunicative disorders, developmental disabilities, vision or hearing disabilities, physical lities, and social and environmental factors. 2: For opioid treatment programs: For patients receiving interim maintenance treatment, er an initial treatment plan nor a periodic treatment plan evaluation is required.
			- Suffi	tives of the plan for care, treatment, or services are as follows: iciently specific to evaluate the progress of the individual served ressed in behavioral terms that specify measurable indices of progress
			neces treatm	and objectives of the plan for care, treatment, or services are re-evaluated and, when sary, revised based on changes in the problems, needs, and responses to care, nent, or services of the individual served or, if no changes occur, at a minimum specified interval established by organization policy.
			EP 4 Justifi	cation for deferring care, treatment, or services of specific needs is documented.
DHS 35.17(1)(b)1. 1. The consumer's pres	sentina problems.	PC 2 70	The arms	unization defines in writing the data and information gathered during the emotional

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

DHS Number 35.17(1)(b)1.	Wisconsin Department of Health Services		Commission lent Numbe	laint Cammicaian Standarda
			bet follo - H - H - A oth me - C - Mo trea per Co are pro bar thre	e information defined by the organization to be gathered during the emotional and avioral assessment includes, as relevant to the care, treatment, or services, at least the owing: story of emotional problems story of behavioral problems didictive behaviors as a primary or a co-occurring condition(s), including the use of alcohol, er drugs, gambling, or other addictive behaviors by the individual served and family mbers. urrent emotional and behavioral functioning aladaptive or problem behaviors ommunity resources accessed by the individual served e: For certain populations, early identification of community resources is important to care, timent, or service discharge-planning decisions. Such populations include the severely and sistently mentally ill, the severely and chronically disabled, and children and youth. Inmunity resources for these groups encompass a wide range of services. These services supportive (such as community mental health, sheltered living, day treatment, or activity grams) as well as commonly accessed by the general public (such as public transportation, iking or retail stores, and so on). For youth or children in foster care or being provided ough in-home services, such resources might include community mental health centers, in centers, YMCAs, or Jewish community centers. These sources of community services by be used as informational, discharge planning, supportive, or continuing care resources.
			- M - P: - P:	en indicated, the following evaluations are conducted: ental status sychiatric sychological anguage, self-care, visual-motor, and cognitive functioning.
		PC.4.20		re, treatment, or services planned are appropriate to the assessed needs of the lual served.
			EP 1 The	needs of the individual served are identified based on information from the assessment.
		PC.4.30	Appro	priate care, treatment, or services may begin before a full plan is formulated.
				e preliminary plan for care, treatment, or services addresses the presenting needs based on rmation gathered during admission and initial assessment.

DHS Number 35.17(1)(b)1.	Wisconsin Department of Health Services		ommission ent Number	Joint Commission Standards
		PC.4.40		tion develops a plan for care, treatment, or services that reflects the assessed pths, and limitations of the individual served.
			- Clearly de - Measurat limitations - The frequ - A descrip reaching ge - As approge and less re Note 1: Ba communicat disabilities, Note 2: Fo	or care, treatment, or services includes the following: efined problems and needs statements ble goals and objectives based on the assessed needs, strengths, and the of the individual served lency of care, treatment, or services tion of facilitating factors and possible barriers to care, treatment, or services or oals priate to the services or setting, the criteria for the transition to more independent estrictive environments and successful adaptation into community settings rriers that might need to be considered include co-occurring illnesses, cognitive and active disorders, developmental disabilities, vision or hearing disabilities, physical and social and environmental factors. It opioid treatment programs: For patients receiving interim maintenance treatment, 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 Con Equivalen		Joint Commission Standards
		PC.3.10	Individua	als served who may be victims of abuse, neglect, or exploitation are assessed.
				s of abuse, neglect, or exploitation are identified using the criteria developed or adopted organization during initial screening and assessment and on an ongoing basis.
		RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services to the individual served.
			- The - The - Any - The - Any	inical/case record of the individual served contains the following clinical information: reason(s) for admission for care, treatment, or services initial diagnosis, diagnostic impression(s), or condition(s) findings of assessments and reassessments allergies to food allergies to medications conclusions or impressions drawn from the medical history and physical examination diagnoses or conditions established during the course of care, treatment, or services consultation reports observations relevant to care, treatment, or services response to care, treatment, or services provided prior to arrival progress notes medications ordered or prescribed medications ordered or prescribed medications administered, including the strength, dose, and route access site for medication, administration devices used, and rate of administration (for enous therapy) adverse drug reactions the plan of care, treatment, or services are for diagnostic and therapeutic tests and procedures and their results

DHS 35.17(1)(b)3.

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

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.
OHS 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

Joint Commission

Equivalent Number

Joint Commission Standards

DHS Number

35.17(1)(b)3.

Wisconsin Department of Health Services

DHS Number 35.17(1)(b)4.	Wisconsin Department of Health Services		ommission ent Number	Joint Commission Standards
		PC.2.50	has a process	ary or relevant to the care, treatment, or services provided, the organization to obtain medical histories, physical examinations, and diagnostic and its not directly provided by the organization.
			not provide services to	ssary or relevant to the care, treatment, or services provided, organizations that do physical health assessments or diagnostic and laboratory tests arrange for such be provided by an outside source that is a recognized health care organization, or qualified and competent licensed independent practitioner.
		PC.2.60	The organizati	on defines in writing the data and information gathered during the assessment.
			gathered du - Environme - Leisure an - Religion a - Childhood - Military se - Financial i	rvice history, if applicable ssues al, peer-group, and environmental setting tory
		PC.2.70	The organizati and behaviora	on defines in writing the data and information gathered during the emotional I assessment.
			behavioral a following: - History of - History of - Addictive b other drugs, members Current en - Maladaptiv - Communit Note: For ce treatment, of persistently Community are supporti programs) a banking or r through in-h teen centers	tition defined by the organization to be gathered during the emotional and assessment includes, as relevant to the care, treatment, or services, at least the emotional problems behavioral problems behaviors as a primary or a co-occurring condition(s), including the use of alcohol, agambling, or other addictive behaviors by the individual served and family motional and behavioral functioning re or problem behaviors y resources accessed by the individual served ertain populations, early identification of community resources is important to care, or service discharge-planning decisions. Such populations include the severely and mentally ill, the severely and chronically disabled, and children and youth. resources for these groups encompass a wide range of services. These services we (such as community mental health, sheltered living, day treatment, or activity as well as commonly accessed by the general public (such as public transportation, retail stores, and so on). For youth or children in foster care or being provided some services, such resources might include community mental health centers, s., YMCAs, or Jewish community centers. These sources of community services d as informational, discharge planning, supportive, or continuing care resources.
			 Mental sta Psychiatrio Psycholog 	

DHS Number 35.17(1)(b)4.	Wisconsin Department of Health Services		ommission ent Number	Joint Commission Standards
		PC.2.80		riate to the age of the individual served, a vocational screening is done, and cated, an in-depth vocational assessment is performed.
			EP 1 A scree	ning identifies individuals for whom a vocational assessment is indicated.
			EP 2 Individ	als for whom a vocational assessment is indicated are either assessed or referred for ment.
		PC.2.90		ional status screening is done, and when indicated, an in-depth educational essment is performed.
			EP 1 A scree	ning identifies individuals for whom a more in-depth educational assessment is
				als for whom a more in-depth educational assessment is indicated are either assessed red for assessment.
			assess - The e - Prefe - Attitu	ormation defined by the organization to be gathered during the initial educational ment includes, as relevant to care, treatment, or services, at least the following: ducational background of the individual served ences of areas of study and academic performance le toward academic achievement bilities for future education
		PC.3.10	Individua	s served who may be victims of abuse, neglect, or exploitation are assessed.
				of abuse, neglect, or exploitation are identified using the criteria developed or adopted organization during initial screening and assessment and on an ongoing basis.
		PC.3.110		zations providing care, treatment, or services to individuals with additions: The nt includes the history of previous treatment and relapse of the individual served.
				anizations providing care, treatment, or services to individuals with additions: ments of the individual served contain information about previous treatment.
			Assess	anizations providing care, treatment, or services to individuals with additions: ments of the individual served contain information about the individual's response to s treatment.
			Assess	anizations providing care, treatment, or services to individuals with additions: ments of the individual served contain information about the relapse history of the al served.

DHS Number 35.17(1)(b)4.	Wisconsin Department of Health Services		ommission ent Number	Joint Commission Standards
		PC.3.30	For organization children/youth a	s providing care, treatment, or services to a child/youth: The needs of re assessed.
			information de child/youth inc - An assessm needs on the child's or yout development - Assessment - The child's or - The family de - Areas that si	ons providing care, treatment, or services to a child/youth: Assessment fined by the organization to be gathered during the initial assessment of a ludes at least the following, as relevant to the care, treatment, or services: ent of the family's effect on the child's/youth's needs and the effect of those amily y status, including the clear identification of the legal guardian(s) developmental perspective in evaluating all aspects of functioning, including the n's physical, emotional, cognitive, educational, nutritional, and social in relation to normative development for chronological age r youth's play, recreation, and daily activity needs story and current living situation (namics and their impact on the child's/youth's current needs and the should be considered in discharge planning
		PC.3.70	assessment incl	s providing care, treatment, or services to individuals with addictions: The udes the individual's history of mental, emotional, behavioral, legal, and nces of dependence or addiction; their co-occurrences with substance use neir treatment.
			<u> </u>	ons providing care, treatment, or services to individuals with addictions: The tory of emotional, behavioral, legal, and social consequences of dependence or tained.
			Information in	ons providing care, treatment, or services to individuals with addictions: cluding consequences of dependence or addiction (for example, legal problems, if friends, job-related incidents, financial difficulties, blackouts, memory obtained.
		PC.3.80	assessment incl	s providing care, treatment, or services to individuals with addictions: The udes the individual's history of physical problems associated with a, dependence, and other addictive behaviors.
			individual's his	ons providing care, treatment, or services to individuals with addictions: The tory of physical problems associated with substance dependence and other viors is obtained.
DHS 35.17(1)(b)5.				
his or her recovery, ex	que perspective and own words about how the consumer views perience, challenges, strengths, needs, recovery goals,	PC.2.140	Initial screening	s and assessments are performed as defined by the organization.
priorities, preferences, and community suppor	values and lifestyle, areas of functional impairment, and family rt.			on collects information during initial screenings and/or assessments about the

and community support.

for which the patients were admitted to the system.

following: The individual's perceptions of needs and preferences for care, treatment, or

EP 4 The organization collects information during initial screenings and/or assessments about the

treatment, or services.

following: The family's perceptions, when indicated and available, and preferences for care,

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

services under the mental health system, for the purpose of ameliorating the conditions

a reasonable and appropriate manner in the treatment of patients who are receiving

DHS Number 35.17(1)(b)5.	Wisconsin Department of Health Services		ommission lent Number	Joint Commission Standards
		PC.4.50		s served are encouraged to participate in developing their plan for care, , or services.
			service Note: I notes. service	ganization has a process for involving individuals served in their care, treatment, or decisions. Occumentation of the nature and extent of the involvement is often included in progress It is not necessary for the individual served to sign a specific plan for care, treatment, or s because a signature alone does not testify to the degree of involvement, tanding, or agreement in this important process.
				rventions described in a plan for care, treatment, or services consider and respect the of the individual served.
				rticipation of the individual served in developing his or her plan for care, treatment, or s is documented.
	ermined to have one or more co-occurring disorders, a licensed mental health practitioner, or a recognized psychotherapy	PC.4.90		ividuals served need additional services not offered by the organization,
	ment the treatments and services concurrently received by the		appropria	te referrals are made and documented in the clinical/case record.
using qualified staff me	r providers; whether the clinic can serve the consumer's needs mbers or in collaboration with other providers; and any dditional services, if needed. If a clinic cannot serve a		EP 1 Individ directly	uals served are referred to an outside source when services needed are not provided .
consumer's needs, inde	ependently, or in collaboration with other providers, the clinic er, with the consumer's consent, to an appropriate provider.		EP 2 Referra	als to an outside source are based on assessment of need.
	s, war the consumer o consent, to an appropriate provider.			rent care, treatment, or services provided by an outside source that are integral to g goals and objectives are reflected in the plan for care, treatment, or services.
			EP 4 Referra	als of individuals served to outside sources are documented in the clinical/case record.
		PC.5.60	served as	nization coordinates the care, treatment, or services provided to an individual part of the plan for care, treatment, or services and consistent with the on's scope of care, treatment, or services.
			EP 1 The or	ganization coordinates the care, treatment, or services provided through internal

resources to an individual served.

treatment, or service providers.

treatment, or services with these resources.

EP 2 When external resources are needed, the organization participates in coordinating care,

appropriate coordination and continuity when individuals served are referred to other care,

EP 3 The organization has a process to receive or share relevant information to facilitate

DHS Number 35.17(2)	Wisconsin Department of Health Services	Joint Con Equivalen		Joint Commission Standards
		RC.02.01.01		case record contains information that reflects the care, treatment, or services the individual served.
			following - Any adv - Any info - Any doo - Any doo care, trea - Any rec - Any doo and, whe - Any info individua illnesses served	add to provide care, treatment, or services, the clinical/case record contains the additional information: vance directives some consent (See also RI.01.03.01, EP 13) commentation of protective services commentation of consent by the individual served, family, or guardian for admission; content, or services; evaluation; continuing care; or research ords of communication with the individual served, such as telephone calls or e-mail commentation of involvement in care, treatment, or services by the individual served on necessary, his or her family commation on unusual occurrences, such as complications; accidents or injuries to the served; procedures that place the individual served at risk or cause pain; other or conditions that affect care, treatment, or services; or the death of the individual coations for and episodes of special procedures
DHS 35.18(1) (1) If a clinic determines	outpatient mental health services. s that a consumer is appropriate for receiving outpatient mental	RI.01.01.03	The organiz	ation respects the right of the individual served to receive information in a
consumer's legal repres	the clinic, the clinic shall inform the consumer or the sentative of the results of the assessment. In addition, the clinic ner or the consumer's legal representative, orally and in writing,		manner he	or she understands. nization provides information to the individual served in a manner tailored to his or her and ability to understand. (See also RI.01.01.01, EP 2)
		RI.01.02.01	The organiz	ation respects the right of the individual served to collaborate in decisions her care, treatment, or services.
			treatmen Note: Thi making.	nization involves the individual served in making decisions about his or her care, t, or services. s involvement goes beyond mere presence at the time of discussion or decision nvolvement connotes a collaborative process in which the organization actively the individual served in decision making regarding his or her care, treatment, or
			treatmen right to ir	idual served has the right to involve his or her family in decisions about care, t, or services. When there is a surrogate decision-maker, he or she can exercise the volve the family on behalf of the individual served, in accordance with law and h. (See also RI.01.07.01, EP 2)
		RI.01.03.01	The organiz	ation honors the right of the individual served to give or withhold informed
				med consent process includes a discussion about the proposed care, treatment, or for the individual served.

DHS Number 35.18(1)	Wisconsin Department of Health Services	Joint Con Equivalen		Ioint Commission Standards
DHS 35.18(1)(b) (b) Treatment alternative	es.	RI.01.03.01	The or	ganization honors the right of the individual served to give or withhold informed
				informed consent process includes a discussion about the proposed care, treatment, or vices for the individual served.
		E	ind ber	informed consent process includes a discussion about reasonable alternatives to the vidual's proposed care, treatment, or services. The discussion encompasses risks and efits related to the alternatives and the risks related to not receiving the proposed care, tment, or services.
DHS 35.18(1)(c) (c) Possible outcomes a plan.	and side effects of treatment recommended in the treatment	PC.6.30		dividual served receives education and training specific to the individual's abilities ropriate to the care, treatment, or services provided by the organization.
			EP 1 Ed	cation provided is appropriate to the abilities of the individual served.
				cation provided to the individual served is coordinated among the disciplines providing e, treatment, or services.
			EP 4 Tea	ching methods accommodate various learning styles of the individuals served.
			EP 5 Co	nprehension of the education provided to the individual served is evaluated.
		RI.01.03.01	The or	ganization honors the right of the individual served to give or withhold informed nt.
			EP1 The	organization has a written policy on informed consent.
				organization's written policy identifies the specific care, treatment, or services that require rmed consent, in accordance with law and regulation.
			obt No	organization's written policy describes circumstances that would allow for exceptions to aining informed consent. e: Such circumstances may include situations involving threat of harm to self or others, d abuse, or elder abuse.
				organization's written policy describes when a surrogate decision-maker may give rmed consent. (See also RI.01.02.01, EP 6)
		E	ind ber	informed consent process includes a discussion about reasonable alternatives to the vidual's proposed care, treatment, or services. The discussion encompasses risks and efits related to the alternatives and the risks related to not receiving the proposed care, tment, or services.
		E		rmed consent is obtained in accordance with the organization's policy and processes. (See PRC.02.01.01, EP 4)

DHS Number 35.18(1)(d)	Wisconsin Department of Health Services	Joint Con Equivalen		Joint Commission Standards		
DHS 35.18(1)(d) (d) Treatment recomme	endations and benefits of the treatment recommendations.	RI.01.03.01	The organ	The organization honors the right of the individual served to give or withhold informed consent.		
				ormed consent process includes a discussion about the proposed care, treatment, or s for the individual served.		
		E	individ benefit	ormed consent process includes a discussion about reasonable alternatives to the al's proposed care, treatment, or services. The discussion encompasses risks and a related to the alternatives and the risks related to not receiving the proposed care, ent, or services.		
DHS 35.18(1)(e) (e) Approximate duration treatment plan.	n and desired outcome of treatment recommended in the	RI.01.03.01	The organ	ization honors the right of the individual served to give or withhold informed		
				ormed consent process includes a discussion about the proposed care, treatment, or s for the individual served.		
				ormed consent process includes a discussion with the individual served about the goals ential benefits and risks of the proposed care, treatment, or services.		
consumer's rights and i	umer receiving outpatient mental health services, including the					
individual treatment his	esponsibilities in the development and implementation of an	PC.4.50		s served are encouraged to participate in developing their plan for care, or services.		
individual treatment pla	esponsibilities in the development and implementation of an		EP 1 The or service Note: I notes: service unders			
individual treatment pla	esponsibilities in the development and implementation of an		EP 1 The or service Note: I notes. service unders EP 2 Provide each in	panization has a process for involving individuals served in their care, treatment, or decisions. In the involvement is often included in progress to is not necessary for the individual served to sign a specific plan for care, treatment, or secure a signature alone does not testify to the degree of involvement, anding, or agreement in this important process. In the restriction of the nature and extent of the involvement is often included in progress to the degree of involvement, anding, or agreement in this important process. In the restriction of the nature and extent of the involvement is often included in progress the involvement, or services to dividual served. In the restriction of the nature and extent of the involvement is often included in progress to dividual served.		
individual treatment pla	esponsibilities in the development and implementation of an		treatment EP 1 The order service Note: I notes. service unders EP 2 Provide each in EP 3 Individ care, to the service of th	panization has a process for involving individuals served in their care, treatment, or decisions. In the involvement is often included in progress to is not necessary for the individual served to sign a specific plan for care, treatment, or secure a signature alone does not testify to the degree of involvement, anding, or agreement in this important process. In the restriction of the nature and extent of the involvement is often included in progress to the degree of involvement, anding, or agreement in this important process. In the restriction of the nature and extent of the involvement is often included in progress to dividual served.		
individual treatment pla	esponsibilities in the development and implementation of an		EP 2 Provide each in EP 4 All interviews of EP 5 The part of the p	panization has a process for involving individuals served in their care, treatment, or decisions. To commentation of the nature and extent of the involvement is often included in progress tis not necessary for the individual served to sign a specific plan for care, treatment, or se because a signature alone does not testify to the degree of involvement, anding, or agreement in this important process. The restrictions and recommendations for care, treatment, or services to dividual served. The restrictions are encouraged to express their views and make choices about the plan for eatment, or services. The ventions described in a plan for care, treatment, or services consider and respect the		
individual treatment pla	esponsibilities in the development and implementation of an		EP 1 The or service Note: I notes. service unders EP 2 Provide each in EP 3 Individ care, to the part of the par	panization has a process for involving individuals served in their care, treatment, or decisions. Cocumentation of the nature and extent of the involvement is often included in progress it is not necessary for the individual served to sign a specific plan for care, treatment, or secause a signature alone does not testify to the degree of involvement, anding, or agreement in this important process. The relate their conclusions and recommendations for care, treatment, or services to dividual served. The related their conclusions are encouraged to express their views and make choices about the plan for eatment, or services. The related their conclusions are encouraged to express their views and make choices about the plan for eatment, or services. The relation of the individual served in developing his or her plan for care, treatment, or services.		

DHS Number 35.18(1)(f)	Wisconsin Department of Health Services		mmission nt Number	Joint Commission Standards	
		RI.01.02.01	•	espects the right of the individual served to collaborate in decisions are, treatment, or services.	
			treatment, or ser Note: This involv making. Involven	n involves the individual served in making decisions about his or her care, rvices. It is a provided in the control of the co	
			treatment, or ser right to involve the	erved has the right to involve his or her family in decisions about care, rvices. When there is a surrogate decision-maker, he or she can exercise the ne family on behalf of the individual served, in accordance with law and also RI.01.07.01, EP 2)	
			consultant.	accommodates the right of the individual served to request the opinion of a ent of performance does not require the organization to pay for consultant	
DHS 35.18(1)(g) (g) The outpatient menta	al health services that will be offered under the treatment plan.	PC.4.20	individual served.	at, or services planned are appropriate to the assessed needs of the	
		PC.4.50	the identified goa		
			treatment, or servi		
			service decisions Note: Document notes. It is not no services because	h has a process for involving individuals served in their care, treatment, or s. ation of the nature and extent of the involvement is often included in progress ecessary for the individual served to sign a specific plan for care, treatment, or e a signature alone does not testify to the degree of involvement, or agreement in this important process.	
			EP 2 Providers relate each individual s	their conclusions and recommendations for care, treatment, or services to served.	
			EP 3 Individuals serve care, treatment,	ed are encouraged to express their views and make choices about the plan for or services.	
			EP 4 All interventions views of the indiv	described in a plan for care, treatment, or services consider and respect the vidual served.	
			EP 5 The participation services is docur	of the individual served in developing his or her plan for care, treatment, or mented.	

DHS Number 35.18(1)(g)	Wisconsin Department of Health Services	Joint Con Equivalen		Joint Commission Standards
		PC.4.60		for care, treatment, or services addresses the family's involvement as a natural system when indicated.
				mily of the individual served is involved in developing the plan for care, treatment, or es when indicated.
				an for care, treatment, or services reflects family participation in care, treatment, and es when indicated.
				participation (if any) may be documented in the plan for care, treatment, or services in problems or needs statements, goals, objectives, or interventions.
		RI.01.02.01		nization respects the right of the individual served to collaborate in decisions or her care, treatment, or services.
			treatm Note: makin	ganization involves the individual served in making decisions about his or her care, ent, or services. This involvement goes beyond mere presence at the time of discussion or decision g. Involvement connotes a collaborative process in which the organization actively es the individual served in decision making regarding his or her care, treatment, or es.
DHS 35.18(1)(h) (h) The fees that the corproposed services.	nsumer or responsible party will be expected to pay for the	LD.04.02.03	Ethical p	rinciples guide the organization's business practices.
	ring Medicaid covered services may not be charged any ith services other than the applicable cost share, if any, sin Medicaid Program.		EP 7 Individ	uals served receive information about charges for which they will be responsible.
DHS 35.18(1)(i)				
(i) How to use the clinic'	s grievance procedure under ch. DHS 94.	APR.09.01.01	managen served ar Note: Me about The	nization notifies the public it serves about how to contact its organization nent and The Joint Commission to report concerns about safety of the individual ad quality of care. Shods of notice may include, but are not limited to, distribution of information a Joint Commission, including contact information in published materials such as and/or posting this information on the organization's Web site.
				ganization informs the public it serves about how to contact its management to report ns about the safety and quality of care of the individual served.
				ganization informs the public it serves about how to contact The Joint Commission to concerns about the safety and quality of care of the individual served.
		RI.01.07.01	The indiv	idual served and his or her family have the right to have complaints reviewed by ization.
			EP 1 The or	ganization establishes a complaint resolution process.

DHS Number	Wisconsin Department of Health Services		nmission	Joint Commission Standards
35.18(1)(i)	Wisconsin Department of Health Services	Equivaler		
				ganization informs the individual served and his or her family about the complaint tion process. (See also RI.01.02.01, EP 8)
				If the individual served has a surrogate decision-maker, he or she will be informed of and ed in the complaint resolution process.
				rganization reviews and, when possible, resolves complaints from the individual served s or her family.
				rganization acknowledges receipt of the complaint and notifies the individual served and, appropriate, his or her family of the outcome of the complaint.
				rganization provides the individual served (and when deemed beneficial, his or her) with the phone number and address needed to file a complaint with the relevant state rity.
		E	recon discri	rganization allows the individual served and his or her family to complain and mend changes regarding care, treatment, or services without being subject to coercion, nination, or reprisals, or to interruptions of care, treatment, or services that could sely affect the individual served.
	a consumer may obtain emergency mental health services the normal operating hours of the clinic.	NPSG.15.01	.01 Identify i	ndividuals at risk for suicide.
	, ,			le suicide prevention information to individuals at risk for suicide and their families when eave the care of the organization.
DHS 35.18(1)(k)				
	e policy, including circumstances under which a patient may be for inability to pay or for behavior reasonably the result of	PC.15.10	•	s addresses the needs for continuing care, treatment, or services after discharge
	S.		or transf	er.

DHS Number 35.18(1)(k)	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards
		PC.15.20	services	sfer or discharge of an individual served to another level of care, treatment, or different professionals, or different settings is based on the assessed needs of idual and the organization's capabilities.
		1	indep	ng for transfer or discharge involves the individual served and all appropriate licensed and and are practitioners, staff, and family members involved in the individual's care, ent, or services.
		RC.02.04.01	The orga	nization documents the discharge information of the individual served.
			- A co servid - The - The - Info disch Note interv subst Note and s	inical/case record contains the following: ncise discharge summary that includes the reason for acceptance for care, treatment, or es care, treatment, or services provided condition at discharge of the individual served mation provided to the individual served and his or her family (for example, written arge instructions, medication regimen, follow-up care) 1: A discharge summary is not required when individuals served are seen for brief entions, as defined by the clinical staff. In these instances, a final progress note may be tuted for the discharge summary. 2: When individuals served are transferred to a different program within the organization, aff change, a transfer summary may be substituted for the discharge summary. If the o not change, a progress note may be used.
		RI.01.02.01		nization respects the right of the individual served to collaborate in decisions s or her care, treatment, or services.
		1	indivi relatio	an individual refuses care, treatment, or services, the organization fully informs the lual about its responsibility, in accordance with professional standards, to terminate the nship with the individual upon reasonable notice, or to seek orders for involuntary tent or other legal alternatives.
consumer's legal repres	s to receive services through the clinic, the consumer or the sentative, where the consent of the legal representative is shall sign a clinic form to indicate the consumer's informed	RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services to the individual served.
•	atient mental health services.		FP4 Asna	eded to provide care, treatment, or services, the clinical/case record contains the

- 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 35.18(2)	Wisconsin Haartmant of Haalth Sarvicas		mission Number	Joint Commission Standards
		EF	a sepa Note:	more than one member of the family is receiving individual care, treatment, or services, trate clinical/case record is maintained for each family member. Separate clinical/case records are not needed for family members participating in family y or counseling only.
		RI.01.02.01	_	nization respects the right of the individual served to collaborate in decisions or her care, treatment, or services.
		E	treatm right t	dividual served has the right to involve his or her family in decisions about care, ent, or services. When there is a surrogate decision-maker, he or she can exercise the privolve the family on behalf of the individual served, in accordance with law and tion. (See also RI.01.07.01, EP 2)
		RI.01.03.01	The orga	nization honors the right of the individual served to give or withhold informed
		EF		ed consent is obtained in accordance with the organization's policy and processes. (See C.02.01.01, EP 4)
DHS 35.18(3)				
developed under s. DH	scribed medication as part of the consumer's treatment plan S 35.19 (1), the clinic shall obtain a separate consent that triber has explained to the consumer, or the consumer's legal	RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services to the individual served.
representative, if the leg benefits of the medicati	gal representative's consent is required, the nature, risks and ion and that the consumer, or legal representative, understands assents to the use of the medication.	E	follow	eded to provide care, treatment, or services, the clinical/case record contains the ng additional information: advance directives

- 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
- Any indications for and episodes of special procedures
- 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.
- 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.

DHS Number 35.18(3)	Wisconsin Department of Health Services	Joint Comr Equivalent		Joint Commission Standards
		Ef	obtaini Note: S	ganization's written policy describes circumstances that would allow for exceptions to ng informed consent. Such circumstances may include situations involving threat of harm to self or others, puse, or elder abuse.
		E		ganization's written policy describes when a surrogate decision-maker may give ed consent. (See also RI.01.02.01, EP 6)
		EI		ormed consent process includes a discussion about the proposed care, treatment, or s for the individual served.
		El		ormed consent process includes a discussion with the individual served about the goals tential benefits and risks of the proposed care, treatment, or services.
		EP		ed consent is obtained in accordance with the organization's policy and processes. (See 0.02.01.01, EP 4)
DHS 35.18(4) (4) The consent to outpa with s. DHS 94.03 (1) (f)	atient mental health services shall be renewed in accordance .			
	e patient or legal representative is not required where treatment court order for involuntary commitment order.			
DHS 35.19 DHS 35.19 Treatment p	lan.			
DHS 35.19(1) (1) DEVELOPMENT OF	THE TREATMENT PLAN.			
DHS 35.19(1)(a)				
psychotherapy practition the comprehensive asset	professional, mental health practitioner, or recognized her, shall develop an initial treatment plan upon completion of essment required under s. DHS 35.17 (1) (b). The treatment in the diagnosis and symptoms of the consumer and describe	PC.1.10	identified Note: For admission within 14	nization accepts for care, treatment, or services only those individuals whose care, treatment, or service needs it can meet. opioid treatment programs: If an individual eligible for treatment applies for n to a comprehensive maintenance treatment program but cannot be placed days in a program that is within a reasonable geographic area, an opioid program's Program Sponsor may place the individual in interim maintenance.
		El		creening, individuals are matched with the care, treatment, or services in the cation most appropriate to their needs.
		PC.4.20	The care, individua	treatment, or services planned are appropriate to the assessed needs of the served.
		El		reatment, or service decisions are collaborative and interdisciplinary when more than cipline is involved in the care, treatment, or services of the individual served.

DHS Number 35.19(1)(a)	Wisconsin Department of Health Services		ommission ent Number	Joint Commission Standards
		PC.4.30	Appropr	iate care, treatment, or services may begin before a full plan is formulated.
				liminary plan for care, treatment, or services may be formulated and interventions way to address immediate needs while full detailed assessments and planning are done.
				reliminary plan for care, treatment, or services is developed as soon as possible after contact.
				oreliminary plan for care, treatment, or services addresses the presenting needs based on nation gathered during admission and initial assessment.
		_	emerç	oreliminary plan for care, treatment, or services addresses interventions in response to gency needs, such as an immediate need for placement, danger to self or others, or e personality disorder when present.
		PC.4.40		anization develops a plan for care, treatment, or services that reflects the assessed trengths, and limitations of the individual served.
			- Clear - Mea limitar - The - A de reach - As a and le comm disabi	plan for care, treatment, or services includes the following: arrly defined problems and needs statements surable goals and objectives based on the assessed needs, strengths, and the tions of the individual served frequency of care, treatment, or services escription of facilitating factors and possible barriers to care, treatment, or services or ing goals appropriate to the services or setting, the criteria for the transition to more independent esses restrictive environments and successful adaptation into community settings 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and nunicative disorders, developmental disabilities, vision or hearing disabilities, physical ilities, and social and environmental factors. 2: For opioid treatment programs: For patients receiving interim maintenance treatment, er an initial treatment plan nor a periodic treatment plan evaluation is required.
			- Suff	ctives of the plan for care, treatment, or services are as follows: iciently specific to evaluate the progress of the individual served ressed in behavioral terms that specify measurable indices of progress
			neces treatn	s and objectives of the plan for care, treatment, or services are re-evaluated and, when ssary, revised based on changes in the problems, needs, and responses to care, nent, or services of the individual served or, if no changes occur, at a minimum specified interval established by organization policy.
			EP 4 Justifi	ication for deferring care, treatment, or services of specific needs is documented.
	ths and how they will be used to develop the methods and comes that will be accomplished.	PC.4.40		anization develops a plan for care, treatment, or services that reflects the assessed trengths, and limitations of the individual served.

DHS Number 35.19(1)(a)1.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Ioint Commission Standards
		- - 	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 mitations 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 eaching 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 lote 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical isabilities, and social and environmental factors. lote 2: For opioid treatment programs: For patients receiving interim maintenance treatment, either an initial treatment plan nor a periodic treatment plan evaluation is required.
	e or eliminate the symptoms causing the consumer's problems day to day living, and to increase the consumer's ability to tly as possible.	need EP 1 T	organization develops a plan for care, treatment, or services that reflects the assessed ds, strengths, and limitations of the individual served. 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 mitations 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 eaching 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 ommunicative disorders, developmental disabilities, vision or hearing disabilities, physical isabilities, and social and environmental factors. Note 2: For opioid treatment programs: For patients receiving interim maintenance treatment, either an initial treatment plan nor a periodic treatment plan evaluation is required.
		-	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
		n	Goals and objectives of the plan for care, treatment, or services are re-evaluated and, when ecessary, revised based on changes in the problems, needs, and responses to care, reatment, or services of the individual served or, if no changes occur, at a minimum specified

PC.6.170

time interval established by organization policy.

community resources of the individual served.

EP 4 Justification for deferring care, treatment, or services of specific needs is documented.

For organizations providing case management/care coordination services: Case management/care coordination services are based on needs, preferences, and available

EP 4 For organizations providing case management/care coordination services: Staff coordinating case management/care coordination services supports informed choice for individuals served.

DHS Number 35.19(1)(a)2.	Wisconsin Department of Health Services	Joint Commission Equivalent Number		Joint Commission Standards
		PC.6.180	ass	organizations providing community integration services: The individual served, with sistance from the organization, determines their needs for education, training, and opports to progress towards goals of more independent living and community integration.
				For organizations providing community integration services: Needs, preferences and goals of the individual served guide the type of education and training provided.
				For organizations providing community integration services: Needs, preferences and goals of the individual served guide the intensity of education, training and supports provided.
				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
			health asse - Motor dev - Sensorim - Speech, h - Visual fur - Immuniza	•
		PC.4.40		tion develops a plan for care, treatment, or services that reflects the assessed ths, and limitations of the individual served.
			- Clearly de - Measurab limitations - The frequ - A descrip reaching gr - As approgr and less re Note 1: Bar communica disabilities, Note 2: For	or care, treatment, or services includes the following: defined problems and needs statements dele goals and objectives based on the assessed needs, strengths, and the of the individual served ency of care, treatment, or services tion of facilitating factors and possible barriers to care, treatment, or services or oals oriate to the services or setting, the criteria for the transition to more independent strictive environments and successful adaptation into community settings rriers that might need to be considered include co-occurring illnesses, cognitive and ative disorders, developmental disabilities, vision or hearing disabilities, physical and social and environmental factors. Topioid treatment programs: For patients receiving interim maintenance treatment, nitial treatment plan nor a periodic treatment plan evaluation is required.

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.

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.

- EP 2 The safety and quality of care, treatment, or services do not depend on the ability of the individual served to pay.
- 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.

DHS Number 35.19(1)(a)4.	Wisconsin Department of Health Services	Joint Commission Equivalent Number		Joint Commission Standards
		PC.4.40	•	develops a plan for care, treatment, or services that reflects the assessed and limitations of the individual served.
			- Clearly defined - Measurable go limitations of the - The frequency - A description of reaching goals - As appropriate and less restrict Note 1: Barriers communicative disabilities, and Note 2: For opice	re, treatment, or services includes the following: d problems and needs statements hals and objectives based on the assessed needs, strengths, and the ele individual served of care, treatment, or services of facilitating factors and possible barriers to care, treatment, or services or ele to the services or setting, the criteria for the transition to more independent tive environments and successful adaptation into community settings that might need to be considered include co-occurring illnesses, cognitive and disorders, developmental disabilities, vision or hearing disabilities, physical social and environmental factors. bid treatment programs: For patients receiving interim maintenance treatment, treatment plan nor a periodic treatment plan evaluation is required.
• •	shall reflect the current needs and goals of the consumer as otes and by reviewing and updating the assessment as	PC.2.150	Note: The scope a diagnosis; the set individual's respo reassessed for ma - To evaluate his of - To respond to a - To satisfy legal of - To meet time int	d are reassessed as needed. and intensity of any further assessments are based on the individual's sting; the individual's desire for care, treatment, or services; and the ense to any previous care, treatment, or services. Each individual may be any reasons including the following: or her response to care, treatment, or services significant change in status and/or diagnosis or condition or regulatory requirements ervals specified by the organization ervals determined by the course of the care, treatment, or services for the
			EP 1 Each individual	served is reassessed as needed.
		PC.4.40		develops a plan for care, treatment, or services that reflects the assessed and limitations of the individual served.
			- Sufficiently sp	e plan for care, treatment, or services are as follows: ecific to evaluate the progress of the individual served behavioral terms that specify measurable indices of progress
			necessary, revis treatment, or se	ctives of the plan for care, treatment, or services are re-evaluated and, when sed based on changes in the problems, needs, and responses to care, ervices of the individual served or, if no changes occur, at a minimum specified tablished by organization policy.

DHS Number	Wisconsin Department of Health Services		ommission ent Number	Joint Commission Standards		
DHS 35.19(2) (2) APPROVAL OF THE TREATMENT PLAN. As treatment services are rendered, the		PC.4.50		ils served are encouraged to participate in developing their plan for care,		
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.			EP 1 The organization has a process for involving individuals served in their care service decisions. Note: Documentation of the nature and extent of the involvement is often in notes. It is not necessary for the individual served to sign a specific plan for services because a signature alone does not testify to the degree of involve understanding, or agreement in this important process.			
			EP 3 Individual care, 1 EP 4 All interviews	lers relate their conclusions and recommendations for care, treatment, or services to individual served. Ituals served are encouraged to express their views and make choices about the plan for reatment, or services. Erventions described in a plan for care, treatment, or services consider and respect the of the individual served.		
		PC.4.60	servic The plan	articipation of the individual served in developing his or her plan for care, treatment, or es is documented. for care, treatment, or services addresses the family's involvement as a natural system when indicated.		
				mily of the individual served is involved in developing the plan for care, treatment, or es when indicated.		
		RC.02.01.0		cal/case record contains information that reflects the care, treatment, or services to the individual served.		
			followi - Any - Any - Any - Any care, 1 - Any - Any	eded to provide care, treatment, or services, the clinical/case record contains the ng additional information: advance directives informed consent (See also RI.01.03.01, EP 13) documentation of protective services documentation of consent by the individual served, family, or guardian for admission; reatment, or services; evaluation; continuing care; or research records of communication with the individual served, such as telephone calls or e-mail documentation of involvement in care, treatment, or services by the individual served		

and, when necessary, his or her family

- Any indications for and episodes of special procedures

served

- 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

DHS Number 35.19(2)	Wisconsin Department of Health Services		mmission nt Number	Joint Commission Standards
		RI.01.02.01	•	nization respects the right of the individual served to collaborate in decisions or her care, treatment, or services.
			treatm Note: ⁻ makin	ganization involves the individual served in making decisions about his or her care, ent, or services. This involvement goes beyond mere presence at the time of discussion or decision g. Involvement connotes a collaborative process in which the organization actively es the individual served in decision making regarding his or her care, treatment, or es.
				ganization respects the right of the individual served to refuse care, treatment, or s, in accordance with law and regulation.
			individ relatio	an individual refuses care, treatment, or services, the organization fully informs the ual about its responsibility, in accordance with professional standards, to terminate the aship with the individual upon reasonable notice, or to seek orders for involuntary ent or other legal alternatives.
			decisio	a surrogate decision-maker is responsible for making care, treatment, or services ons, the organization respects the surrogate decision-maker's right to refuse care, ent, or services on behalf of the individual served, in accordance with law and regulation.
		RI.01.03.01	The organ	nization honors the right of the individual served to give or withhold informed
				formed consent process includes a discussion about the proposed care, treatment, or es for the individual served.
		E		ed consent is obtained in accordance with the organization's policy and processes. (See C.02.01.01, EP 4)

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
		PC.4.50	Individuals served treatment, or service	are encouraged to participate in developing their plan for care, es.
			service decisions Note: Documenta notes. It is not ne services because	has a process for involving individuals served in their care, treatment, or ation of the nature and extent of the involvement is often included in progress cessary for the individual served to sign a specific plan for care, treatment, or a signature alone does not testify to the degree of involvement, ar agreement in this important process.
		RC.01.01.01	The organization m	aintains complete and accurate clinical/case records.
		-		record contains information that documents the course and result of the care, vices provided to the individual served.
DHS 35.19(3)(a)1.				
The degree to which	the goals of treatment have been met.	PC.4.40		evelops a plan for care, treatment, or services that reflects the assessed nd limitations of the individual served.
		1	necessary, revise treatment, or serving	ives of the plan for care, treatment, or services are re-evaluated and, when ed based on changes in the problems, needs, and responses to care, vices of the individual served or, if no changes occur, at a minimum specified blished by organization policy.
		RC.02.01.01	The clinical/case re provided to the ind	cord contains information that reflects the care, treatment, or services ividual served.
			- The reason(s) for the initial diagnost in the initial diagnost initial di	medications s or impressions drawn from the medical history and physical examination or conditions established during the course of care, treatment, or services in reports as relevant to care, treatment, or services or care, treatment, or services or care, treatment, or services provided prior to arrival obtes or ordered or prescribed and insistered, including the strength, dose, and route for medication, administration devices used, and rate of administration (for appy)

DHS Number 35.19(3)(a)2.	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards
DHS 35.19(3)(a)2. 2. Any significant change	ges suggested or required in the treatment plan.	PC.2.150	Individua	Is served are reassessed as needed.
			Note: The diagnosis individua reassesse - To evalu - To respe - To satis - To meet	e scope and intensity of any further assessments are based on the individual's s; the setting; the individual's desire for care, treatment, or services; and the l's response to any previous care, treatment, or services. Each individual may be ed for many reasons including the following: tate his or her response to care, treatment, or services and to a significant change in status and/or diagnosis or condition fy legal or regulatory requirements time intervals specified by the organization time intervals determined by the course of the care, treatment, or services for the
		E	P1 Each i	ndividual served is reassessed as needed.
		PC.4.40		nization develops a plan for care, treatment, or services that reflects the assessed rengths, and limitations of the individual served.
		E	necess treatm	and objectives of the plan for care, treatment, or services are re-evaluated and, when sary, revised based on changes in the problems, needs, and responses to care, ent, or services of the individual served or, if no changes occur, at a minimum specified terval established by organization policy.
		RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services to the individual served.
		E	- The r - The i - Any f - Any a - Treat	nical/case record of the individual served contains the following clinical information: eason(s) for admission for care, treatment, or services nitial diagnosis, diagnostic impression(s), or condition(s) indings of assessments and reassessments allergies to food allergies to medications conclusions or impressions drawn from the medical history and physical examination diagnoses or conditions established during the course of care, treatment, or services consultation reports observations relevant to care, treatment, or services esponse to care, treatment, or services esponse to care, treatment, or services provided prior to arrival progress notes medications ordered or prescribed medications administered, including the strength, dose, and route access site for medication, administration devices used, and rate of administration (for mous therapy) adverse drug reactions ment goals, plan of care, and revisions to the plan of care, treatment, or services refor diagnostic and therapeutic tests and procedures and their results

DHS Number 35.19(3)(a)3.	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards
	nal assessment or evaluation is recommended as a result of observations made during the course of treatment.	PC.2.150	Note: The diagnosis individua reassesse - To evalu - To respo - To satis - To meet	Is served are reassessed as needed. scope and intensity of any further assessments are based on the individual's t; the setting; the individual's desire for care, treatment, or services; and the l's response to any previous care, treatment, or services. Each individual may be ed for many reasons including the following: late his or her response to care, treatment, or services and to a significant change in status and/or diagnosis or condition fy legal or regulatory requirements time intervals specified by the organization time intervals determined by the course of the care, treatment, or services for the I served
		PC.4.40	The organ	ndividual served is reassessed as needed. nization develops a plan for care, treatment, or services that reflects the assessed rengths, and limitations of the individual served.
		E	EP 3 Goals necess	and objectives of the plan for care, treatment, or services are re-evaluated and, when sary, revised based on changes in the problems, needs, and responses to care, ent, or services of the individual served or, if no changes occur, at a minimum specified terval established by organization policy.
		RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services to the individual served.
		E	- The r - The ii - Any f - Any a - Treat	nical/case record of the individual served contains the following clinical information: eason(s) for admission for care, treatment, or services initial diagnosis, diagnostic impression(s), or condition(s) indings of assessments and reassessments illergies to food illergies to medications conclusions or impressions drawn from the medical history and physical examination diagnoses or conditions established during the course of care, treatment, or services consultation reports observations relevant to care, treatment, or services esponse to care, treatment, or services esponse to care, treatment, or services provided prior to arrival orogress notes nedications ordered or prescribed nedications administered, including the strength, dose, and route necess site for medication, administration devices used, and rate of administration (for nous therapy) indverse drug reactions ment goals, plan of care, and revisions to the plan of care, treatment, or services re for diagnostic and therapeutic tests and procedures and their results

DHS Number 35.19(3)(a)4.	Wisconsin Department of Health Services		mmission nt Number	Joint Commission Standards
	•	Equivale	iit ianiiinet	
DHS 35.19(3)(a)4. 4. The consumer's assegoals and suggestions f	essment of functional improvement toward meeting treatment for modification.	PC.2.150	Note: The diagnos individu reassess: To eval To respente To sati To mee	als served are reassessed as needed. ne scope and intensity of any further assessments are based on the individual's is; the setting; the individual's desire for care, treatment, or services; and the al's response to any previous care, treatment, or services. Each individual may be sed for many reasons including the following: luate his or her response to care, treatment, or services pond to a significant change in status and/or diagnosis or condition sfy legal or regulatory requirements et time intervals specified by the organization et time intervals determined by the course of the care, treatment, or services for the lal served
			EP 1 Each	individual served is reassessed as needed.
				pioid treatment programs: Assessments are updated quarterly during the patient's first of continuous treatment and semiannually during subsequent years.
		PC.4.40		anization develops a plan for care, treatment, or services that reflects the assessed strengths, and limitations of the individual served.
			neces treatn	s and objectives of the plan for care, treatment, or services are re-evaluated and, when ssary, revised based on changes in the problems, needs, and responses to care, ment, or services of the individual served or, if no changes occur, at a minimum specified interval established by organization policy.
		PC.4.50		als served are encouraged to participate in developing their plan for care, nt, or services.
			servio Note: notes servio	organization has a process for involving individuals served in their care, treatment, or ce decisions. Documentation of the nature and extent of the involvement is often included in progress s. It is not necessary for the individual served to sign a specific plan for care, treatment, or ces because a signature alone does not testify to the degree of involvement, rstanding, or agreement in this important process.
				ders relate their conclusions and recommendations for care, treatment, or services to individual served.
				duals served are encouraged to express their views and make choices about the plan for treatment, or services.
				terventions described in a plan for care, treatment, or services consider and respect the sof the individual served.
				participation of the individual served in developing his or her plan for care, treatment, or ces is documented.

DHS Number 35.19(3)(a)4.	Wisconsin Department of Health Services		ommission ent Number	Joint Commission Standards
		RC.02.01.0		cal/case record contains information that reflects the care, treatment, or services to the individual served.
			followi - Any a - Any a - Any a care, t - Any a - Any a - Any a individ illness served	eded to provide care, treatment, or services, the clinical/case record contains the ng additional information: advance directives informed consent (See also RI.01.03.01, EP 13) documentation of protective services documentation of consent by the individual served, family, or guardian for admission; reatment, or services; evaluation; continuing care; or research eccords of communication with the individual served, such as telephone calls or e-mail documentation of involvement in care, treatment, or services by the individual served then necessary, his or her family information on unusual occurrences, such as complications; accidents or injuries to the usual served; procedures that place the individual served at risk or cause pain; other es or conditions that affect care, treatment, or services; or the death of the individual indications for and episodes of special procedures
with the consumer as de	essional shall conduct a clinical review of the treatment plan escribed in par. (a) at least every 90 days or 6 treatment vers a longer period of time.	PC.4.40		nization develops a plan for care, treatment, or services that reflects the assessed rengths, and limitations of the individual served.
	and a mongar points of minor		neces: treatm	and objectives of the plan for care, treatment, or services are re-evaluated and, when sary, revised based on changes in the problems, needs, and responses to care, ent, or services of the individual served or, if no changes occur, at a minimum specified terval established by organization policy.
		PC.4.50		Is served are encouraged to participate in developing their plan for care, t, or services.
				uals served are encouraged to express their views and make choices about the plan for reatment, or services.
DHS 35.19(4)				
consumers to other com	lop and implement written policies and procedures for referring immunity service providers for services that the clinic does not or neet the consumer's needs as identified in the comprehensive	PC.15.10	A proces or transfe	s addresses the needs for continuing care, treatment, or services after discharge er.
assessment required un services providers to wh	older s. DHS 35.17 (1) (b). The policies shall identify community sich the clinic reasonably determines it will be able to refer the clinic does not or cannot provide.			needs are identified for which the organization does not directly provide services, the zation refers individuals to an outside source.
Consumors for Scryides	and dame adds not of damet provide.	PC.4.90		lividuals served need additional services not offered by the organization, ate referrals are made and documented in the clinical/case record.
			EP 1 Individ	uals served are referred to an outside source when services needed are not provided /.
			EP 2 Referr	als to an outside source are based on assessment of need.

DHS Number 35.19(4)	Wisconsin Department of Health Services	Joint Cor Equivalen		Joint Commission Standards
		PC.5.60	served as	nization coordinates the care, treatment, or services provided to an individual part of the plan for care, treatment, or services and consistent with the ion's scope of care, treatment, or services.
				ganization coordinates the care, treatment, or services provided through internal ces to an individual served.
				external resources are needed, the organization participates in coordinating care, ent, or services with these resources.
			approp	ganization has a process to receive or share relevant information to facilitate riate coordination and continuity when individuals served are referred to other care, ent, or service providers.
				s a process for individuals served to resolve duplication or conflict with either internal or al resources.
				tivities detailed in the plan for care, treatment, or services is designed to occur in a time hat meets the health needs of the individual served.
				needs are identified for which the organization does not directly provide services, the ration refers individuals served to an outside source.
DHS 35.20 DHS 35.20 Medication r	management.			
DHS 35.20 Medication r	management. whether to provide medication management as part of its	Comments	administrat whether to	ement of medication has many components, such as, selection, dispensing, and on. The organization chooses, based on its mission, services, and population, manage medications and if so, which component(s) of medication management it for in its organization.
DHS 35.20 Medication r DHS 35.20(1) (1) A clinic may choose		Comments LD.01.03.01	administrat whether to will provide	on. The organization chooses, based on its mission, services, and population, nanage medications and if so, which component(s) of medication management it
DHS 35.20 Medication r DHS 35.20(1) (1) A clinic may choose		LD.01.03.01	administrat whether to will provide Governar services.	on. The organization chooses, based on its mission, services, and population, nanage medications and if so, which component(s) of medication management it for in its organization.
DHS 35.20 Medication r DHS 35.20(1) (1) A clinic may choose services. DHS 35.20(2) (2) Consumers receiving		LD.01.03.01	administrat whether to will provide Governar services. EP 3 Govern The organ identified Note: For admissio within 14	on. The organization chooses, based on its mission, services, and population, manage medications and if so, which component(s) of medication management it for in its organization. ce is ultimately accountable for the safety and quality of care, treatment, or mance approves the organization's written scope of services. dization accepts for care, treatment, or services only those individuals whose care, treatment, or service needs it can meet. opioid treatment programs: If an individual eligible for treatment applies for to a comprehensive maintenance treatment program but cannot be placed days in a program that is within a reasonable geographic area, an opioid program's Program Sponsor may place the individual in interim maintenance

DHS Number 35.20(2)	Wisconsin Department of Health Services		ommission ent Number	Joint Commission Standards
				creening, individuals are matched with the care, treatment, or services in the zation most appropriate to their needs.
		PC.15.10	A process	s addresses the needs for continuing care, treatment, or services after discharge
				needs are identified for which the organization does not directly provide services, the zation refers individuals to an outside source.
		PC.4.20	The care, individua	treatment, or services planned are appropriate to the assessed needs of the I served.
			,	reatment, or service decisions are collaborative and interdisciplinary when more than scipline is involved in the care, treatment, or services of the individual served.
		PC.5.60	served as	nization coordinates the care, treatment, or services provided to an individual part of the plan for care, treatment, or services and consistent with the ion's scope of care, treatment, or services.
				ganization coordinates the care, treatment, or services provided through internal ces to an individual served.
				external resources are needed, the organization participates in coordinating care, ent, or services with these resources.
			approp	ganization has a process to receive or share relevant information to facilitate viriate coordination and continuity when individuals served are referred to other care, ent, or service providers.
DHS 35.20(3)				

(3) All medications prescribed by the clinic shall be documented in the consumer file as required under s. DHS 35.23 (1) (a) 10.

RC.02.01.01

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

DHS Number 35.20(3)	Wisconsin Department of Health Services	Joint Commission	Ioint Commission Standards
		EP 4 A for a control of the control	he 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 stravenous 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 s needed to provide care, treatment, or services, the clinical/case record contains the slilowing 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; are, 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 didvidual served; procedures that place the individual served at risk or cause pain; other nesses or conditions that affect care, treatment, or services; or the death of the individual erved Any indications for a
		a N	/hen more than one member of the family is receiving individual care, treatment, or services, separate clinical/case record is maintained for each family member. lote: Separate clinical/case records are not needed for family members participating in family nerapy or counseling only.

DHS 35.21

DHS 35.21 Treatment approaches and services.

		Initial Cons	!	
DHS Number 35.21(1)	Wisconsin Department of Health Services	Joint Con Equivalen		Joint Commission Standards
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		HR.01.03.01	Staff are s	upervised effectively.
published by a profession the selection of treatment	The treatment approaches shall be based on guidelines onal organization or peer-reviewed journal. The final decision on an approaches for a specific consumer shall be made by the accordance with the clinic's written policy.			pe and depth of supervision that staff receive is based on their experience with the atment, or services they are providing and the age and needs of the population(s)
	, , , , , , , , , , , , , , , , , , , ,	IM.03.01.01	Knowledge	e-based information resources are available, current, and authoritative.
				anization provides access to knowledge-based information resources. (See also I.03, EPs 2 and 6)
		LD.01.03.01	Governand services.	e is ultimately accountable for the safety and quality of care, treatment, or
			EP 3 Governa	ance approves the organization's written scope of services.
		LD.04.01.07	The organiservices.	zation has policies and procedures that guide and support care, treatment, or
			EP 1 Leaders or servi	review and approve policies and procedures that guide and support care, treatment, ses.
			EP 2 The org	anization manages the implementation of policies and procedures.
		PC.4.20	The care, t	reatment, or services planned are appropriate to the assessed needs of the served.
			•	eatment, or service decisions are collaborative and interdisciplinary when more than cipline is involved in the care, treatment, or services of the individual served.
DHS 35.21(2)				
` '	e reasonable efforts to ensure that each consumer receives the tions and services identified in the consumer's treatment plan or	LD.04.02.03	Ethical pri	nciples guide the organization's business practices.
	It plan that is created under s. DHS 35.19 (1), that the eceive as communicated by an informed consent for treatment.			eatment, or services are provided based on the needs of individuals served, regardless ensation or financial risk-sharing with those who work in the organization, including
		LD.04.03.01	The organ	zation provides services that meet needs of the individual served.
				ds of the population(s) served guide decisions about which services will be provided or through referral, consultation, contractual arrangements, or other agreements.
		PC.5.10		zation provides care, treatment, or services for each individual served according for care, treatment, or services.
				anization provides care, treatment, or services for each individual served according to for care, treatment, or services.

DHS Number 35.21(2)	Wisconsin Department of Health Services	Joint Com Equivalent	loint Commission Standards
		RC.02.01.01	The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.
		E	P 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
		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.
		E	P 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.
		RI.01.03.01	The organization honors the right of the individual served to give or withhold informed consent.
		E	P 1 The organization has a written policy on informed consent.
		E	P 2 The organization's written policy identifies the specific care, treatment, or services that require informed consent, in accordance with law and regulation.
		E	P 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.
		E	P 6 The organization's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6)
		E	P 7 The informed consent process includes a discussion about the proposed care, treatment, or services for the individual served.
		E	P 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 Commiss Equivalent Num	Ioint Commission Standards
			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.
			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.
			Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4)
DHS 35.215 DHS 35.215 Group ther	ару.		
session is 16, and the n different limits are justifi professional organizatio	of consumers receiving services in a single group therapy inimum staff to consumer ratio in group therapy is one to 8. If ed based on guidelines published by a governmental entity, n or peer-reviewed journal indicate, the clinic may request a nit 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		ommission ent Number	Joint Commission Standards
		RC.02.04.0	01 The or	ganization documents the discharge information of the individual served.
			- A service - The service - The service - The service - The service - Note - Sub-Note - And service	clinical/case record contains the following: concise discharge summary that includes the reason for acceptance for care, treatment, or ices e care, treatment, or services provided e condition at discharge of the individual served cormation provided to the individual served and his or her family (for example, written harge instructions, medication regimen, follow-up care) e 1: A discharge summary is not required when individuals served are seen for brief eventions, as defined by the clinical staff. In these instances, a final progress note may be estituted for the discharge summary. e 2: When individuals served are transferred to a different program within the organization, staff change, a transfer summary may be substituted for the discharge summary. If the ido not change, a progress note may be used.
DHS 35.22(1)(a) (a) A description of the	reasons for discharge.	PC.12.30	minimi	panizations that use restraint or seclusion: Staff is trained and competent to ze the use of restraint and seclusion and, when use is indicated, to use restraint or on safely.
			exp	organizations that use restraint or seclusion: The viewpoints of individuals who have erienced restraint or seclusion are incorporated into staff training and education to help better understand all aspects of restraint and seclusion.
		PC.15.10	A proc or tran	ess addresses the needs for continuing care, treatment, or services after discharge sfer.
			serv - Th - Th - Sh clini tran to o to o - Me - Th	organization has a process for addressing the needs for continuing care, treatment, or ices after discharge or transfer that includes the following: e reason(s) for transfer or discharge e conditions under which transfer or discharge can occur ifting responsibility for care, treatment, or services for the individual served from one cian, organization, organizational program, or service to another (which could include sferring complete responsibility for the individual and his or her care, treatment, or services there or referring the individual to others, such as one or more agencies or professionals, rovide one or more specific services) echanisms for internal and external transfer e accountability and responsibility for the safety of the individual served during transfer, for the organization initiating the transfer and the organization receiving the individual

DHS Number 35.22(1)(a)	Wisconsin Department of Health Services	Joint Con Equivalen	Joint Commission Standards
		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.
			 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, supp groups, rehabilitation services, and community mental health services.
		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, 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)(b) (b) A summary of the orany medications.	utpatient mental health services provided by the clinic, including	PC.15.30	When individuals served are transferred or discharged, appropriate information related t the care, treatment, or services provided is exchanged with other service providers.
			ED 2. The information chared includes the following as appropriate to the care, treatment, or

- 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)(b)	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		RC.02.04.01 The orga	nization documents the discharge information of the individual served.
		- A co servic - The - The - Info disch Note interv subst Note and s	inical/case record contains the following: ncise discharge summary that includes the reason for acceptance for care, treatment, or es care, treatment, or services provided condition at discharge of the individual served mation provided to the individual served and his or her family (for example, written arge instructions, medication regimen, follow-up care) 1: A discharge summary is not required when individuals served are seen for brief entions, as defined by the clinical staff. In these instances, a final progress note may be tuted for the discharge summary. 2: When individuals served are transferred to a different program within the organization, aff change, a transfer summary may be substituted for the discharge summary. If the lo 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 Com Equivalent	Ioint Commission Standards
		RC.02.01.01	The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served.
		E	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.
		E	EP 3 The clinical/case record contains the following:

(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		mmission nt Number Joint Commission Standards
		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 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.
		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 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
		RC.02.04.0	1 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 35.22(2)	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards
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		RC.01.02.01	Entries in the clinic	cal/case record are authenticated.
was primarily responsib	ble for providing services to the consumer.	E	P 3 The author of ea	ch clinical/case record entry is identified in the clinical/case record.
		E	pical/case record are authenticated by the author. Information introduced into record through transcription or dictation is authenticated by the author. Seation can be verified through electronic signatures, written signatures or amp signatures, or computer key. The records, signatures entered for purposes of authentication after or verbal orders are dated when required by law or regulation or organization conic records, electronic signatures will be date-stamped.	
		RC.02.04.01	The organization d	ocuments the discharge information of the individual served.
		E	- A concise disch services - The care, treatr - The condition a - Information pro discharge instruc Note 1: A discha interventions, as substituted for th Note 2: When inc	record contains the following: large summary that includes the reason for acceptance for care, treatment, or lenent, or services provided t discharge of the individual served vided to the individual served and his or her family (for example, written letions, medication regimen, follow-up care) rege summary is not required when individuals served are seen for brief defined by the clinical staff. In these instances, a final progress note may be el discharge summary. dividuals served are transferred to a different program within the organization, the atransfer summary may be substituted for the discharge summary. If the

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.

staff do not change, a progress note may be used.

- 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		ommissi lent Numl	-	Joint Commission Standards
		IM.02.01.0	03 The	organi	zation maintains the security and integrity of health information.
					anization protects health information against loss, damage, unauthorized alteration, ional change, and accidental destruction.
		IM.04.01.0	01 The	organi	zation maintains accurate health information.
			1	Note: Ti	anization has processes to check the accuracy of health information. The organization has the flexibility to determine what health information needs to be a for accuracy and the frequency with which it will be checked.
		RC.01.01.0	.01 The	organi	zation maintains complete and accurate clinical/case records.
					anization uses standardized formats to document the care, treatment, or services it to individuals served.
			EP 11 /	All entri	es in the clinical/case record are dated.
			EP 12 1	The org	anization tracks the location of all components of the clinical/case record.
			i	nforma	anization assembles or makes available in a summary in the clinical/case record all ion required to provide care, treatment, or services to the individual. (See also 01.01, EP 1)
		RC.01.02.0	.01 Entr	ries in 1	he clinical/case record are authenticated.
			EP 3 1	The aut	nor of each clinical/case record entry is identified in the clinical/case record.
			t N ii N t	the clini Note 1: nitials, Note 2: transcrip	In the clinical/case record are authenticated by the author. Information introduced into cal/case record through transcription or dictation is authenticated by the author. Authentication can be verified through electronic signatures, written signatures or ubber-stamp signatures, or computer key. For paper-based records, signatures entered for purposes of authentication after tition or for verbal orders are dated when required by law or regulation or organization for electronic records, electronic signatures will be date-stamped.
					f identified by the signature stamp or method of electronic authentication is the only ouses it.

DHS Number 35.23(1)(a)	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards
		RC.02.01.01		al/case record contains information that reflects the care, treatment, or services to the individual served.
			- The r - The i - Any r	nical/case record of the individual served contains the following clinical information: eason(s) for admission for care, treatment, or services initial diagnosis, diagnostic impression(s), or condition(s) indings of assessments and reassessments illergies to food illergies to medications conclusions or impressions drawn from the medical history and physical examination diagnoses or conditions established during the course of care, treatment, or services consultation reports observations relevant to care, treatment, or services expense to care, treatment, or services expenses to care, treatment, or services provided prior to arrival progress notes medications ordered or prescribed medications administered, including the strength, dose, and route medications administered, including the strength, dose, and rate of administration (for mous therapy) adverse drug reactions ment goals, plan of care, and revisions to the plan of care, treatment, or services res 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 Com Equivalent		Joint Commission Standards
DHS 35.23(1)(a)2. 2. Initial and updated treatment plans.				
		RC.01.02.01	Entries in	the clinical/case record are authenticated.
		E	P 3 The au	thor of each clinical/case record entry is identified in the clinical/case record.
		RC.02.01.01		al/case record contains information that reflects the care, treatment, or services to the individual served.
		EP 1) - The n represe - The p	ame, address, date of birth, and sex of the individual served (See also MM.01.01.01, ame and contact information for the individual's family and any legally authorized entative referred language and any special communication needs of the individual served special communication needs may include sign language.	
		E	- The ri - The ii - Any fi - Any a - Any c - Any c - Any c - The ri - Any c - Any c - Any c	nical/case record of the individual served contains the following clinical information: eason(s) for admission for care, treatment, or services nitial diagnosis, diagnostic impression(s), or condition(s) ndings of assessments and reassessments llergies to food llergies to medications onclusions or impressions drawn from the medical history and physical examination liagnoses or conditions established during the course of care, treatment, or services onsultation reports bservations relevant to care, treatment, or services esponse to care, treatment, or services mergency care, treatment, or services provided prior to arrival largers notes nedications ordered or prescribed nedications administered, including the strength, dose, and route

- Any adverse drug reactions

- Any access site for medication, administration devices used, and rate of administration (for

- 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

intravenous therapy)

- 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)3.	Wisconsin Department of Health Services	Joint Comr Equivalent		Joint Commission Standards
DHS 35.23(1)(a)3.				
3. The recommendation or prescription for psychotherapy.		RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services I to the individual served.
		E	- The EP 1) - The repres - The	linical/case record contains the following demographic information: name, address, date of birth, and sex of the individual served (See also MM.01.01.01, name and contact information for the individual's family and any legally authorized sentative preferred language and any special communication needs of the individual served Special communication needs may include sign language.
		E	- The - The - Any - Any - Any - Any - Any - Any - The - Any	linical/case record of the individual served contains the following clinical information: reason(s) for admission for care, treatment, or services initial diagnosis, diagnostic impression(s), or condition(s) findings of assessments and reassessments allergies to food allergies to medications conclusions or impressions drawn from the medical history and physical examination diagnoses or conditions established during the course of care, treatment, or services consultation reports observations relevant to care, treatment, or services response to care, treatment, or services emergency care, treatment, or services provided prior to arrival progress notes

- Any medications administered, including the strength, dose, and route

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

intravenous therapy)
- Any adverse drug reactions

- Any informed consent (See also RI.01.03.01, EP 13)
- Any documentation of protective services

- Any medications ordered or prescribed

- Any documentation of consent by the individual served, family, or guardian for admission; care, treatment, or services; evaluation; continuing care; or research

- Any access site for medication, administration devices used, and rate of administration (for

- Treatment goals, plan of care, and revisions to the plan of care, treatment, or services

- 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)4.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards			
DHS 35.23(1)(a)4.						
	are diagnosed with substance abuse disorder, a completed ent approved placement criteria summary if required by s. DHS					

DHS 35.23(1)(a)5.

5. Documentation of referrals of the consumer to outside resources.

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
- 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)6.	Wisconsin Department of Health Services	Joint Cor Equivalen		Joint Commission Standards
DHS 35.23(1)(a)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		RC.01.01.01	The orga	nization maintains complete and accurate clinical/case records.
of functioning.				nical/case record contains information that documents the course and result of the care, ent, or services provided to the individual served.
		RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services to the individual served.
			followi - Any Any Any Any Care, t - Any Any Any - individ	aded to provide care, treatment, or services, the clinical/case record contains the ng additional information: advance directives informed consent (See also RI.01.03.01, EP 13) documentation of protective services documentation of consent by the individual served, family, or guardian for admission; reatment, or services; evaluation; continuing care; or research ecords of communication with the individual served, such as telephone calls or e-mail documentation of involvement in care, treatment, or services by the individual served then necessary, his or her family information on unusual occurrences, such as complications; accidents or injuries to the ual served; procedures that place the individual served at risk or cause pain; other es or conditions that affect care, treatment, or services; or the death of the individual indications for and episodes of special procedures
	ch shall include documentation of therapeutic progress, ment plan progress, symptom status, change in diagnosis, and of treatment.	PC.5.60	served as	nization coordinates the care, treatment, or services provided to an individual spart of the plan for care, treatment, or services and consistent with the ion's scope of care, treatment, or services.
				ganization coordinates the care, treatment, or services provided through internal ces to an individual served.
				external resources are needed, the organization participates in coordinating care, ent, or services with these resources.
				ctivities detailed in the plan for care, treatment, or services is designed to occur in a time that meets the health needs of the individual served.
		RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services to the individual served.
			- The EP 1) - The repres	nical/case record contains the following demographic information: name, address, date of birth, and sex of the individual served (See also MM.01.01.01, name and contact information for the individual's family and any legally authorized entative preferred language and any special communication needs of the individual served 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
		- The - The - Any - The - Any - Trea	inical/case record of the individual served contains the following clinical information: reason(s) for admission for care, treatment, or services initial diagnosis, diagnostic impression(s), or condition(s) findings of assessments and reassessments allergies to food allergies to medications conclusions or impressions drawn from the medical history and physical examination diagnoses or conditions established during the course of care, treatment, or services consultation reports observations relevant to care, treatment, or services response to care, treatment, or services emergency care, treatment, or services provided prior to arrival progress notes medications ordered or prescribed medications administered, including the strength, dose, and route access site for medication, administration devices used, and rate of administration (for enous therapy) adverse drug reactions the plan of care, treatment, or services are for diagnostic and therapeutic tests and procedures and their results
		followi - Any - Any - Any	eded to provide care, treatment, or services, the clinical/case record contains the ing additional information: advance directives informed consent (See also RI.01.03.01, EP 13) documentation of protective services documentation of consent by the individual served, family, or guardian for admission;

- 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.

DUO Norral and		Inited Comm		T
DHS Number 35.23(1)(a)8.	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards
DHS 35.23(1)(a)8.	changes or improvement of the treatment plan resulting from clinical supervision.	PC.5.60	served as	nization coordinates the care, treatment, or services provided to an individual s part of the plan for care, treatment, or services and consistent with the tion's scope of care, treatment, or services.
		E	approp	rganization has a process to receive or share relevant information to facilitate oriate coordination and continuity when individuals served are referred to other care, ent, or service providers.
		RC.01.01.01	The orga	nization maintains complete and accurate clinical/case records.
		E		inical/case record contains information about the care, treatment, or services provided to dividual served that promotes continuity of care among providers.
		RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services to the individual served.
		E	- The I EP 1) - The I repres - The I	inical/case record contains the following demographic information: name, address, date of birth, and sex of the individual served (See also MM.01.01.01, name and contact information for the individual's family and any legally authorized tentative preferred language and any special communication needs of the individual served Special communication needs may include sign language.
		E	- The ii - Any ii - Treai	inical/case record of the individual served contains the following clinical information: reason(s) for admission for care, treatment, or services initial diagnosis, diagnostic impression(s), or condition(s) findings of assessments and reassessments allergies to food allergies to medications conclusions or impressions drawn from the medical history and physical examination diagnoses or conditions established during the course of care, treatment, or services consultation reports observations relevant to care, treatment, or services response to care, treatment, or services emergency care, treatment, or services provided prior to arrival progress notes medications ordered or prescribed medications ordered or prescribed medications administered, including the strength, dose, and route access site for medication, administration devices used, and rate of administration (for enous therapy) adverse drug reactions to the plan of care, treatment, or services are for diagnostic and therapeutic tests and procedures and their results

DHS Number 35.23(1)(a)8.	Wisconsin Department of Health Services	Joint Commission Equivalent Number	Joint Commission Standards
		following - Any adv - Any info - Any doc - Any doc - Any doc - Any rec - Any doc and, whe - Any indo illnesses served - Any ind	ed to provide care, treatment, or services, the clinical/case record contains the additional information: vance directives primed consent (See also RI.01.03.01, EP 13) commend consent (See also RI.01.03.01, EP 13) commendation of protective services commentation of consent by the individual served, family, or guardian for admission; atment, or services; evaluation; continuing care; or research cords of communication with the individual served, such as telephone calls or e-mail commentation of involvement in care, treatment, or services by the individual served on necessary, his or her family permation on unusual occurrences, such as complications; accidents or injuries to the laserved; procedures that place the individual served at risk or cause pain; other or conditions that affect care, treatment, or services; or the death of the individual ications for and episodes of special procedures
		a separa Note: Se	te clinical/case record is maintained for each family member. parate clinical/case records are not needed for family members participating in family or counseling only.
DHS 35.23(1)(a)9. 9. Signed consent forms and treatment, and could be seen to	s for disclosure of information and for medication administration	RC.01.01.01 The organiz	cation maintains complete and accurate clinical/case records.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			cal/case record contains information unique to the individual served, which is used for tion 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
 - Any indications for and episodes of special procedures

DHS Number 35.23(1)(a)9.	Wisconsin Department of Health Services	Joint Com Equivalen		Joint Commission Standards
		RI.01.02.01		nization respects the right of the individual served to collaborate in decisions sor her care, treatment, or services.
			individ relatio	an individual refuses care, treatment, or services, the organization fully informs the ual about its responsibility, in accordance with professional standards, to terminate the nship with the individual upon reasonable notice, or to seek orders for involuntary ent or other legal alternatives.
		RI.01.03.01	The orga	nization honors the right of the individual served to give or withhold informed
		-		rganization's written policy identifies the specific care, treatment, or services that require ed consent, in accordance with law and regulation.
		E	inform Note:	formed consent process includes a discussion about any circumstances under which ation about the individual served must be disclosed or reported. Such circumstances may include situations involving threat of harm to self or others, ibuse, or elder abuse.
		E		ed consent is obtained in accordance with the organization's policy and processes. (See C.02.01.01, EP 4)
	ons prescribed by staff prescribers, and a medication	RC.02.01.01	The clini	cal/case record contains information that reflects the care, treatment, or services
administration record if	staff dispenses or administers medications to the consumer.		provided	to the individual served.
		I	- The	inical/case record of the individual served contains the following clinical information: reason(s) for admission for care, treatment, or services nitial diagnosis, diagnostic impression(s), or condition(s)

- 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)11.	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards
DHS 35.23(1)(a)11.				
11. Discharge summary	and any related information.	RC.02.04.01	The orga	nization documents the discharge information of the individual served.
			- A co servic - The - The - Infor discha Note ' interve substi Note 2 and st	inical/case record contains the following: noise discharge summary that includes the reason for acceptance for care, treatment, or escare, treatment, or services provided condition at discharge of the individual served mation provided to the individual served and his or her family (for example, written irge instructions, medication regimen, follow-up care) : A discharge summary is not required when individuals served are seen for brief entions, as defined by the clinical staff. In these instances, a final progress note may be suited for the discharge summary. :: When individuals served are transferred to a different program within the organization, aff change, a transfer summary may be substituted for the discharge summary. If the o not change, a progress note may be used.
DHS 35.23(1)(a)12. 12. Notice of involuntary	y discharge, if applicable.	RC.01.01.01	The orga	nization maintains complete and accurate clinical/case records.
		E	P 1 The o	ganization defines the components of a complete clinical/case record.
		E		inical/case record contains the information needed to justify the care, treatment, or es provided to the individual served.

	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 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 Er	ntries 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 Com Equivalent		Joint Commission Standards
		E	the clinical/case record t Note 1: Authentication co- initials, rubber-stamp sig Note 2: For paper-based transcription or for verba	se record are authenticated by the author. Information introduced into hrough transcription or dictation is authenticated by the author. an be verified through electronic signatures, written signatures or natures, or computer key. records, signatures entered for purposes of authentication after I orders are dated when required by law or regulation or organization ords, electronic signatures will be date-stamped.
		RC.01.03.01	Documentation in the clin	ical/case record is entered in a timely manner.
		E	EP 2 The organization defines discharge.	the time frame for completion of the clinical/case record following
		E	EP 3 The organization implem clinical/case record of th	ents its policy requiring timely entry of information into the e individual served.
		RC.01.04.01	The organization audits its	s clinical/case records.
		E		e it defines, the organization reviews its clinical/case records to information is present, accurate, legible, authenticated, and
		RC.02.04.01	The organization docume	nts the discharge information of the individual served.
			services - The care, treatment, or - The condition at dischar - Information provided to discharge instructions, Note 1: A discharge sum interventions, as defined substituted for the disch Note 2: When individuals and staff change, a trans	services provided arge of the individual served the individual served and his or her family (for example, written nedication regimen, follow-up care) argument is not required when individuals served are seen for brief by the clinical staff. In these instances, a final progress note may be
DHS 35.23(1)(a)13.				

DHS 35.23(1)(a)13.

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

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

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 Con Equivalen		Joint Commission Standards
		RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services to the individual served.
			- The EP 1) - The repres - The	inical/case record contains the following demographic information: name, address, date of birth, and sex of the individual served (See also MM.01.01.01, name and contact information for the individual's family and any legally authorized sentative preferred language and any special communication needs of the individual served Special communication needs may include sign language.
	nposite consumer files of a family in treatment as a unit. When provisions shall be made for individual confidentiality pursuant the DHS 92	RC.02.01.01		cal/case record contains information that reflects the care, treatment, or services to the individual served.
		E	a sep Note:	more than one member of the family is receiving individual care, treatment, or services, arate clinical/case record is maintained for each family member. Separate clinical/case records are not needed for family members participating in family by or counseling only.
DHS 35.23(2) (2) CONFIDENTIALITY.		IM.02.01.01	The orga	nization protects the privacy of health information.
DHS 92, and 45 CFR Pa	be kept confidential as required under s. 51.30, Stats., ch. arts 160, 162 and 164, and 42 CFR Part 2 in a designated e at which records are stored that is not accessible to			rganization has a written policy addressing the privacy of health information. (See also 01.01, EP 7)
consumers or the public	but is accessible to appropriate staff members at all times.			rganization implements its policy on the privacy of health information. (See also 01.01, EP 7)
individual providing treat	trections and medium, maintained for personal use by an term of the services are available to others, the notes or records treent records. See s. 51.30 (1) (b), Stats., and ss. DHS 92.02			rganization uses health information only for purposes permitted by law and regulation or ther limited by its policy on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7)
(10) and 32.03 (1) (b).			EP 4 The o	rganization discloses health information only as authorized by the individual served or as vise consistent with law and regulation. (See also RI.01.01.01, EP 7)
		IM.02.01.03	The orga	nization maintains the security and integrity of health information.
				rganization has a written policy that addresses the security of health information, ing access, use, and disclosure.
			inform	rganization has a written policy that defines when and by whom the removal of health ation is permitted. Removal refers to those actions that place health information outside the organization's l.

DHS Number 35.23(2)	Wisconsin Department of Health Services	Joint Com Equivalent		Joint Commission Standards
		IM.02.02.03	The orga	nization retrieves, disseminates, and transmits health information in useful
		E		ganization disseminates data and information in useful formats within time frames that fined by the organization and consistent with law and regulation.
•	REATMENT RECORDS.	PC.15.30		ividuals served are transferred or discharged, appropriate information related to treatment, or services provided is exchanged with other service providers.
egal representative, the linic or mental health pr	a consumer or former consumer or, if required, that person's clinic shall transfer to another licensed treatment professional, rogram or facility the treatment records and all other more file processory for the other licensed treatment.	E		ganization communicates appropriate information to any organization or provider to the individual served is transferred or discharged.
	mer file necessary for the other licensed treatment ental health program or facility to provide further treatment to consumer.	E	service - The r - Rele ^v - A sur	formation shared includes the following, as appropriate to the care, treatment, or es provided: eason for transfer or discharge vant biopsychosocial status at transfer or discharge nmary of care, treatment, or services provided and progress toward goals munity resources or referrals provided to the individual served
		PC.5.60	served as	nization coordinates the care, treatment, or services provided to an individual spart of the plan for care, treatment, or services and consistent with the ion's scope of care, treatment, or services.
		E	approp	ganization has a process to receive or share relevant information to facilitate priate coordination and continuity when individuals served are referred to other care, ent, or service providers.
		RI.01.01.01	The orga	nization respects the rights of the individual served.
		EI	and re	ordance with law and regulation, the organization allows the individual served to access quest amendment to his or her health information and to obtain information on sures of this information.
PHS 35.23(4) 4) RETENTION AND D	ISPOSAL.			
	ement a written policy governing the retention of treatment ance with s. DHS 92.12 and any other applicable laws.	IM.02.01.03	The orga	nization maintains the security and integrity of health information.
ecordo unació III accord	ance with 5. Di 10 32.12 and any other applicable laws.	E	EP 5 The or inform	ganization protects against unauthorized access, use, and disclosure of health ation.
		RC.01.01.01	The orga	nization maintains complete and accurate clinical/case records.
			2.12 The or	ganization tracks the location of all components of the clinical/case record.

DHS Number 35.23(4)(a)	Wisconsin Department of Health Services	Joint Com Equivalent		loint Commission Standards
		RC.01.03.01	Docu	nentation in the clinical/case record is entered in a timely manner.
		1		e organization has a written policy that requires timely entry of information into the nical/case record.
		-		e organization implements its policy requiring timely entry of information into the ical/case record of the individual served.
	a staff member's association with the clinic, the treatment aff member was responsible shall remain in the custody of the	IM.02.01.03	The o	rganization maintains the security and integrity of health information.
clinic.	an member was responsible shall remain in the custody of the	-		e organization protects against unauthorized access, use, and disclosure of health ormation.
				e organization protects health information against loss, damage, unauthorized alteration, ntentional change, and accidental destruction.
		RC.01.01.01	The o	rganization maintains complete and accurate clinical/case records.
		E	P 12 Th	e organization tracks the location of all components of the clinical/case record.
		RC.01.03.01	Docu	nentation in the clinical/case record is entered in a timely manner.
				e organization has a written policy that requires timely entry of information into the nical/case record.
		-		e organization implements its policy requiring timely entry of information into the nical/case record of the individual served.
DHS 35.23(5) (5) ELECTRONIC REC	ORD-KEEPING SYSTEMS.	IM.01.01.03	The o	rganization plans for continuity of its information management processes.
		1		e organization has a written plan for managing interruptions to its information processes per-based, electronic, or a mix of paper-based and electronic). (See also EM.01.01.01, EP
				e plan for managing interruptions to electronic information systems addresses the following heduled and unscheduled interruptions. (See also IM.03.01.01, EP 1; EM.01.01.01, EP 6)
			Tra	e plan for managing interruptions to electronic information systems addresses the following ining for staff on alternative procedures to follow when systems are unavailable. (See also I.01.01.01, EP 6)
		-		e plan for managing interruptions to electronic information systems addresses the following ckup of the electronic information systems. (See also EM.01.01.01, EP 6)
				e organization's plan for managing interruptions to electronic information systems is tested effectiveness according to time frames defined by the organization.

DHS Number 35.23(5)	Wisconsin Department of Health Services	Joint Com Equivalent		loint Commission Standards
		E	r	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	e organization maintains the security and integrity of health information.
		E		The organization has a written policy addressing the integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.
		E		The organization has a written policy addressing the intentional destruction of health information.
		E	ii N	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.
		E		The organization protects against unauthorized access, use, and disclosure of health information.
	treatment records electronically if the clinic has a written and the authentication and security policy.	IM.02.01.03	EP 1 1	e organization maintains the security and integrity of health information. The organization has a written policy that addresses the security of health information,
		DC 04 00 04		including access, use, and disclosure.
		RC.01.02.01		tries in the clinical/case record are authenticated.
		E	ΞΡ1 (———	Only authorized staff make entries in the clinical/case record.
		E		The organization defines the types of entries in the clinical/case record made by staff that require countersigning, in accordance with law and regulation.
		E	t N ii N t	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 transmiss	ion of information from treatment records to information patient mental health clinic may not occur without voluntary	IM.02.01.01	The	e organization protects the privacy of health information.
written consent of the co	onsumer unless the release of confidential treatment under s. 51.30, Stats., or other applicable law.	E		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 Com Equivalent		Joint Commission Standards
		IM.02.01.03	The orga	nization maintains the security and integrity of health information.
		E	inform	ganization has a written policy that defines when and by whom the removal of health ation is permitted. Removal refers to those actions that place health information outside the organization's .
		RI.01.01.01	The orga	nization respects the rights of the individual served.
		EF	and re	ordance with law and regulation, the organization allows the individual served to access quest amendment to his or her health information and to obtain information on ures of this information.
		RI.01.03.01	The organ	nization honors the right of the individual served to give or withhold informed
		EF	inform Note: \$	formed consent process includes a discussion about any circumstances under which ation about the individual served must be disclosed or reported. Such circumstances may include situations involving threat of harm to self or others, buse, or elder abuse.

DHS 35.23(5)(c)

(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).

IM.01.0	1.03 Th	ne organization plans for continuity of its information management processes.
	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)
IM.02.0	1.01 Th	ne 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)
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DHS Number 35.23(5)(c)	Wisconsin Department of Health Services	Joint Con Equivalen		Joint Commission Standards		
		IM.02.01.03	The organ	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 r	ights.					
	nent written polices and procedures that are consistent with s.	IM.02.01.01	The organ	nization protects the privacy of health information.		
, ,			EP 1 The or RI.01.0	ganization has a written policy addressing the privacy of health information. (See also 11.01, EP 7)		
		RI.01.01.01	The organ	nization respects the rights of the individual served.		
			EP 1 The or	ganization has written policies on the rights of the individual served.		
	longer is employed by or contracts with the outpatient mental shall offer consumers who had been served by that staff going services.					
DHS 35.24(3) (3)						
consumer's inability to p	involuntarily discharged from treatment because of the pay for services or for behavior that is reasonably a result of s only as provided in par. (b).	PC.15.10	A process	s addresses the needs for continuing care, treatment, or services after discharge r.		
	5 5, 35 p.5254 ii. pdi. (6).		service - The r - The c - Shifti clinicia transfe to othe to prov - Mech - The a	ganization has a process for addressing the needs for continuing care, treatment, or as after discharge or transfer that includes the following: eason(s) for transfer or discharge conditions under which transfer or discharge can occur ng responsibility for care, treatment, or services for the individual served from one n, organization, organizational program, or service to another (which could include rring complete responsibility for the individual and his or her care, treatment, or services rs or referring the individual to others, such as one or more agencies or professionals, ide one or more specific services) anisms for internal and external transfer iccountability and responsibility for the safety of the individual served during transfer, for e organization initiating the transfer and the organization receiving the individual		

DHS Number	Wisconsin Department of Health Services	Joint Commission		Joint Commission Standards	
35.24(3)(a)		Equivalent	Number	Joint Commission Standards	
		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.		
			individı relatior	an individual refuses care, treatment, or services, the organization fully informs the ual about its responsibility, in accordance with professional standards, to terminate the aship with the individual upon reasonable notice, or to seek orders for involuntary ent or other legal alternatives.	
shall notify the consume of the discharge, source discharge reviewed, pric department that certifies review under this paragi grievance or legal action including a grievance or	involuntarily discharge a consumer under par. (a), the clinic er in writing of the reasons for the discharge, the effective date as for further treatment, and of the consumer's right to have the or to the effective date of the discharge, by the subunit of the colinics under this chapter, with the address of that subunit. A raph is in addition to and is not a precondition for any other in the consumer may bring in connection with the discharge, action under s. 51.61, Stats. In deciding whether to uphold or a review under this paragraph, the department may consider:				
OHS 35.24(3)(b)1 Whether the discharg	e violates the consumer's rights under s. 51.61, Stats.	RI.01.02.01		nization respects the right of the individual served to collaborate in decisions or her care, treatment, or services.	
		- 1	treatme Note: 1 making	ganization involves the individual served in making decisions about his or her care, ent, or services. This involvement goes beyond mere presence at the time of discussion or decision provides the individual served in decision making regarding his or her care, treatment, or es.	
2110.05.04/01/1.10					
symptoms, whether the of staff or other consum	for behavior that is reasonably a result of mental health consumer's needs can be met by the clinic, whether the safety ers of the clinic may be endangered by the consumer's nother provider has accepted a referral to serve the consumer.				
	e subunit of the department that certifies clinics under this ealth Certification Section, Division of Quality Assurance, PO 53701-2969.				
OHS 35.25 OHS 35.25 Death report	ring.				
The clinic shall report th 51.64 (2), Stats.	e death of a consumer to the department if required under s.				