LCRC FORM 2

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CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **99–028**

AN ORDER to repeal HFS 61.02 (21), (24) and (26), 61.06 (14) and subchapter III of chapter HFS 61; and to create chapter HFS 75, relating to standards for community substance abuse services.

Submitted by **DEPARTMENT OF HEALTH AND FAMILY SERVICES**

02–12–99 RECEIVED BY LEGISLATIVE COUNCIL.
03–12–99 REPORT SENT TO AGENCY.

MAR 12 1999

RNS:AS:kjf;jal

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

   Comment Attached YES ☐ NO ☑

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

   Comment Attached YES ☑ NO ☐

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

   Comment Attached YES ☐ NO ☑

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS [s. 227.15 (2) (e)]

   Comment Attached YES ☑ NO ☐

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

   Comment Attached YES ☑ NO ☐

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL REGULATIONS [s. 227.15 (2) (g)]

   Comment Attached YES ☐ NO ☑

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

   Comment Attached YES ☐ NO ☑

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CLEARINGHOUSE RULE 99–028

Comments

[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated September 1998.]

2. Form, Style and Placement in Administrative Code

a. Please review SECTION 1. There is no s. HFS 61.02 (21), (24) and (26).

b. Throughout the rule-making order, subsection titles should not be written in bold print. [See s. 1.05 (2) (c), Manual.]

c. In s. HFS 75.03 (6) (c), "currently" should be deleted.

d. Throughout the rule, the active voice should be used. For example, s. HFS 75.03 (15) (c) should begin "The person making the entry shall sign . . . ." In that subsection, par. (d) should begin "_____ shall make an effort . . . ."

e. In s. HFS 75.15 (3), "(l)" should be replaced with "(L)" to avoid confusion with the numeral "1". This comment also applies to s. HFS 75.15 (5) and (11).

f. In s. HFS 75.15 (18), par. (a) should be numbered sub. (18) (intro.) and the subsequent paragraphs should be pars. (a) to (h).

4. Adequacy of References to Related Statutes, Rules and Forms

a. The rule repeals subch. III of ch. HFS 61 and creates ch. HFS 75. Several provisions of current rules have cross-references to subch. III of ch. HFS 61 or sections in that subchapter. These cross-references need to be updated. For example, see ss. HFS 40.01 (2), 61.021 (1), 61.91 (2), 62.01 (3) (a), (p) and (r), 62.05 (5) and 348.04 (4) (c) 1. c.

b. In s. HFS 75.02 (32), should "ss. HFS 75.06 to 75.14" be replaced with "ss. HFS 75.06 to 75.15"?

c. In s. HFS 75.03 (9) (b) (intro.), the cite to ch. HFS 124 is either not specific enough or is incorrect.

d. In s. HFS 75.06 (3), it would be helpful to have a cite that is more specific than the cite to ch. HFS 124.

e. In s. HFS 75.10 (4) (d) 4., the cite to s. HFS 75.03 (3) (g) is incorrect. The correct cite seems to be s. HFS 75.03 (3) (h).

f. In s. HFS 75.15 (7) and (8) (intro.), the cite to 45 CFR 46 should be to 45 CFR Part 46.

g. In s. HFS 75.15 (9) (b) 3., the cite to sub. (8) should be to sub. (11).

h. In s. HFS 75.15 (13) (a) 1., the cite to 42 CFR 493 should be to 42 CFR Part 493.

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. In s. HFS 75.01 (1) (b), in the last sentence, does "the number of units of any particular service" mean the number of units required for any particular service? Please clarify.

b. In s. HFS 75.01 (2), what is meant by "funded through the single state agency for substance abuse services"?

c. In s. HFS 75.02, there are too many definitions. For example, the definitions of the services described later in the chapter are unnecessary because the services are adequately described in the later sections and it is easier for the reader to find those descriptions in the later sections. Also, the definitions of "follow-up", "prevention measures" and "transfer" are all clearly explained later in the chapter and do not require a definition. Finally, some of the definitions are of terms whose meaning is clear from the phrase and any further explanation would be better placed later in the chapter. Some examples of these definitions are "consultation", "hospital services", "medical services", "patient-identifying information", "prescription", "prevention", "relapse prevention", "substance abuse screening" and "withdrawal screening".

In addition, several of the definitions inappropriately contain substantive material. [See s. 1.01 (7) (b), Manual.] See the last sentence of sub. (16), the material after "service" in sub. (50), sub. (77) (a) to (c) and the second sentence of sub. (90).

d. In s. HFS 75.02 (2), what is meant by "structured"? This comment also applies to ss. HFS 75.08 (1) and 75.12 (1).

e. In s. HFS 75.02 (5), the defined term should be "ASAM criteria."

f. In s. HFS 75.02 (11) (a), it would be helpful to have some clarification as to what a "suitable period" of orientation is.

g. In s. HFS 75.02 (30), it may be helpful to insert "consultation with" before "non-substance abuse treatment professionals."

h. The rule defines "physician," "physician assistant" and "registered nurse." For consistency, it should also define "licensed practical nurse."

i. In s. HFS 75.02 (34), "at least" should be moved to immediately follow "licensed to." However, it seems that this subsection could be simplified and clarified by rewriting it along the following lines: ""Medical personnel" means a physician, physician assistant, registered nurse or licensed practical nurse." If it is intended that other health care professionals be included, they should be listed. The final two lines of the definition are substantive and should be deleted. The phrase "certified under ch. 448, Stats.", is inaccurate and unnecessary.

j. In s. HFS 75.02 (37) and (38), "licensed under ch. 448, Stats." should be deleted since "physician" is defined. This comment also applies to s. HFS 75.10 (4) (a) 2.

k. In s. HFS 75.02 (42), the hyphen following "24-hour" should be deleted.

l. In s. HFS 75.02 (58), "licensed" should replace "certified." See s. 448.05 (5) (a), Stats.

m. In s. HFS 75.02 (72) (b), the hyphen between "knowledge" and "base" should be deleted.

n. In s. HFS 75.02 (73), the use of the word "staffing" for a review of a patient's care is confusing. Could another word or phrase, such as "staff review," be used?

o. In s. HFS 75.02 (77) (c) 2., "the effective date of this chapter [revisor to insert effective date]" should be replaced with "the effective date of this chapter .... [revisor inserts date]." This comment also applies to s. HFS 75.03 (6) (c). It is suggested that the phrase also be inserted after "5 years from the effective date of this chapter," so that that date can also be inserted.

p. In s. HFS 75.03 (3) (h), a comma should be inserted after "in the selection of staff."

q. In s. HFS 75.03 (4) (d), "except physicians and psychologists" should be moved to immediately follow "substance abuse counseling."

r. In s. HFS 75.03 (9) (b) 2., "The individual's" should be inserted at the beginning of the sentence.

s. In s. HFS 75.03 (12) (e), a phrase such as "as determined" should be inserted before "through."

t. Section HFS 75.03 (13) (c) states that a patient's treatment plan constitutes a treatment contract between the patient and the service. It is not clear what is significant about construing the plan to be a contract. This provision should be clarified or deleted.

u. In s. HFS 75.03 (14) (c), please review the portion of the paragraph that states "and shall discuss with the patient and the patient's progress and status." Should the second "and" be deleted?

v. In HFS 75.03 (17) (c) 5., why is the word "countersignature" used? Could "signature" be used? Also, see s. HFS 75.15 (11) (c).

w. The drafter may wish to define the terms "STD", "HIV" and "TB" in s. HFS 75.02 since those abbreviations are used in several places in the rule.

x. In s. HFS 75.04 (4) (a) 4. (intro.), "or" should be inserted before "indulging in the first use of illicit drugs."

y. In s. HFS 75.04 (4) (a) 5. (intro.), the hyphen following "at-risk" should be deleted.

z. Section HFS 75.04 (5) (c) should begin with "A", as should s. HFS 75.09 (4) (d) and (6) (e).

aa. In s. HFS 75.05 (3) (b) 5., it is unclear what is meant by "The difficulty inherent in contacting staff members."

ab. In s. HFS 75.07 (4) (e), "transpiration" should be replaced with "transportation."

ac. In s. HFS 75.09 (3) (a), it would be clearer to rewrite the sentence as: "A service shall have at least one staff person trained in the recognition of withdrawal symptoms on duty 24 hours per day, 7 days per week."

ad. In s. HFS 75.09 (4) (a), it would be helpful to clarify what is meant by "recent" documentation.

ae. In s. HFS 75.10 (3) (c), "as a hospital" should be inserted before "under ch. HFS 124."

af. In s. HFS 75.11, "an" should be replaced with "a" when preceding "medically monitored inpatient treatment service."

ag. In s. HFS 75.14 (4) (a) 5., for consistency with the other subdivisions, "shall be" should be replaced with "who is."

ah. In s. HFS 75.14 (6) (d), "a week" should be replaced with "per week."

ai. In s. HFS 75.15 (1), it appears that the comma following "psychological" should be replaced with "and."

Also in that subsection, it appears that the second sentence could be deleted because it is simply descriptive of what methadone does and does not assist an operator of a narcotic treatment service.

aj. In s. HFS 75.15 (3) (d), this definition could be deleted. It is clear from the use of the phrase in the section what it means. If it is not deleted, should "or other FDA-approved narcotic" be inserted after "methadone"?

ak. In s. HFS 75.15 (5) (i), can "relevant dates" be clarified?

al. In s. HFS 75.15 (5) (b), "is" should be replaced with "shall be."

am. In s. HFS 75.15 (5) (g), the second sentence is not substantive and should therefore be placed in a note.

an. In s. HFS 75.15 (5) (j) 9., "provide" should be replaced with "providing."

ao. In s. HFS 75.15 (6) (a) and (b), "A description of" should be inserted at the beginning of the sentence.

ap. In s. HFS 75.15 (9) (a) 8., the comma after "drug ingesting" should be replaced with "and."

aq. In s. HFS 75.15 (9) (b) 5. b., it is unclear what is meant by the sentence.

ar. In s. HFS 75.15 (10) (e), it is unclear what is meant by "with an allowance for margin of effectiveness and safety."

as. In s. HFS 75.15 (11) (a), "varies from one patient to another and" should be deleted.

at. In s. HFS 75.15 (11) (h), it is unclear why this provision is included in the subsection describing take-home medication.

au. In s. HFS 75.15 (11) (L), what criteria should the service physician use to determine that a patient is responsible in handling narcotic drugs?

av. In s. HFS 75.15 (13) (b), will it be clear to readers what is meant by "peak and trough determinations"?

aw. In s. HFS 75.15 (14), par. (a) should be deleted because it is adequately addressed by the subsequent provisions.

ax. In s. HFS 75.15 (14) (b) (intro.), "is" should be replaced with "shall be."

ay. In s. HFS 75.15 (15) (b) 3., it is unclear what is meant by "dependency substitution."

az. In s. HFS 75.15 (16) (d) 2., can consistent terminology be used to describe the stages of pregnancy; e.g., "before the 14th week or after the 32nd week of pregnancy"?

ba. In s. HFS 75.15 (18), it appears that pars. (b) and (c) could be combined.

bb. In s. HFS 75.15 (18) (i), what does it mean for the physical environment to be conducive to rehabilitation? This provision should be more specific or should be deleted.

bc. In s. HFS 75.15 (19), it seems that pars. (b) 3., 4., and 5. and (d), (e) and (f) would be more appropriately placed under the subsection relating to take-home medications.

bd. In s. HFS 75.15 (20) (a) 6. e., the comma after "detect substances" should be replaced with "and."

2-11-99

PROPOSED ORDER OF THE
DEPARTMENT OF HEALTH AND FAMILY SERVICES
REPEALING AND CREATING RULES

To repeal HFS 61.02 (21), (24) and (26), 61.06 (14) and subch. III of ch. HFS 61, and to create chapter HFS 75, relating to standards for community substance abuse services.

Analysis Prepared by the Department of Health and Family Services

The Department's current rules for certification of community alcohol and drug abuse prevention and treatment programs have not been significantly revised for more than 10 years. This rulemaking order removes the standards from ch. HFS 61, where they have been co-located with standards for community mental health and developmental disabilities programs, and places them in a new ch. HFS 75 which is specifically for community substance abuse service programs. The order then updates those standards to incorporate current treatment concepts, eliminate rule parts which are no longer relevant for treatment providers, require use of uniform placement criteria and expand standards for treatment of addiction with methadone or another U.S. Food and Drug Administration (FDA)-approved narcotic.

In the revised rules a certified service-providing entity is called a "service" rather than a "program."

The revised rules consist of definitions, the general requirements that apply to all or most of the different types of substance abuse services, and standards for particular services -- prevention; emergency outpatient; medically managed inpatient detoxification; medically monitored residential detoxification; ambulatory detoxification; non-medical residential intoxication monitoring; hospital inpatient treatment; inpatient residential treatment; day treatment; outpatient treatment; transitional residential; and addiction treatment with methadone or other FDA-approved narcotic. A particular provider may be certified to provide one or more types of service.

The revised rules incorporate Wisconsin's new Uniform Placement Criteria (WI-UPC), but permit use, alternatively, of placement criteria developed by the American Society of Addiction Medicine (ASAM) or any similar placement criteria that the Department may approve. These criteria provide a uniform way of determining an initial recommendation for initial placement, continued stay, level of care transfer and discharge of a substance abuse patient.

The revised rules incorporate by reference the requirements of chs. HFS 12 and HFS 13. Under ch. HFS 12 services are directed to perform background information checks on all currently employed staff and all applicants for employment and under ch. HFS 13 services are required to report to the Department all allegations regarding misappropriation of a patient's property or abuse or neglect of a patient by service staff.

The Department's authority to repeal and create these rules is found in ss. 46.973 (2)(c), 51.42(7)(b) and 51.45(8) and (9), Stats. The rules interpret ss. 46.973(2)(intro.), 51.42 and 51.45, Stats.

SECTION 1. HFS 61.02 (21), (24) and (26) are repealed.

SECTION 2. HFS 61.06 (14) is repealed.

SECTION 3. Subchapter III of chapter HFS 61 is repealed.

SECTION 4. Chapter HFS 75 is created to read:

Chapter HFS 75

COMMUNITY SUBSTANCE ABUSE SERVICE STANDARDS

HFS 75.01 Authority, purpose and applicability. (1) AUTHORITY AND PURPOSE. (a) This chapter is promulgated under the authority of ss. 46.973(2)(c), 51.42(7)(b) and 51.45(8) and (9), Stats., to establish standards for community substance abuse prevention and treatment services under ss. 51.42 and 51.45, Stats. Sections 51.42(1) and 51.45(1) and (7), Stats., provide that a full continuum of substance abuse services be available to Wisconsin citizens from county departments of community programs, either directly or through written agreements or contracts that document the availability of services. This chapter provides that service recommendations for initial placement, continued stay, level of care transfer and discharge of a patient be made through the use of Wisconsin uniform placement criteria, ASAM placement criteria or similar placement criteria that have been approved by the department.

(b) Use of approved placement criteria serves as a contributor to the process of obtaining prior authorization from the treatment service funding source. It does not establish funding eligibility regardless of the funding source. The results yielded by application of these criteria serve as a starting point for further consultations among the provider, patient and payer as to an initial recommendation for the type and amount of services that may be medically necessary and appropriate in the particular case. The criteria do not determine the number of units of any particular service.

(2) APPLICABILITY. This chapter applies to each substance abuse service that receives funds under ch. 51, Stats., is approved by the state methadone authority, is funded through the single state agency for substance abuse services or is operated by a private agency that requests certification.

Note: In this chapter, a certified service-providing entity is called a "service" rather than a "program," as in s. 51.42, Stats., or a "facility," as in s. 51.45, Stats.

HFS 75.02 Definitions. In this chapter:

(1) "Aftercare" or "continuing care" means the stage of treatment in which the patient no longer requires treatment at the intensity described in the formal treatment delivery system described in this chapter, and that is generally provided on an outpatient basis and at a frequency agreed upon between the patient and the provider.

(2) "Ambulatory detoxification service" means a medically managed or monitored and structured detoxification service, delivered on an outpatient basis, provided by a physician or other service personnel acting under the supervision of a physician.

(3) "Applicant" means, unless otherwise indicated, a person who has initiated but not completed the intake process.

(4) "Approved placement criteria" means WI-UPC, ASAM or similar placement criteria that have been approved by the department.

(5) "ASAM" means a set of placement criteria for substance abuse patients published by the American Society of Addiction Medicine.

Note: The ASAM placement criteria may be consulted at the Department's Bureau of Substance Abuse Services or at the Secretary of State's Office or the Revisor of Statutes Bureau. Send inquires about the ASAM placement criteria to American Society of Addiction Medicine, 4601 N. Park Ave., Suite 101 Upper Arcade, Chevy Chase, MD 20815.

(6) "Assessment" means the process and procedures by which a counselor or service identifies and evaluates an individual's strengths, weaknesses, problems and needs in order to develop a treatment plan for the individual.

(7) "Case management" means the activities guided by a patient's treatment plan which bring services, agencies, resources and people together within a planned framework of action toward the achievement of established treatment goals for the patient.

(8) "Certification" means approval of a service by the department.

(9) "Certification specialist" means a department employe responsible for certifying a service under this chapter.

(10) "Certified independent clinical social worker" means a person who meets the qualifications established in s. 457.08(4), Stats., and is certified as an independent clinical social worker by the social worker section of the examining board of social workers, marriage and family therapists and professional counselors.

(11) "Clinical supervisor" means a person certified by, and in good standing with, the Wisconsin certification board, inc., as a certified clinical supervisor or a physician, a psychologist, a certified independent clinical social worker or a person employed on the basis of personal aptitude, training and experience if that person meets all of the following conditions:

(a) Has completed a suitable period of orientation, which is documented.

(b) Has a currently valid clinical supervision certification development plan that is approved annually by and is on file with the Wisconsin certification board, inc.

(c) Will complete certification within 5 years of submission of the initial clinical supervision certification development plan to the Wisconsin certification board, inc., except that:

1. An extension is granted to a clinical supervisor who has submitted his or her case in writing to the Wisconsin certification board, inc., for review and has followed through with the board's recommendation.

2. A clinical supervisor with a plan on file on the effective date of this chapter, [reviser to insert effective date] shall have 5 years from the effective date of this chapter to become certified as a clinical supervisor.

(12) "Clinical supervision" means intermittent face-to-face contact provided on or off the site of a service between a clinical supervisor and treatment staff to make sure that the patients are receiving quality care, which may include but is not limited to auditing of patient files, review and discussion of active cases and direct observation of treatment.

(13) "Consultation" means discussing the aspects of the individual patient's circumstance with other professionals to assure comprehensive and quality care for the patient, consistent with the objectives in the patient's treatment plan or for purposes of making adjustments to the patient's treatment plan.

(14) "Counseling" means the application of special skills utilized in support of the treatment plan and exercised under clinical supervision to assist individuals, families or groups in achieving objectives through exploration of each problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions and making decisions that support a process of recovery.

(15) "Crisis intervention" means services which respond to a substance abuser's needs during acute episodes that may involve physical distress.

(16) "Day treatment service" means a medically monitored and structured non-residential treatment service consisting of regularly scheduled sessions of various modalities such as counseling, case management, group or individual therapy, medical services and mental health services, as indicated, by interdisciplinary providers for a scheduled number of sessions per day and week. Services are provided at a minimum of 12 hours per week for each patient.

(17) "Department" means the Wisconsin department of health and family services.

(18) "Discharge planning" means planning and coordination of treatment and social services associated with the patient's discharge from treatment, including the preparation of a discharge summary as required under s. HFS 75.03 (17).

(19) "Drug detoxification treatment" means the dispensing of a narcotic drug in decreasing doses to a patient to alleviate adverse physiological or psychological effects incidental to the patient's withdrawal from continuous or sustained use of a narcotic drug and as a method of bringing the individual to a narcotic drug-free state.

(20) "Dually diagnosed" means a patient diagnosed as having a substance use disorder listed in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American psychiatric association, that is accompanied by dependency, abuse or dementia and a diagnosed mental disorder.

(21) "Early intervention" means activities that take place with high-risk individuals, families or populations with the goal of averting or interrupting the further progression of problems associated with substance use or abuse. These activities may include problem identification and resolution, referral for screening, specialized education, alternative activities development, social policy development, environmental change, training and development of risk reduction skills.

(22) "Employe assistance program service" means a service provided to employes by an employer for the identification, motivation to seek help and referral to assistance of persons whose job performance is impaired by personal problems such as medical, family, marital, financial, legal, emotional and substance abuse or dependency problems.

(23) "FDA" means the U.S. food and drug administration.

(24) "First priority for services" means that an individual assessed as needing services will be referred immediately to available treatment resources and that, in the event there is a waiting list for any treatment resource, will be placed on the waiting list immediately before any person not entitled to first priority for services.

(25) "Follow-up" means a process used by a treatment provider to periodically assess the referral process and rehabilitation progress of a patient who has completed treatment, has been discharged from treatment or has been referred for concurrent services.

(26) "Group counseling" means the application of counseling techniques which involve interaction among members of a group consisting of at least 2 patients but not more than 16 patients with a minimum of one counselor for every 8 patients.

(27) "Hospital services" means services typically provided only in a hospital as defined in s. 50.33 (2), Stats.

(28) "Incapacitated person" means a person who, as a result of the use of or withdrawal from alcohol, is unconscious or has his or her judgment otherwise so impaired that he or she is incapable of making a rational decision, as evidenced objectively by such indicators as extreme physical harm or threats of harm to himself or herself, to any other person or to property.

(29) "Intake process" means the specific tasks necessary to admit a person to a substance abuse service, such as completion of admission forms, notification of patient rights, explanation of the general nature and goals of the service, review of policies and procedures of the service and orientation.

(30) "Intervention" means the process of interrupting an action or behavior that is harmful to treatment progress and recovery. Intervention may include, but is not limited to, formal substance abuse treatment, an educational program, an employe assistance program, non-substance abuse treatment professionals and support groups.

(31) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol.

(32) "Level of care" means the intensity and frequency of services provided by a service under ss. HFS 75.06 to 75.14. "Intensity of services" refers to both the degree of restrictiveness for a patient to participate and to the range of specific services expected, including the involvement of medical professionals in the delivery of care. "Frequency of service" refers to how often the service may be provided or is available to the patient.

(33) "Maintenance treatment" means the dispensing of a narcotic drug in the treatment of an individual for dependence on heroin or another morphine-like drug.

(34) "Medical personnel" means a physician, a physician assistant certified under ch. 448, Stats., or ~~other health~~ care personnel at least licensed to the level of a registered nurse or licensed practical nurse, which is assurance that a level of training has been attained which is necessary to function under standing orders of a physician.

(35) "Medical screening" means the examination conducted by medical personnel of a person to ascertain eligibility for admission to a substance abuse treatment service and to assess the person's medical needs.

(36) "Medical services" means services designed to address the medical needs of a patient, including a physical examination, administration of medications and emergency medical care.

(37) "Medical supervision" means regular coordination, direction and inspection by a physician licensed under ch. 448, Stats., of an individual's exercise of delegation to deliver medical services when the individual is not licensed to administer medical services.

(38) "Medically directed" means the carrying out of standing orders under the supervision of a physician licensed under ch. 448, Stats., for delivering the medical aspects of a service, including review and consultation provided to treatment staff in regard to the admission, treatment, transfer and discharge of patients.

(39) "Medically managed inpatient detoxification service" means a 24-hour-per-day observation and monitoring service, with nursing care, physician management and all of the resources of a general or specialty inpatient hospital.

(40) "Medically managed inpatient treatment service" means a service provided in a general or specialty hospital with 24-hour-nursing care, physician management and all the resources of a hospital approved under ch. HFS 124.

(41) "Medically managed services" means services provided or directly managed by a physician.

(42) "Medically monitored inpatient treatment service" means a community or hospital based, 24-hour-inpatient treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multi-disciplinary staff under the supervision of a physician.

(43) "Medically monitored residential detoxification service" means a 24-hour-per-day service in a residential setting providing detoxification service and monitoring, with care provided by a multi-disciplinary team of service personnel including 24-hour nursing care under the supervision of a physician.

(44) "Medically monitored services" means services provided under the direction and supervision of a physician. The physician may or may not directly administer care to the patient.

(45) "Mental health professional" means an individual with training and supervised clinical experience in the field of mental health who is qualified under appendix B.

(46) "Mental disorder" means a condition listed in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American psychiatric association.

(47) "Narcotic dependent" means an individual who is physiologically and psychologically dependent on heroin or another morphine-like drug to prevent the onset of withdrawal symptoms.

(48) "Narcotic treatment service for opiate addiction" means an organization that includes a physician who administers or dispenses a narcotic drug to a narcotic addict for treatment or detoxification treatment with a comprehensive range of medical and rehabilitation services and that is approved by the state methadone authority and the designated federal regulatory authority and registered with the U.S. drug enforcement administration to use a narcotic drug for treatment of narcotic addiction.

(49) "Non-medical, residential intoxication monitoring service" means a service providing 24-hour-per-day observation by non-medical staff to monitor the resolution of alcohol or sedative intoxication and to

monitor alcohol withdrawal.

(50) "Outpatient treatment service" means a non-residential treatment service totaling less than 12 hours of treatment per patient per week.

(51) "Paraprofessional" means an individual hired on the basis of skills and knowledge to perform specific functions in connection with a substance abuse service, who is not licensed, credentialed or otherwise formally recognized as a medical services provider or a mental health professional.

(52) "Patient" means an individual who has completed the screening, placement and intake process and is receiving substance abuse treatment services.

(53) "Patient-identifying information" means any information that would identify a patient as a substance abuser.

(54) "Patient and family education" means the provision of information to a patient and, as appropriate, to the patient's family, concerning the effects of use and abuse of alcohol or other substances, the dynamics of abuse and dependency and available services and resources.

(55) "Patient satisfaction survey" means a written questionnaire to be completed by an individual who has participated in a substance abuse service to assess the individual's perception of the effectiveness of the service in meeting his or her needs.

(56) "Physically accessible" means a facility that persons with functional limitations caused by impairments of sight, hearing, coordination or perception or persons with semi-ambulatory or non-ambulatory disabilities may readily enter, leave and circulate within, and in which they can use public rest rooms and elevators.

(57) "Physician" means a person licensed under ch. 448, Stats., to practice medicine and surgery.

(58) "Physician assistant" means a person certified under s. 448.05 (5) Stats., to perform patient services under the supervision and direction of a physician.

(59) "Placement criteria summary" means documentation that identifies the treatment service qualifying criteria and severity indicators applicable to a patient and includes the interviewer's comments, the patient's statement regarding willingness to accept the level of care placement recommendation, reasons for selecting an alternative level of care placement, if applicable, the name, address and phone number of the agency the patient is being referred to and signatures of the patient and the interviewer.

(60) "Potentiation" means the increasing of potency and, in particular, the synergistic action of 2 drugs which produces an effect that is greater than the sum of the effect of each drug used alone.

(61) "Prescription" means a written instruction for preparation and administration of a medication or for treatment that includes the date of the order, the name and address of the prescriber, the patient's name and address and the prescriber's signature.

(62) "Prevention" means a process which provides people with the resources necessary to confront stressful life conditions and avoid behaviors which could result in negative physical, psychological or social outcomes.

(63) "Prevention measures" means preventive interventions that use a combination of prevention

strategies to impact 3 population groups, as follows:

(a) Universal prevention measures are designed to affect a general population.

(b) Selective prevention measures are designed to target sub-groups of the general population distinguished by age, gender, occupation, culture or other obvious characteristics whose members are at risk for developing substance abuse problems.

(c) Indicated prevention measures are designed to affect persons who, upon substance abuse screening, are found to manifest a risk factor, condition or circumstance of daily living that identifies them individually as at risk for substance abuse and in need of supportive interventions.

(64) "Prevention service" means an integrated combination of universal, selective and indicated measures that utilize a variety of strategies in order to prevent substance abuse and its effects.

(65) "Prevention strategy" means activities targeted to a specific population or the larger community that are designed to be implemented before the onset of problems as a means to prevent substance abuse or its detrimental effects from occurring.

(66) "Preventive intervention" means any strategy or action directed at a population or person not at the time suffering from any discomfort or disability due to the use of alcohol or another substance but identified as being at high risk to develop problems associated either with his or her own use of alcohol or other substances or another person's use of alcohol or other substance.

(67) "Primary counselor" means a substance abuse counselor who is assigned by the service to develop and implement a patient's treatment program and to evaluate the patient's progress in treatment.

(68) "Referral" means the establishment of a link between a patient and another service by providing documentation to the other service of the patient's needs and recommendations for treatment services, and includes follow-up within one week as to the disposition of the recommendations.

(69) "Registered nurse" means a person who is licensed as a registered nurse under ch. 441, Stats.

(70) "Relapse prevention" means services designed to support the recovery of the individual and to prevent recurrence of substance abuse.

(71) "Service" means a structured delivery system, formerly called a program, for providing substance abuse prevention, intervention or treatment services

(72) "Staff development" means activities designed to improve staff competency and job performance which may include, but are not limited to, the following:

(a) Orientation which includes learning activities that provide understanding of the contextual relationship of concepts, ideas and processes required for job performance.

(b) Education which includes learning activities that provide cognitive information to build the knowledge base required for improving job performance.

(c) Training which includes learning activities that develop knowledge, skills and attitudes aimed at changing behaviors to enhance or improve job performance.

(73) "Staffing" means a regularly scheduled review of a patient's treatment goals, the treatment strategies and objectives being utilized or proposed, potential amendments to the treatment plan and the patient's progress or lack of progress, including placement criteria for the level of care the patient is in, with participants to include at least the patient's primary counselor and the clinical supervisor, and a mental health professional if the patient is dually diagnosed.

(74) "State methadone authority" means the department's bureau of substance abuse services which is the state agency designated by the governor under 21 CFR 291.505(9) to exercise the responsibility and authority within Wisconsin for governing the treatment of narcotic addiction with a narcotic drug.

(75) "Substance" means a psychoactive agent or chemical which principally affects the central nervous system and alters mood or behavior.

(76) "Substance abuse" means use of alcohol or another substance individually or in combination in a manner which interferes with functioning in one or more of the following areas of an individual's life: educational, vocational, health, financial, legal, personal relationships or role as a caregiver or homemaker.

(77) "Substance abuse counselor" or "counselor" means a person certified by the Wisconsin certification board, inc., as an alcohol and drug counselor, or a person employed as a counselor on the basis of personal aptitude, training and experience provided that the person meets all of the following conditions:

(a) Has completed a suitable period of orientation, which is documented.

(b) Has a currently valid counselor certification development plan that is approved annually by and is on file with the Wisconsin certification board, inc.

(c) Will complete certification within 5 years of submission of the initial counselor certification development plan to the Wisconsin certification board, inc., except that:

1. An extension is granted to a counselor who has submitted his or her case in writing to the Wisconsin certification board, inc., for review and has followed through with the board's recommendation.

2. A counselor with a plan on file on ~~the effective date of this chapter~~ [reviser to insert effective date] shall have 5 years from the effective date of this chapter to become certified.

(78) "Substance abuse screening" means the process by which a patient is determined appropriate and eligible for service in the substance abuse treatment delivery system.

(79) "Substance use disorder" means the existence of a diagnosis of "substance dependence" or "substance abuse," as described in the most current Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American psychiatric association, excluding nicotine dependence.

(80) "Supervised clinical experience" means a minimum of one hour per week of supervision by a mental health professional qualified under s. HFS 34.21(3)(b) 1. to 9. gained after the person being supervised has received a master's degree.

(81) "Transfer" means the change of a patient from one level of care to another which may take place at the same location or by physically moving the patient to a different site for the new level of care.

(82) "Transitional residential treatment service" means a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance abuse treatment in the

form of counseling equaling between 3 to 11 hours weekly, immediate access to peer support and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning.

(83) "Treatment" means the planned provision of services conducted under clinical supervision to assist a patient through the process of recovery. Treatment functions include: screening, application of placement criteria, intake, orientation, assessment, individualized treatment planning, individual or group and family counseling, referral, discharge planning, record keeping and consultation with other professionals regarding the patient's treatment services and case management which may include but is not limited to crisis intervention, client education, employment and problem resolution in life skills functioning.

(84) "Treatment plan" or "plan" means identified and ranked goals and objectives and resources agreed upon by the patient, the counselor and the consulting physician to be utilized in facilitation of the patient's recovery.

(85) "Treatment planning" means the process by which the counselor, the patient and, whenever possible, the patient's family, identify and rank problems needing resolution, establish agreed-upon immediate, short-term and long-term goals and decide on a treatment process and resources to be utilized based upon the severity of the patient's presenting problems.

(86) "Treatment service" means any service under ss. HFS 75.05 to 75.15.

(87) "Wisconsin certification board, inc." means the agency authorized by the department to establish, test and apply standards of initial and ongoing competency for professionals in the substance abuse field through a certification process.

(88) "Withdrawal" means the development of a psychological and physical syndrome caused by the abrupt cessation of or reduction in substance use that has been heavy and prolonged. The symptoms include clinically significant distress or impairment in social, occupational or other important areas of functioning and are not due to a general medical condition or better accounted for by another mental disorder.

(89) "Withdrawal screening" means the evaluation of a patient's condition as it relates to current or potential withdrawal from alcohol or another substance.

(90) "WI-UPC" means Wisconsin uniform placement criteria, a placement instrument that yields a placement recommendation as to an appropriate level of care at which a patient should receive services. The criteria determine if a patient is clinically eligible for substance abuse services and then provide a basis for examining the degree of impairment in specific dimensions of the patient's life. WI-UPC does not replace the need to do a complete assessment and diagnosis of a patient according to the most current Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American psychiatric association.

Note: The publication, *Wisconsin Uniform Placement Criteria*, may be consulted at the Department's Bureau of Substance Abuse Services or at the Secretary of State's Office or the Revisor of Statutes Bureau. To obtain a copy, contact the Bureau of Substance Abuse Services at 1 W. Wilson Street, Room 437, Madison, WI 53702.

(91) "WI-UPC assets criteria" means the strengths the patient possesses. ~~Examples are~~ evidence that the patient is free of withdrawal symptoms, the patient is not under the influence of substances, the patient has a supportive and safe living environment and the patient is willing to follow the agreed-upon elements of the treatment plan.

(92) "WI-UPC needs criteria" means the identified problems or condition of a patient which help in determining the level of intensity of service required for progress in achieving treatment goals and bringing about the patient's recovery.

HFS 75.03 General requirements. (1) APPLICABILITY. This section establishes general requirements which apply to the 12 types of community substance abuse services under ss. HFS 75.04 to 75.15. Not all general requirements apply to all services. Table 75.03 indicates the general requirement subsections which apply to specific services.

TABLE 75.03
GENERAL REQUIREMENTS
APPLICABLE TO EACH SERVICE

	SERVICE											
HFS 75.03 GENERAL REQUIREMENTS	75.04	75.05	75.06	75.07	75.08	75.09	75.10	75.11	75.12	75.13	75.14	75.15
(2) Certification	X	X	X	X	X	X	X	X	X	X	X	X
(3) Governing Authority	X	X	X	X	X	X	X	X	X	X	X	X
(4) Personnel	X	X	X	X	X	X	X	X	X	X	X	X
(5) Staff Development	X	X	X	X	X	X	X	X	X	X	X	X
(6) Trng in Mgmt of Suicidal Individuals	X	X	X	X	X	X	X	X	X	X	X	X
(7) Confidentiality	X	X	X	X	X	X	X	X	X	X	X	X
(8) Patient Case Records	O	O	X	X	X	X	X	X	X	X	X	X
(9) Case Records for Emergency Services	O	O	X	X	O	O	O	O	O	O	O	X
(10) Screening	O	X	X	X	X	X	X	X	X	X	X	X
(11) Intake	O	O	X	X	X	X	X	X	X	X	X	X
(12) Assessment	O	O	O	O	O	O	X	X	X	X	X	X
(13) Treatment Plan	O	O	O	O	O	O	X	X	X	X	X	X
(14) Staffing	O	O	X	X	X	X	X	X	X	X	X	X
(15) Progress Notes	O	O	X	X	X	X	X	X	X	X	X	X
(16) Transfer	O	O	X	X	X	X	X	X	X	X	X	X
(17) Discharge or Termination	O	O	X	X	X	X	X	X	X	X	X	X
(18) Referral	X	X	X	X	X	X	X	X	X	X	X	X
(19) Follow-up	O	O	X	X	X	X	X	X	X	X	X	X
(20) Service Evaluation	X	X	X	X	X	X	X	X	X	X	X	X
(21) Communicable Disease Screening	O	O	X	X	X	X	X	X	X	X	X	X
(22) Unlawful Substance Use	X	X	X	X	X	X	X	X	X	X	X	X
(23) Emergency Shelter and Care	O	O	X	X	O	X	X	X	O	O	X	O
(24) Death Reporting	O	X	X	X	X	X	X	X	X	X	X	X

X = required O = not required

(2) CERTIFICATION. (a) *Approval.* Each service that receives funds under ch. 51, Stats., is approved by the state methadone authority or is funded through the department's bureau of substance abuse services shall be certified by the department under this chapter.

(b) *Application.* An individual or organization seeking certification of a service under this chapter shall apply to the department for certification on a form provided by the department.

Note: For a copy of the application for certification, write to Program Certification Unit, P.O. Box 7851, Madison, WI 53707.

(c) *Determination.* Upon receipt of a completed application for certification the department shall review the application for compliance with this chapter, which may include an on-site survey. Within 45 days after receiving a completed application, the department shall either approve or deny the application. If the application for certification is denied, the department shall give the individual or organization applying for certification reasons, in writing, for the denial and shall inform the individual or organization of a right to appeal that decision under par. (h).

(d) *Duration.* The department may issue a certification for a period of up to 2 years. The certification shall remain in effect for that period unless suspended or revoked prior to expiration.

(e) *Renewal.* The department shall send a renewal notice and instructions to the certificate holder 60 days prior to expiration of the certification.

(f) *Denial.* 1. The department may refuse to issue a certification if an applicant fails to meet all requirements of this chapter or may refuse to renew a certification if the applicant no longer meets or has violated any provision of this chapter.

2. The department may refuse to issue a certification if the applicant has previously had a certification revoked for failure to comply with rules promulgated by the department or a comparable agency in another state.

(g) *Suspension or revocation.* The department may at any time upon written notice to a certificate holder suspend or revoke the certificate if the department finds that the service does not comply with this chapter. The notice shall state the reasons for the suspension or revocation and shall inform the certificate holder of the right under par. (h) to appeal that decision.

(h) *Appeals.* 1. If the department denies, refuses to renew, suspends or revokes a certification, the individual, organization or service applying for certification or renewal may request an administrative hearing under ch. 227, Stats. If a timely request for hearing is made on a decision to revoke or not renew a certification, that action is stayed pending the decision on the appeal except when the department finds that the health, safety or welfare of patients requires that the action take effect immediately. A finding of a requirement for immediate action shall be made in writing by the department.

2. A request for a hearing shall be in writing and shall be submitted to the department of administration's division of hearings and appeals so that it is received in that office within 30 days after the date of the notice of adverse action under par. (c) or (g). If a request is not received within 30 days, no hearing is available.

Note: The mailing address of the Division of Hearings and Appeals is P.O. Box 7875, Madison, WI, 53707.

3. The department's bureau of substance abuse services is responsible for the interpretation of the meaning and intent of the provisions of this chapter.

(3) GOVERNING AUTHORITY. The governing authority or legal owner of a service shall do all of the following:

(a) Establish written policies and procedures for the operation of the service and exercise general direction over the service.

(b) Appoint a director whose qualifications, authority and duties are defined in writing.

(c) Develop and provide a policy manual that describes the policies and procedures for the delivery of services.

(d) Comply with local, state and federal laws.

(e) Establish a written policy stating that the service will comply with patient rights requirements as specified in this chapter and in ch. HFS 94.

(f) Establish written policies and procedures stating that services will be available and accessible and no person will be denied service or discriminated against on the basis of sex, race, color, creed, sexual orientation, handicap or age, in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended, 29 USC 794, and the Americans with Disabilities Act of 1990, as amended, 42 USC 12101-12213.

(g) State clearly in writing the criteria for determining the eligibility of individuals for admission, with first priority for services given to pregnant women who are alcohol or drug abusers.

(h) Develop written policies and procedures stating that in the selection of staff, consideration will be given to each applicant's sensitivity toward and training in the characteristics of the service's patient population, including gender, age, cultural background, sexual orientation, developmental, cognitive or communication barriers and physical or sensory disabilities.

(i) Develop written policies and procedures to ensure that recommendations relating to a patient's initial placement, continued stay, level of care transfer and discharge recommendations are determined through the application of approved placement criteria.

(4) PERSONNEL. (a) A service shall have a director appointed by the governing authority or legal owner. The director is responsible for administration of the service.

(b) A service shall comply with ch. HFS 12, which directs the service to perform background information checks on applicants for employment and, periodically, on existing employes, and not hire or retain persons who because of specified past actions are prohibited from working with patients, and ch. HFS 13, which directs the service to report to the department all allegations that come to the attention of the service that a staff member or contracted employe has misappropriated property of a patient or has abused or neglected a patient.

(c) If a service uses volunteers, the service shall have written policies and procedures governing their activities.

(d) All staff who provide substance abuse counseling shall be substance abuse counselors except physicians and psychologists.

(e) All staff who provide mental health treatment services to dually diagnosed clients shall meet the appropriate qualifications under appendix B.

(f) Provision of clinical supervision for a substance abuse counselor shall be evidenced in that person's personnel file by documentation which identifies hours of supervision provided, issues addressed and plans for problem resolution and is signed by the clinical supervisor.

(5) STAFF DEVELOPMENT. A service shall have written policies and procedures for determining staff training needs, formulating individualized training plans and documenting the progress and completion of staff development goals.

(6) TRAINING STAFF IN ASSESSMENT AND MANAGEMENT OF SUICIDAL INDIVIDUALS. (a) Each service shall have a written policy requiring each new staff person who may have responsibility for assessing or treating patients who present significant risks for suicide to do one of the following:

1. Receive documented training in assessment and management of suicidal individuals within one year after being hired by the service.

2. Provide written documentation of past training or supervised experience in assessment and management of suicidal individuals.

(b) Staff who provide crisis intervention or are on call to provide crisis intervention shall, within one month of being hired to provide these services, receive specific training in crisis assessment and treatment of persons presenting a significant risk for suicide or document that they have already received the training. The service shall have written policies and procedures covering the nature and extent of this training to ensure that crisis and on-call staff will be able to provide the necessary services given the range of needs and symptoms generally exhibited by patients receiving care through the service.

(c) Staff currently employed by the program on ~~the effective date of this subsection~~ {revisor to insert effective date} ~~shall either~~ receive training in assessment and management of suicidal individuals within one year from that date or provide documentation of past training.

(7) CONFIDENTIALITY. Services shall have written policies, procedures and staff training to ensure compliance with provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, and s. 51.30, Stats., and ch. HSS 92, confidentiality of records. Each staff member shall sign a statement acknowledging his or her responsibility to maintain confidentiality of personal information about patients.

(8) PATIENT CASE RECORDS. (a) There shall be a case record for each patient.

Note: For a person receiving only emergency services under s. HFS 75.06, 75.07 or 75.15, the case record requirements are found in sub. (9).

(b) A staff person of the service shall be designated to be responsible for the maintenance and security of patient case records.

(c) Patient case records shall be safeguarded as provided in sub. (7) and maintained with the security precautions specified in 42 CFR Part 2.

(d) The case record format shall provide for consistency and facilitate information retrieval.

(e) A patient's case record shall include all of the following:

1. Consent for treatment forms signed by the patient or, as appropriate, the patient's legal guardian.

2. An acknowledgment by the patient or the patient's legal guardian, if any, that the service policies and procedures were explained to the patient or the patient's legal guardian.

3. A copy of the signed and dated patient notification that was reviewed with and provided to the patient and patient's legal guardian, if any, which identifies patient rights, and explains provisions for confidentiality and the patient's recourse in the event that the patient's rights have been abused.

4. Results of all screening, examinations, tests and other assessment information.

5. A completed copy of the most current placement criteria summary for initial placement or for documentation of the applicable approved placement criteria or WI-UPC assets and needs criteria if the patient has been transferred to a level of care different from the initial placement. Alternative forms which include all the information from the WI-UPC summary, or other approved placement criteria may be used in place of the actual scoring document .

6. Treatment plans.

7. Medication records, which shall allow for ongoing monitoring of all staff-administered medications and the documentation of adverse drug reactions.

8. All medication orders. These shall specify the name of the medication, dose, route of administration, frequency of administration, person administering and name of the physician who prescribed the medication.

9. Reports from referring sources, each to include the name of the referral source, the date of the report and the date the patient was referred to the service.

10. Records of referral by the service, including documentation that referral follow-up activities occurred.

11. Multi-disciplinary case conference and consultation notes signed by the primary counselor.

12. Correspondence relevant to the patient's treatment, including all letters and dated notations of telephone conversations.

13. Consent forms authorizing disclosure of specific information about the patient.

14. Progress notes, including staffings, in accordance with the service's policies and procedures.

15. A record of services provided which shall include documentation of all case management, education, services and referrals.

16. Staffing notes signed by the primary counselor and the clinical supervisor, and by the mental health professional if the patient is dually diagnosed.

17. Documentation of transfer from one level of care to another. Documentation shall identify the applicable criteria from approved placement criteria, and shall include the dates the transfer was recommended and initiated.

18. Discharge documentation.

(f) A service shall have policies and procedures to ensure the security and confidentiality of all case records when clinical supervision is provided off site.

Note: An example of when clinical supervision may be provided off site is a staffing held at a central location attended by counselors from one or more branch clinics.

(g) If the service discontinues operations or is taken over by another service, records containing patient identifying information may be turned over to the replacement service or any other service provided that the patient consents in writing. If no patient consent is obtained, the records shall be sealed and turned over to the department to be retained for 7 years and then destroyed.

(h) A patient's case record shall be maintained by the service for a period of 7 years from the date of termination of treatment or service.

(i) A service is the custodian and owner of the patient file and may release information only in compliance with sub. (7).

(9) CASE RECORDS FOR PERSONS RECEIVING EMERGENCY SERVICES. (a) A service shall keep a case record for every person requesting or receiving emergency services under s. HFS 76.06, 76.07 or 75.15, except where the only contact made is by telephone.

(b) A case record prepared under this subsection shall comply with requirements under ch. HFS 124 or include all of the following:

1. The individual's name and address.

2. Date of birth, sex and race or ethnic origin.

3. Time of first contact with the individual.

4. Time of the individual's arrival~~, means of arrival and method of transportation~~.

5. Presenting problem.

6. Time emergency services began.

7. History of recent substance use, if determinable.

8. Pertinent history of the problem, including details of first aid or emergency care given to the individual before being seen by the emergency service.

9. Description of clinical and laboratory findings.

10. Results of emergency screening, diagnosis or other assessment completed.

11. Detailed description of services provided.

12. Progress notes.

13. Condition of the individual on transfer or discharge.

14. Final disposition, including instructions given to the individual regarding necessary follow-up care.

15. Record of services provided, which shall be signed by the physician in attendance when medical diagnosis or treatment has been provided.

16. Name, address and phone number of a person to be notified in case of an emergency provided that there is a release of information signed by the patient that enables the agency to contact that person.

(10) SCREENING. (a) A service shall complete withdrawal screening for a patient who is currently experiencing withdrawal symptoms or who presents the potential to develop withdrawal symptoms.

(b) Acceptance of a patient for substance abuse services shall be based on a written screening procedure. The written screening procedure shall clearly state the criteria for determining eligibility for admission.

(c) All substance abuse screening procedures shall include the collection of data relating to impairment due to substance use consistent with the WI-UPC's qualifying criteria and dimensions.

(11) INTAKE. (a) *Basis for admission.* Admission of an individual to a service for treatment shall be based upon an intake procedure that includes screening, placement, initial assessment and required administrative tasks.

(b) *Policies and procedures for intake.* A service shall have written policies and procedures to govern the intake process, including the following:

1. A description of the types of information to be obtained from an applicant prior to admission.

2. A written consent to treatment statement attached to the initial service plan, which shall be signed by the prospective patient before admission is completed.

3. A method of informing the patient about and ensuring that the patient understands all of the following, and for obtaining the patient's signed acknowledgment of having been informed and understanding all of the following:

a. The general nature and purpose of the service.

b. Patient rights and the protection of privacy provided by the confidentiality laws.

c. Service regulations governing patient conduct, the types of infractions which result in corrective action or discharge from the service and the process for review or appeal.

d. The hours during which services are available.

e. Procedures for follow-up after discharge.

f. Information about the cost of treatment, who will be billed and the accepted methods of payment if the patient will be billed.

(c) *Initial assessment.* The initial assessment shall include all of the following:

1. An alcohol and drug history which identifies:

a. The substance or substances used.

b. The duration of use for each substance.

c. Pattern of use in terms of frequency and amount.

d. Method of administration.

e. Status of use immediately prior to entering into treatment.

2. Available information regarding the patient's family, significant relationships, legal, social and financial status, treatment history and other factors that appear to have a relationship to the patient's substance abuse and physical and mental health.

3. Documentation of how the information identified in subds. 1. and 2. relates to the patient's presenting problem.

4. Documentation about the current mental and physical health status of the patient.

(d) *Preliminary service plan.* A preliminary service plan shall be developed, based upon the initial assessment.

(e) *Explanation of initial assessment and service plan.* The initial assessment and preliminary service plan shall be clearly explained to the patient and, when appropriate, to the patient's family members during the intake process.

(f) *Information and referral relating to communicable diseases.* The service shall provide patients with information concerning communicable diseases, such as sexually transmitted diseases (STD), hepatitis B, tuberculosis (TB), and human immunodeficiency virus (HIV), and shall refer patients with communicable disease for treatment when appropriate.

(g) *Court-ordered admission.* Admission of a person under court order shall be in accordance with ss. 51.15 and 51.45 (12), Stats.

(12) ASSESSMENT. (a) Staff of a service shall assess each patient through screening interviews, data obtained during intake, counselor observation and talking with people who know the patient. Information for the assessment shall include the following:

1. The substance abuse counselor's evaluation of the patient and documentation of psychological, social and physiological signs and symptoms of substance abuse and dependence based on criteria in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American psychiatric association.

2. The summarized results of all psychometric, cognitive, vocational and physical examinations taken for, or as a result of, the patient's enrollment into treatment.

(b). The counselor's recommendations for treatment shall be included in a written case history, which includes a summary of the assessment information leading to the conclusions and outcomes determined from the counselor's evaluation of the patient's problems and needs.

(c) If a counselor identifies symptoms of mental health problems in the assessment process, the service shall refer the individual for a mental health assessment conducted by a mental health professional.

(d) If a counselor identifies symptoms of physical health problems in the assessment process, the service shall refer the individual for a physical health assessment conducted by medical personnel.

(e) Initial assessment is conducted for the purpose of treatment planning. The service shall implement an ongoing process of assessment to ensure that modification of the patient's treatment plan is addressed if the need arises through a staffing at least every 30 days.

(13) TREATMENT PLAN. (a) *Basis and signatures.* A service shall develop a treatment plan for each patient. A patient's treatment plan shall be based on the assessment under sub. (12) and a discussion with the patient to ensure that the plan is tailored to the individual patient's needs. The treatment plan shall be reviewed and signed first by the clinical supervisor and the counselor and secondly reviewed and signed by the counselor, the patient and the consulting physician.

(b) *Content.* 1. The treatment plan shall describe the patient's problems and the goals and strategies of treatment. The description shall be specific, understandable to the patient and expressed in behavioral terms.

2. The plan shall provide specific goals for treatment of dual diagnosis for those who are identified as being dually diagnosed.

3. Tasks performed in meeting the goals shall be reflected in progress notes and the staffing reports.

(c) *Contract.* A patient's treatment plan constitutes a treatment contract between the patient and the service.

(d) *Review.* A patient's treatment plan shall be reviewed at regular intervals as identified in sub. (14) and modified as appropriate with date and results documented in the patient's case record through staffing reports.

(14) STAFFING. (a) Staffing shall be completed for each patient and shall be documented in the patient's case record as follows:

1. Staffing for patients in an outpatient treatment service who attend treatment sessions one day per week or less frequently shall be completed at least every 90 days.

2. Staffing for patients who attend treatment sessions more frequently than one day per week shall be completed at least every 30 days.

(b) A staffing report shall include information on treatment goals, strategies, objectives, amendments to the treatment plan and the patient's progress or lack of progress, including applicable criteria from the approved placement criteria being used to recommend the appropriate level of care for the patient.

(c) The counselor and clinical supervisor shall review the patient's progress and the current status of the treatment plan in regularly scheduled case conferences and shall discuss with the patient and the patient's progress and status and make an appropriate notation in the patient's progress notes.

(d) If a patient is dually diagnosed, the patient's treatment plan shall be reviewed by the counsleor and a mental health professional and appropriate notation made in the patient's progress notes.

(e) A staffing report shall be signed by the primary counselor and the clinical supervisor, and by a mental health professional if the patient is dually diagnosed. The consulting physician shall review and sign the staffing report.

(15) PROGRESS NOTES. (a) For each contact with a patient or with a collateral source in regard to the patient, progress notes shall be entered into the patient's case record. Notes shall be entered by the counselor and may be entered by the consulting physician, clinical supervisor and other staff members to document the content of the contact with the patient or with a collateral source in regard to the patient. In this paragraph, "collateral source" means a source from which information may be obtained regarding a patient, which may include a family member, clinical records, a friend, a co-worker, a probation and parole agent or a health care provider.

(b) Progress notes shall include, at a minimum, the following:

1. Chronological documentation of treatment that is directly related to the patient's treatment plan.

2. Documentation of the patient's response to treatment.

(c) Progress notes shall be signed and dated by the person making the entry and shall be continuous and unbroken. Blank lines or spaces between the narrative statement and the signature of the person making the entry shall be connected with a continuous line to avoid the possibility of additional narrative being inserted.

(d) Efforts shall be made to obtain reports and other case records for a patient receiving concurrent services from an outside source. These shall be made part of the patient's case record.

(16) TRANSFER. (a) If the service transfers a patient to another provider or if a change is made in the patient's level of care, documentation of the transfer or change in the level of care shall be made in the patient's case record. The transfer documentation shall include the date the transfer is recommended and initiated, the level of care from which the patient is being transferred and the applicable criteria from approved placement criteria that are being used to recommend the appropriate level of care to which the patient is being transferred.

(b) The service shall forward a copy of the transfer documentation to the service to which the patient has been referred within one week after the transfer date.

(17) DISCHARGE OR TERMINATION. (a) A patient's discharge date shall be the date the patient no longer meets criteria for any level of care in the substance abuse treatment service system, and is excluded from each of these levels of care as determined by approved placement criteria.

(b) A discharge summary shall be entered in the patient's case record within one week after the discharge date.

(c) The discharge summary shall include all of the following:

1. Recommendations regarding care after discharge.

2. A description of the reasons for discharge.

3. The patient's treatment status and condition at discharge.

4. A final evaluation of the patient's progress toward the goals set forth in the treatment plan.

5. The signature of the counselor, the clinical supervisor and, if the patient is dually diagnosed, the mental health professional, with the countersignature of the consulting physician included within 30 days after the discharge date.

(d) The patient shall be informed of the circumstances under which return to treatment services may be needed.

(e) Treatment terminated prior to completion of treatment shall also be documented in a discharge summary. Treatment termination may occur if the patient requests in writing that treatment be terminated or if the service terminates treatment upon determining and documenting that the patient cannot be located, refuses further services or is deceased.

(18) REFERRAL. (a) A service shall have written policies and procedures for referring patients to other community service providers.

(b) All relationships with outside resources shall be approved by the service director.

(c) Any written agreement with an outside resource shall specify all of the following:

1. The services the outside resource will provide.

2. The unit costs for the services, if applicable.

3. The duration of the agreement.

4. The maximum number of services available during the period of the agreement.

5. The procedure to be followed in making referrals to the outside resource.

6. The reports that can be expected from the outside resource and how and to whom this information is to be communicated.

7. The agreement of the outside resource to comply with this chapter.

8. The degree to which the service and the outside resource will share responsibility for the patient's care.

(d) There shall be documentation that the service director has annually reviewed and approved the referral policies and procedures.

(19) FOLLOW-UP. (a) All follow-up activities undertaken by the service for a current patient or for a patient after discharge shall be done with the written consent of the patient.

(b) A service that refers a patient to an outside resource for additional, ancillary or follow-up services shall determine the disposition of the referral within one week from the day the referral is initiated.

(c) A service that refers a patient to an outside resource for additional or ancillary services while still retaining treatment responsibility shall request information on a regular basis as to the status and progress of the patient.

(d) The date, method and results of follow-up attempts shall be entered in the former patient's or current patient's case record and shall be signed and dated by the individual making the entry. If follow-up information cannot be obtained, the reason shall be entered in the former patient's or current patient's case record.

(e) A service shall follow-up on a patient transfer through contact with the service the patient is being transferred to within 5 days following initiation of the transfer and every 10 days after that until the patient is either engaged in the service or has been identified as refusing to participate.

(20) SERVICE EVALUATION. (a) A service shall have an evaluation plan. The evaluation plan shall include all of the following:

1. A written statement of the service's goals, objectives and measurable expected outcomes that relate directly to the service's patients or target population.

2. Measurable criteria and a statistical sampling protocol, which are to be applied in determining whether or not established goals and objectives are achieved. At least the following shall be evaluated:

a. Progress and outcomes achieved with respect to individual treatment goals on a representative sample of the population served.

b. Participation in aftercare.

c. Substance use.

d. Employment, school or work activity.

e. Interpersonal relationships.

f. Treatment recidivism.

g. Criminal justice system involvement.

h. Support group involvement.

i. Patient satisfaction.

j. Retention in treatment.

3. Methods for evaluating and measuring the effectiveness of services.

(b) A service shall have measurable criteria and a process in place for determining patient treatment outcome and effective utilization of staff and resources toward the attainment of patient treatment goals and the service's goals and objectives.

(c) A service shall have a system for regular review of the appropriateness of the components of the treatment service and other factors that may contribute to the effective use of the service's resources.

(d) A service shall obtain a completed patient satisfaction survey from a representative sample of all patients at or following their discharge from the service. The service shall keep all satisfaction surveys on file for 2 years and shall make them available for review to authorized representatives of the department upon request.

(e) A service shall collect follow-up data on patient outcomes between 3 months and 12 months after patient discharge.

(f) The service director shall complete an annual report on the service's progress in meeting goals and objectives, shall keep the report on file and shall make it available for review to an authorized representative of the department upon request.

(g) The governing authority or legal owner of the service and the service director shall review all evaluation reports and make changes in service operations, as appropriate.

(21) COMMUNICABLE DISEASE SCREENING. Service staff shall discuss risk factors for communicable diseases with each patient upon admission and at least annually while the patient continues in the service and shall include in the discussion the patient's prior behaviors that could lead to sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), hepatitis B or tuberculosis (TB).

(22) UNLAWFUL ALCOHOL OR PSYCHOACTIVE SUBSTANCE USE. The unlawful, illicit or unauthorized use of alcohol or psychoactive substances at the service location is prohibited.

(23) EMERGENCY SHELTER AND CARE. A service that provides 24-hour residential care shall have a written plan for the provision of shelter and care for patients in the event of an emergency that would render the facility unsuitable for habitation.

(24) REPORTING OF DEATHS DUE TO SUICIDE OR THE EFFECTS OF PSYCHOTROPIC MEDICINE. Each service shall adopt written policies and procedures for reporting deaths of patients due to suicide or the effects of psychotropic medicines, as required by s. 51.64 (2), Stats. A report shall be made on a form furnished by the department.

Note: Copies of Form HSS-54 for reporting deaths under this subsection may be obtained from any Division of Supportive Living regional office. See Appendix C for the addresses and phone numbers of those offices.

HFS 75.04 Prevention service. (1) SERVICE DESCRIPTION. A prevention service makes use of universal, selective and indicated prevention measures described in appendix A. Preventive interventions may be focused on reducing behaviors and actions that increase the risk of abusing substances or being affected by another person's substance abuse.

(2) REQUIREMENTS. To receive certification from the department under this chapter, a prevention service shall comply with all requirements included in s. HFS 75.03 that apply to a prevention service, as shown in Table 75.03, and, in addition, a prevention service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) REQUIRED PERSONNEL. (a) A professional employed by the service shall be knowledgeable and skilled in all areas of substance abuse prevention as defined under the certified prevention professional competencies established by the Wisconsin certification board, inc., or documentation of similar prevention competencies approved by the department.

(b) Paraprofessional personnel shall be knowledgeable and skilled in the areas of substance abuse prevention as defined under the registered prevention specialist competencies established by the Wisconsin certification board, inc., or documentation of similar prevention competencies approved by the department.

(c) Staff without previous experience in substance abuse prevention shall receive inservice training and shall be supervised closely in their work by a professional qualified under par. (a).

(4) OPERATION OF THE PREVENTION SERVICE. (a) *Strategies.* A prevention service shall utilize all of the following strategies in seeking to prevent substance abuse and its effects:

1. 'Information dissemination.' This strategy aims at providing awareness and knowledge of the nature and extent of the identified problem and providing knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience. Examples of activities that may be conducted and methods used in carrying out this strategy are the following:

a. Operation of an information clearinghouse.

b. Development and distribution of a resource directory.

c. Media campaigns.

d. Development and distribution of brochures.

e. Radio and TV public service announcements.

f. Speaking engagements.

g. Participation in health fairs and other health promotion activities.

2. 'Education.' This strategy involves two-way communication and is distinguished from the information dissemination strategy by interaction between the educator or facilitator and the participants. Activities under this strategy are directed at affecting critical life and social skills, including decision-making, refusal skills, critical analysis, for instance of media messages, and systematic judgment abilities. Examples of activities that may be conducted and methods used in carrying out this strategy are the following:

a. Classroom or small group sessions.

b. Parenting and family management classes.

c. Peer leader or helper programs.

d. Education programs for youth groups.

e. Children of substance abusers groups.

3. (Promotion of healthy activities.) This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use or promote activities that lend themselves to the building of resiliency among youth and families. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs that may be fulfilled by alcohol, tobacco and other drugs. Alternative activities also provide a means of character-building and may promote healthy relationships between youth and adults in that participants may internalize the values and attitudes of the individuals involved in establishing the prevention services objectives. Examples of healthy activities that may be promoted or conducted under this strategy may include the following:

a. Drug-free dances and parties.

b. Youth or adult leadership activities.

c. After-school activities such as participation in music lessons, an art club or the school newspaper.

d. Community drop-in centers.

e. Community service activities.

4. (Problem identification and referral.) This strategy is to identify individuals who have demonstrated at-risk behavior, such as indulging in illegal or age-inappropriate use of tobacco or alcohol, indulging in the first use of illicit drugs, to determine if their behavior can be reversed through education. This strategy does not include activities designed to determine if a person is in need of treatment. Examples of activities that may be conducted and methods used in carrying out this strategy are the following:

a. Employe assistance programs.

b. Student assistance programs.

c. Educational programs for individuals charged with driving while under the influence or driving while intoxicated.

5. (Environmental.) This strategy aims at establishing written or unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of at-risk behavior in the general population. This strategy distinguishes between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Examples of activities that may be conducted and methods used in carrying out this strategy are the following:

a. Promoting the establishment and review of policies for schools relating to use of alcohol, tobacco and drugs.

b. Providing technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use.

c. Modifying alcohol and tobacco advertising practices.

d. Supporting local enforcement procedures to limit violent behavior.

e. Establishing policies which create opportunities for youth to become involved in their communities.

6. Community-based process. This strategy aims at enhancing the ability of the community to more effectively provide prevention, remediation and treatment services for behaviors that lead to intensive services. Activities under this strategy include organizing, planning, enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking. Examples of activities that may be conducted and methods used in carrying out this strategy are the following:

a. Community and volunteer training, such as neighborhood action training and training of key people in the system.

b. Systematic planning.

c. Multi-agency coordination and collaboration.

d. Facilitating access to services and funding.

e. Community team-building.

(b) *Goals and objectives*. A prevention service shall have written operational goals and objectives and shall specify in writing the methods by which they will be achieved and the target populations.

(c) *Documentation of coordination*. A prevention service shall provide written documentation of coordination with other human service agencies, organizations or services that share similar goals.

(d) *Records*. A prevention service shall maintain records on the number of individuals served by implementation of each prevention strategy.

(5) PREVENTION SERVICE EVALUATION. (a) A prevention service shall have an evaluation process that measures the outcomes of the services provided.

(b) A prevention service shall continually evaluate the views of consumers about the service and shall adjust goals and objectives accordingly.

(c) Every prevention service shall have a written policy and a defined process to provide individuals with the opportunity to express opinions regarding ongoing services, staff and the methods by which individual prevention activities are offered.

HFS 75.05 Emergency outpatient service. (1) SERVICE DESCRIPTION. An emergency outpatient service operates an emergency phone service and provides on-site crisis intervention to deal with all outpatient emergencies related to substance abuse, including socio-emotional crises, attempted suicide and family crises; provides the examination required under s. 51.45 (11)(c), Stats.; and, if needed, provides or arranges for transportation of a patient to the emergency room of a general hospital for medical treatment.

(2) REQUIREMENTS. To receive certification from the department under this chapter, an emergency outpatient service shall comply with all requirements included in s. HFS 75.03 that apply to an emergency outpatient service, as shown in Table 75.03, and, in addition, an emergency outpatient service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) REQUIRED PERSONNEL. (a) An emergency outpatient service shall have staff available who are capable of providing coverage for an emergency phone service and for providing on-site crisis intervention.

(b) A service shall have a written plan for staffing the service and shall document that all of the following have been taken into consideration:

1. The nature of previously observed and anticipated emergencies and the probability of emergencies as related to geographical, seasonal, temporal and demographic factors.

2. The adequacy of the emergency communication system used by the service when consultation is required.

3. The types of emergency services to be provided.

4. The skills of staff members in providing emergency services.

5. The difficulty inherent in contacting staff members.

6. The estimated travel time for a staff member to arrive at an emergency care facility or at the location of an emergency.

(4) SERVICE OPERATIONS. (a) An emergency outpatient service shall provide emergency telephone coverage 24 hours per day and 7 days a week, as follows:

1. The telephone number of the program shall be well-publicized.

2. A log shall be kept of all emergency calls as well as of calls requesting treatment information. For each call the log shall describe all of the following:

a. The purpose of the call.

b. Caller identification information, if available.

c. Time and date of call.

d. Recommendations made.

e. Other action taken.

(b) A service shall have written procedures that ensure prompt evaluation of both the physiological and psychological status of the individual so that rapid determination can be made of the nature and urgency of the problem and of the type of treatment required.

(c) A service shall have written procedures for dealing with anticipated medical and psychiatric complications of substance abuse emergencies.

(d) A service shall either be able to provide medical support for substance abuse-related emergencies on-site or have the capability of transporting the individual to a local hospital or other recognized medical facility.

(e) If the emergency outpatient service is not a part of a general hospital, the service shall enter into a formal agreement with a local hospital for the hospital to receive referrals from the service on a 24-hour basis and provide services with the same standards of care prevailing for emergency cases treated in the hospital that are not related to substance abuse.

HFS 75.06 Medically managed inpatient detoxification service. (1) SERVICE DESCRIPTION. A medically managed inpatient detoxification service provides 24-hour-per-day observation and monitoring of patients in a hospital setting, with round-the-clock nursing care, physician management and availability of all other resources of the hospital.

(2) REQUIREMENTS. To receive certification from the department under this chapter, a medically managed inpatient detoxification service shall comply with all requirements included in s. HFS 75.03 that apply to a medically managed inpatient detoxification service, as shown in Table 75.03, and, in addition, a medically managed detoxification service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) REQUIRED PERSONNEL. (a) A medically managed inpatient detoxification service shall have a staffing pattern which is consistent with ch. HFS 124 requirements.

(b) The service shall ensure that a patient receives consultation from a substance abuse counselor before the patient is discharged from the service.

(4) SERVICE OPERATIONS. (a) A medically managed inpatient detoxification service shall have written agreements with certified substance abuse service providers or systems to provide rehabilitative substance abuse care if determined necessary by substance abuse screening.

(b) A service shall have written policies and procedures for the management of belligerent and disturbed patients, which shall include transfer of patients to another appropriate facility if necessary.

(c) A service shall develop with each patient a discharge plan for the patient which shall address the provision for escort and transportation to other treatment services, as necessary, to ensure that continuity of care is provided.

HFS 75.07 Medically monitored residential detoxification service. (1) SERVICE DESCRIPTION. A medically monitored residential detoxification service is a 24-hour-per-day service in a residential setting providing detoxification service and monitoring. Care is provided by a multi-disciplinary team of service personnel, including 24-hour nursing care under the supervision of a physician. Included is the provision of an examination in accordance with s. 51.45 (11) (c), Stats., and transportation, if needed, to an emergency room of a general hospital for medical treatment.

(2) REQUIREMENTS. To receive certification from the department under this chapter, a medically monitored residential detoxification service shall comply with all requirements included in s. HFS 75.03 that apply to a medically monitored detoxification service, as shown in Table 75.03, and, in addition, a medically monitored residential detoxification service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) REQUIRED PERSONNEL. (a) A medically monitored residential detoxification service shall ensure that a patient receives consultation from a substance abuse counselor before the patient is discharged from the service.

(b) The service shall have a nursing director who is a registered nurse.

(c) A registered nurse shall be available on a 24-hour basis.

(d) A physician shall be available on a 24-hour basis.

(4) SERVICE OPERATIONS. (a) A physician shall review and document the medical status of a patient within 72 hours after admission.

(b) A service shall have written policies and procedures for the management of belligerent and disturbed patients, which shall include transfer of a patient to another appropriate facility if necessary.

(c) A service shall have a written agreement with certified substance abuse service providers or systems to provide care after the patient is discharged from the service.

(d) A service shall have a written agreement with a hospital for the hospital to provide emergency medical services for patients and shall provide escort and transportation to the hospital. If necessary, the service shall also provide escort and transportation for return to the service.

(e) The service shall develop with each patient a discharge plan for the patient which shall address the provision for escort and transpiration to other treatment services, as necessary, to ensure that continuity of care is provided.

(f) A service shall have a treatment room which has in it at least the following:

1. First aid supplies maintained and readily available to all personnel responsible for the care of patients.

2. Separate locked cabinets for all pharmaceutical supplies.

HFS 75.08 Ambulatory detoxification service. (1) SERVICE DESCRIPTION. An ambulatory detoxification service is a medically managed or monitored structured detoxification service on an outpatient basis, delivered by a physician or other service personnel acting under the supervision of a physician.

(2) REQUIREMENTS. To receive certification from the department under this chapter, an ambulatory detoxification service shall comply with all requirements included in s. HFS 75.03 that apply to an ambulatory detoxification service, as shown in Table 75.03, and, in addition, an ambulatory detoxification service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) REQUIRED PERSONNEL. (a) An ambulatory detoxification service shall ensure that a patient receives consultation from a substance abuse counselor before the patient is discharged from the service.

(b) The service shall have a nursing director who is a registered nurse.

(c) A registered nurse shall be available on a 24-hour basis.

(d) A physician shall be available on a 24-hour basis.

(4) SERVICE OPERATIONS. (a) An ambulatory detoxification service shall provide patients with 24-hour access to medical personnel and a substance abuse counselor.

(b) The service shall have written agreements with certified substance abuse service providers or systems to provide care after the patient is discharged from the service.

(c) A physician shall document review of admission data within 24 hours after a person's admission.

(d) The service shall have a written agreement with a hospital for the hospital to provide emergency medical services for patients and shall provide escort and transportation to the hospital. If necessary, the service shall also provide escort and transportation for return to the service.

(e) The service shall have a treatment room which has in it at least the following:

1. First aid supplies maintained and readily available to all personnel responsible for the care of patients.

2. Separate locked cabinets for all pharmaceutical supplies.

(f) The service shall have written policies and procedures for the management of belligerent and disturbed patients, which shall include transfer of a patient to another appropriate facility if necessary.

(g) The service shall have a discharge plan for each patient which shall address the provision for escort and transportation to other treatment services, as necessary, to ensure that continuity of care is provided.

HFS 75.09 Non-medical residential intoxication monitoring service. (1) SERVICE DESCRIPTION. A non-medical residential intoxication monitoring service provides 24-hour-per-day observation by non-medical staff to monitor the safe resolution of alcohol or sedative intoxication and to monitor for the development of alcohol withdrawal for intoxicated patients who are not in need of emergency medical or psychological care. The service is provided in a supportive setting that includes provision of nourishment and emotional support.

(2) REQUIREMENTS. To receive certification from the department under this chapter, a non-medical residential intoxication monitoring service shall comply with all requirements included in s. HFS 75.03 that apply to a non-medical residential intoxication monitoring service, as shown in Table 75.03, and, in addition, a non-medical residential intoxication monitoring service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) REQUIRED PERSONNEL. (a) A service shall have ~~at least one~~ staff person trained in the recognition of withdrawal symptoms ~~who shall be~~ on duty 24 hours per day, 7 days a week.

(b) The service shall ensure that a patient receives consultation from a substance abuse counselor before the patient is discharged from the service.

(4) SERVICE OPERATIONS. (a) *Screening.* A patient shall be screened by medical personnel prior to admission to the service, unless the service has recent documentation of the patient's physical condition.

(b) *Prohibited admissions.* No person may be admitted if:

1. His or her behavior is dangerous to self or others.

2. He or she requires professional nursing or medical care.

3. He or she is incapacitated by alcohol and is placed in or is determined to be in need of protective custody by a law enforcement officer as required under s. 51.45 (11)(b), Stats.

4. He or she is under the influence of any substance other than alcohol or a sedative.

5. He or she requires restraints.

6. He or she requires medication normally utilized for the detoxification process.

(c) *Observation.* Trained staff shall observe a patient and record the patient's condition at intervals no greater than every 30 minutes during the first 12 hours following admission.

(d) *Emergency medical treatment.* ~~The~~ a service shall have a written agreement with a general hospital for the hospital to provide emergency medical treatment of patients. Escort and transportation shall be provided as necessary to a patient who requires emergency medical treatment.

(e) *Medications.* 1. A service shall not administer or dispense medications.

2. When a patient has been admitted with prescribed medication, staff shall consult with the patient's physician or other person licensed to prescribe and administer medications to determine the appropriateness of the patient's continued use of the medication while under the influence of alcohol or sedatives.

3. If approval for continued use of prescribed medication is received from a physician, the patient may self-administer the medication under the observation of service staff.

(f) *Discharge plan.* A service shall develop with each patient a discharge plan for the patient which shall address the provision for escort and transportation to other treatment services, as necessary, to ensure that continuity of care is provided.

HFS 75.10 Medically managed inpatient treatment service. (1) SERVICE DESCRIPTION. A medically managed inpatient treatment service is operated by a general or specialty hospital, and includes 24-hour nursing care, physician management and the availability of all other resources of the hospital.

(2) REQUIREMENTS. To receive certification from the department under this chapter, a medically managed inpatient treatment service shall comply with all requirements included in s. HFS 75.03 that apply to a medically managed inpatient treatment service, as shown in Table 75.03, and, in addition, a medically managed inpatient treatment service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) ORGANIZATIONAL REQUIREMENTS. Before operating or expanding an inpatient treatment service, a facility shall do all of the following:

(a) Submit written justification to the department for the service, documenting if the service has been operating, the service's effectiveness and the need for additional inpatient treatment resources in the geographic area in which the service will operate or is operating.

(b) Notify the county department of community programs under s. 51.42, Stats., in the area in which the service will operate or is operating of the intention to begin to operate or expand the service.

(c) Be approved under ch. HFS 124.

(4) REQUIRED PERSONNEL. (a) An inpatient treatment service shall have the following personnel:

1. A director who is responsible for the overall operation of the service, including the therapeutic design and delivery of services.

2. A medical director who is a physician ~~licensed under ch. 448, Stats.~~

3. A consulting psychiatrist who is licensed under ch. 448, Stats., and board-certified or eligible for certification by the American board of psychiatry and neurology or a consulting clinical psychologist licensed under ch. 455, Stats., who will be available as needed, with a written agreement to that effect. Each consultant shall be sufficiently knowledgeable about substance abuse and dependence treatment to carry out his or her assigned duties.

4. A mental health professional who is available either as an employe of the service or through written agreement to provide joint and concurrent services for the treatment of dually diagnosed patients.

5. At least one full-time certified substance abuse counselor for every 10 patients ~~or fraction thereof~~.

6. At least one clinical supervisor on staff to provide ongoing clinical supervision of the counseling staff, or a person outside the agency who is a clinical supervisor and who by written agreement will provide ongoing clinical supervision of the counseling staff.

(b) A clinical supervisor may provide direct counseling services in addition to his or her supervisory responsibilities.

(c) A trained staff member designated to be responsible for the operation of the service shall be on the premises at all times. That person may provide direct counseling or other duties in addition to being in charge of the service.

(d) Other persons, such as volunteers and students, may work in an inpatient treatment facility if all of the following conditions are met:

1. Volunteers and students do not replace direct care staff required under par. (a) or carry out the duties of direct care staff, and there are written descriptions of their responsibilities and duties.

2. Volunteers and students are supervised by professional staff.

3. The inpatient treatment service has written procedures for selecting, orienting and providing in-service training to volunteers.

4. Volunteers and students meet the sensitivity and training expectations under s. HFS 75.03 (3)(g).

(5) CLINICAL SUPERVISION. A medically managed inpatient treatment service shall provide for ongoing clinical supervision of the counseling staff. Ongoing clinical supervision shall be provided as follows:

(a) The clinical supervisor shall provide a certified substance abuse counselor with not less than 30 minutes of clinical supervision for every 40 hours of counseling rendered.

(b) The clinical supervisor shall provide a non-certified or registered substance abuse counselor who has a certification plan on file with the Wisconsin certification board, inc., and any other treatment staff member, except a physician or licensed clinical psychologist, with not less than one hour of direct service review for every 40 hours of counseling or other treatment rendered.

(c) The clinical supervisor shall provide supervision and performance evaluation of substance abuse counselors in the core functions identified in the certification standards of the Wisconsin certification board, inc.

(6) SERVICE OPERATIONS. (a) A physician, registered nurse or physician assistant shall conduct medical screening of a patient no later than 24 hours after the person's admission to a service to identify health problems and to screen for communicable diseases.

(b) A service shall arrange for services for a patient with medical needs unless otherwise arranged for by the patient.

(c) A service shall complete intake within 24 hours of a person's admission to the service except that the initial assessment and treatment plan shall be completed within 4 days of admission.

(d) A service shall arrange for additional psychological tests for a patient as needed.

(e) Each service shall have a written statement describing its treatment philosophy and objectives in providing care and treatment for substance abuse problems.

(f) A substance abuse counselor or other qualified staff member of a service shall provide a minimum of 12 hours of counseling per week for each patient, including individual and group counseling. Family and couples counseling shall be provided or made available, when appropriate. The service shall ensure that:

1. Each patient receives at least one hour of individual counseling per week.

2. The service's treatment schedule is communicated to patients in writing and by any other means necessary for patients with communication difficulties.

(g) Services required by a patient that are not provided by a service shall be provided by other appropriate hospital services or outside agencies.

(h) A service staff member shall be trained in life-sustaining techniques and emergency first aid.

(i) A service shall have a written policy on urinalysis which shall include both the following:

1. Procedures for collection and analysis of samples.

2. A description of how urinalysis reports are used in the treatment of a patient.

(7) ADMISSION. (a) Admission to an inpatient treatment service shall be by order of a physician. The physician's referral shall be in writing or indicated by the physician's signature on the placement criteria summary.

(b) Admission to an inpatient treatment service is appropriate only if one of the following conditions is met:

1. The person to be admitted is determined appropriate for placement in this level of care by the application of approved placement criteria.

2. The person to be admitted is determined appropriate for this level of care through the alternative placement recommendations of WI-UPC or other approved placement criteria.

HFS 75.11 Medically monitored inpatient treatment service. (1) SERVICE DESCRIPTION. An medically monitored inpatient treatment service operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient.

(2) REQUIREMENTS. To receive certification from the department under this chapter, an medically monitored inpatient treatment service shall comply with all requirements included in s. HFS 75.03 that apply to an medically monitored inpatient treatment service, as shown in Table 75.03, and, in addition, an medically monitored inpatient treatment service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) ORGANIZATIONAL REQUIREMENTS. Before operating or expanding an inpatient residential treatment service, a facility shall be approved under ch. HFS 124 as a hospital or shall be licensed under ch. HFS 83 as a community-based residential facility.

(4) REQUIRED PERSONNEL. (a) An medically monitored inpatient treatment service shall have the following personnel:

1. A director who is responsible for the overall operation of the service, including the therapeutic design and delivery of services.

2. At least one full-time substance abuse counselor for every 15 patients ~~or fraction thereof~~ enrolled in the service.

3. A physician who is available to provide medical supervision and clinical consultation as either an employe of the service or through a written agreement.

4. At least one clinical supervisor on staff to provide ongoing clinical supervision of the counseling staff or a person outside the agency who is a clinical supervisor and who by written agreement will provide ongoing clinical supervision of the counseling staff.

5. A mental health professional who is available either as an employe of the service or through written agreement to provide joint and concurrent services for the treatment of dually diagnosed patients.

(b) A clinical supervisor may provide direct counseling services in addition to his or her supervisory responsibilities.

(c) A trained staff member designated by the director to be responsible for the operation of the service shall be on the premises at all times the service is in operation. That person may provide direct counseling or other duties in addition to being in charge of the service.

(5) CLINICAL SUPERVISION. An medically monitored inpatient treatment service shall provide for ongoing clinical supervision of the counseling staff. Ongoing clinical supervision shall be provided as follows:

(a) The clinical supervisor shall provide a certified substance abuse counselor with not less than 30 minutes of clinical supervision for every 40 hours of counseling rendered.

(b) The clinical supervisor shall provide a non-certified or registered substance abuse counselor who has a certification plan on file with the Wisconsin certification board, inc., and any other treatment staff member, except a physician or licensed clinical psychologist, with not less than one hour of direct service review for every 40 hours of counseling or other treatment rendered.

(c) The clinical supervisor shall provide supervision and performance evaluation of substance abuse counselors in the core functions identified in the certification standards of the Wisconsin certification board, inc.

(6) SERVICE OPERATIONS. (a) 1. A physician, registered nurse or physician assistant shall conduct a medical screening of a patient no later than 7 working days after the person's admission to a service to identify health problems and screen for communicable diseases unless there is documentation that screening was completed within 90 days prior to admission.

2. A service shall arrange for services for a patient with medical needs unless otherwise arranged by the patient.

(b) A service shall complete intake within 24 hours of a person's admission to the service except that the assessment and treatment plan shall be completed within 4 days of admission.

(c) A service shall arrange for additional psychological tests for a patient as needed.

(d) A service shall operate 24 hours per day, 7 days per week.

(e) Each service shall have a written statement describing its treatment philosophy and objectives in providing care and treatment for substance abuse problems.

(f) A service shall provide a minimum of 12 hours per week of treatment for each patient, including individual and group counseling. Family and couples counseling shall be provided or made available, when appropriate. The service shall ensure that:

1. Each patient receives at least one hour of individual counseling per week.

2. The service's treatment schedule is communicated to patients in writing and by any other means necessary for patients with communication difficulties.

(g) A service shall ensure that 3 meals per day are provided to each patient.

(h) A service shall ensure that services required by a patient that are not provided by the service are provided to the patient by referral to an appropriate agency.

(i) A service shall have a written agreement with a hospital for provision of emergency and inpatient medical services, when needed.

(j) A service staff member shall be trained in life-sustaining techniques and emergency first aid.

(k) A service shall have a written policy on urinalysis which shall include:

1. Procedures for collection and analysis of samples.

2. A description of how urinalysis reports are used in the treatment of the patient.

(7) ADMISSION. Admission to an medically monitored inpatient treatment service is appropriate only if one of the following conditions is met:

(a) The person to be admitted is determined appropriate for placement in this level of care by the application of approved placement criteria.

(b) The person to be admitted is determined appropriate for this level of care through the alternative placement recommendations of WI-UPC or other approved placement criteria.

HFS 75.12 Day treatment service. (1) SERVICE DESCRIPTION. A day treatment service is a medically monitored, structured and non-residential substance abuse treatment service which consists of regularly scheduled sessions of various modalities, such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week.

(2) REQUIREMENTS. To receive certification from the department under this chapter, a day treatment service shall comply with all requirements included in s. HFS 75.03 that apply to a day treatment service, as shown in Table 75.03, and, in addition, a day treatment service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) ORGANIZATIONAL REQUIREMENTS. A day treatment service may be a stand-alone service or may be co-located in a facility that includes other services.

(4) REQUIRED PERSONNEL. (a) A day treatment service shall have the following personnel:

1. A director who is responsible for the overall operation of the service, including the therapeutic design and delivery of services.

2. At least one full-time substance abuse counselor for every 15 patients ~~or fraction thereof~~ enrolled in the service.

3. A physician who is available to provide medical consultation and clinical consultation as either an employe of the service or through written agreement.

4. A mental health professional who is available either as an employe of the service or through written agreement to provide joint and concurrent services for the treatment of dually diagnosed patients.

5. At least one clinical supervisor on staff to provide ongoing clinical supervision of the counseling staff or a person outside the agency who is a clinical supervisor and who by written agreement will provide ongoing clinical supervision of the counseling staff.

(b) A clinical supervisor may provide direct counseling services in addition to his or her supervisory responsibilities.

(c) A trained staff member designated by the director to be responsible for the operation of the service shall be on the premises at all times the service is in operation. That person may provide direct counseling or other duties in addition to being in charge of the service.

(5) CLINICAL SUPERVISION. (a) A day treatment service shall provide for ongoing clinical supervision of the counseling staff. Ongoing clinical supervision shall be provided as follows:

1. The clinical supervisor shall provide a certified substance abuse counselor with not less than 30 minutes of clinical supervision for every 40 hours of counseling rendered.

2. The clinical supervisor shall provide a non-certified or registered substance abuse counselor who has a certification plan on file with the Wisconsin certification board, inc., and any other treatment staff member, except a physician or licensed clinical psychologist, with not less than one hour of clinical supervision for every 40 hours of counseling rendered.

(b) The clinical supervisor shall provide supervision and performance evaluation of substance abuse counselors in the core functions identified in the certification standards of the Wisconsin certification board, inc.

(6) SERVICE OPERATIONS. (a) A service shall work with patients who need health care services but do not have access to them to help them gain access to those services.

(b) A service shall complete a patient's treatment plan within 2 visits after admission.

(c) A service shall arrange for additional psychological tests for a patient as needed.

(d) Each service shall have a written statement describing its treatment philosophy and objectives in providing care and treatment for substance abuse problems.

(e) A substance abuse counselor shall provide a minimum of 12 hours of counseling per week for each patient, including individual and group counseling. Family and couples counseling shall be provided or made available, when appropriate. The service shall ensure that:

1. Each patient receives at least one hour of individual counseling per week.

2. The service's treatment schedule is communicated to patients in writing and by any other means necessary for patients with communication difficulties.

3. The maximum amount of time between counseling sessions does not exceed 72 hours in any consecutive 7 day period.

(f) A service shall provide services at times which will allow the majority of the patient population to maintain employment or attend school.

(g) A service patient may not at the same time be an active patient in a medically managed inpatient treatment service, a medically monitored inpatient treatment service or an outpatient treatment service.

(h) Services required by a patient that are not provided by the service shall be provided by referral to an appropriate agency.

(i) A service shall have a written agreement with a hospital for provision of emergency and inpatient medical services when needed.

(j) A service staff member shall be trained in life-sustaining techniques and emergency first aid.

(k) A service shall have a written policy on urinalysis which shall include:

1. Procedures for collection and analysis of samples.

2. A description of how urinalysis reports are used in the treatment of the patient.

(7) ADMISSION. Admission to a day treatment service is appropriate only if one of the following conditions is met:

(a) The person to be admitted is determined appropriate for placement in this level of care by the application of approved placement criteria.

(b) The person to be admitted is determined appropriate for this level of care through the alternative placement recommendations of WI-UPC or other approved placement criteria.

HFS 75.13 Outpatient treatment service. (1) SERVICE DESCRIPTION. An outpatient treatment service is a non-residential treatment service totaling less than 12 hours of treatment per week per patient, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and may include, but are not limited to, group therapy and referral to non-substance abuse services which may occur over an extended period of time.

(2) REQUIREMENTS. To receive certification from the department under this chapter, an outpatient treatment service shall comply with all requirements included in s. HFS 75.03 that apply to an outpatient treatment service, as shown in Table 75.03, and, in addition, an outpatient treatment service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) REQUIRED PERSONNEL. (a) An outpatient treatment service shall have the following personnel:

1. A director who is responsible for the overall operation of the service, including the therapeutic design and delivery of services.

2. A physician who is available to provide medical supervision and clinical consultation as either an employe of the service or through written agreement.

3. A full-time substance abuse counselor.

4. A mental health professional who is available either as an employe of the service or through written agreement to provide joint and concurrent services for the treatment of dually diagnosed patients.

5. A clinical supervisor to provide ongoing clinical supervision of the counseling staff, or a person outside the agency who is a clinical supervisor and who by written agreement will provide ongoing clinical supervision of the counseling staff.

(b) A clinical supervisor may provide direct counseling services in addition to his or her supervisory responsibilities.

(c) A trained staff member designated by the director to be responsible for the operation of the service shall be on the premises at all times the service is in operation. That person may provide direct counseling or other duties in addition to being in charge of the service.

(4) CLINICAL SUPERVISION. (a) An outpatient treatment service shall provide for ongoing clinical supervision of the counseling staff. Ongoing clinical supervision shall be provided as follows:

1. The clinical supervisor shall provide a certified substance abuse counselor with not less than 30 minutes of clinical supervision for every 40 hours of counseling rendered.

2. The clinical supervisor shall provide a non-certified or registered substance abuse counselor who has a certification plan on file with the Wisconsin certification board, inc., and any other treatment staff member, except a physician or a licensed clinical psychologist, with not less than one hour of clinical supervision for every 40 hours of counseling rendered.

(b) The clinical supervisor shall provide supervision and performance evaluation of substance abuse counselors in the core functions identified in the certification standards of the Wisconsin certification board, inc.

(5) SERVICE OPERATIONS. (a) A service shall work with patients who need health care services but do not have access to them to help them gain access to those services.

(b) A service shall complete a patient's treatment plan by the second visit after admission.

(c) A service shall arrange for additional psychological tests for a patient as needed.

(d) Service staff shall review, evaluate and revise a patient's treatment plan, as needed, in consultation with the clinical supervisor, based on ongoing assessment of the patient. If a patient is dually diagnosed, service staff shall review, evaluate and revise the patient's treatment plan, as needed, in consultation also with a mental health professional.

(e) The service medical director or licensed clinical psychologist shall establish the patient's diagnosis or review and concur with the diagnosis made by the patient's primary physician, and shall review the recommended level of care needed, the assessment report and the treatment plan. The medical director or licensed clinical psychologist shall sign and date a statement that these tasks have been carried out and shall insert the statement in the patient's case record.

(6) ADMISSION. Admission to an outpatient treatment service is appropriate only if one of the following conditions is met:

(a) The person to be admitted is determined appropriate for placement in this level of care by the application of approved placement criteria.

(b) The person to be admitted is determined appropriate for this level of care through the alternative placement recommendations of WI-UPC or other approved placement criteria.

HFS 75.14 Transitional residential treatment service. (1) SERVICE DESCRIPTION. A transitional residential treatment service is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling for 3 to 11 hours per patient weekly, immediate access to peer support through the environment and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning.

(2) REQUIREMENTS. To receive certification from the department under this chapter, a transitional residential treatment service shall comply with all requirements included in s. HFS 75.03 that apply to a transitional residential treatment service, as shown in Table 75.03, and, in addition, a transitional residential treatment service shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

(3) ORGANIZATIONAL REQUIREMENTS. Before operating or expanding a transitional residential treatment service, a facility shall be approved under ch. HFS 124 as a hospital or be licensed under ch. HFS 83 as a community-based residential facility.

(4) REQUIRED PERSONNEL. (a) A transitional residential treatment service shall have the following personnel:

1. A director who is responsible for the overall operation of the service, including the therapeutic design and delivery of services.

2. A physician who is available to provide medical supervision and clinical consultation as either an employe of the service or through written agreement.

3. At least one full-time substance abuse counselor for every 15 patients ~~or fraction thereof~~.

4. At least one clinical supervisor on staff to provide ongoing clinical supervision of the counseling staff, or a person outside the agency who is a clinical supervisor and who by written agreement will provide ongoing clinical supervision of the counseling staff

5. A mental health professional ~~shall be~~ available either as an employe of the service or through written agreement to provide joint and concurrent services for the treatment of dually diagnosed patients.

(b) A certified clinical supervisor may provide direct counseling services in addition to his or her supervisory responsibilities.

(5) CLINICAL SUPERVISION. (a) A transitional residential treatment service shall provide for ongoing clinical supervision of the counseling staff. Ongoing clinical supervision shall be provided as follows:

1. The clinical supervisor shall provide a certified substance abuse counselor with not less than 30 minutes of direct service review for every 40 hours of counseling rendered.

2. The clinical supervisor shall provide a non-certified or registered substance abuse counselor who has a certification plan on file with the Wisconsin certification board, inc., and any other treatment staff member, except a physician or a licensed clinical psychologist, with not less than one hour of direct service review for every 40 hours of counseling rendered.

(b) The clinical supervisor shall provide supervision and performance evaluation of substance abuse counselors in the core functions identified in the certification standards of the Wisconsin certification board, inc.

(6) SERVICE OPERATIONS. (a) *Medical screening.* 1. A physician, registered nurse or physician assistant shall conduct medical screening of a patient no later than 7 working days after the person's admission to identify health problems and to screen for communicable diseases unless there is documentation that screening was completed within 90 days prior to admission.

2. A patient continuing in treatment shall receive an annual follow-up medical screening unless the patient is being seen regularly by a personal physician.

(b) *Medical service needs.* A service shall arrange for services for a patient with medical needs unless otherwise arranged for by the patient

(c) *Intake.* A service shall complete intake within 24 hours of a person's admission to the service except that the initial assessment and initial treatment plan shall be completed within 4 working days of admission.

(d) *Hours of operation.* A service shall operate 24 hours per day and 7 days a week.

(e) *Policies and procedures manual.* A service shall have a written policy and procedures manual which shall include all of the following:

1. The service philosophy and objectives.

2. The service's patient capacity.

3. A statement concerning the type and physical condition of patients appropriate for the service.

4. Admission policy, including:

a. Target group served, if any.

b. Limitations on admission.

5.. Procedures for screening for communicable disease.

6. Service goals and services defined and justified in terms of patient needs, including:

a. Staff assignments to accomplish service goals.

b. Description of community resources available to assist in meeting the service's treatment goals.

(f) *Documentation of review.* 1. A service shall maintain documentation that the governing body, director and representatives of the administrative and direct service staffs have annually revised, updated as necessary and approved the policy and procedures manual, including the service philosophy and objectives.

2. The service shall maintain documentation to verify that each staff member has reviewed a copy of the policy and procedures manual.

(g) *Emergency medical care.* A service shall have a written agreement with a hospital or clinic for the hospital or clinic to provide emergency medical care to patients.

(h) *Emergency transportation.* A service shall have arrangements for emergency transportation, when needed, of patients to emergency medical care services.

(i) *Treatment plan.* The service's treatment staff shall prepare a written treatment plan for each patient referred from prior treatment service, which is designed to establish continuing contact for the support of the patient. A patient's treatment plan shall include information, unmet goals and objectives from the patient's prior treatment experience and treatment staff shall review and update the treatment plan every 30 days.

(j) *Support services.* A service shall provide support services that promote self-care by the patient, which shall include:

1. Planned activities of daily living.

2. Planned development of social skills to promote personal adjustment to society upon discharge.

(k) *Employment related services.* A service shall make job readiness counseling, problem-resolution counseling and prevocational and vocational training activities available to patients.

(l) *Recreational services.* A service shall have planned recreational services for patients, which shall include:

1. Emphasis on recreation skills in independent living situations.

2. Use of both internal and community recreational resources.

(7) ADMISSION. Admission to a transitional residential treatment service is appropriate only for one of the following reasons:

(a) The person was admitted to and discharged from one or more services under s. HFS 75.10, 75.11, 75.12 or 75.13 within the past 12 months or is currently being served under either s. HFS 75.12 or 75.13.

(b) The person has an extensive lifetime treatment history and has experienced multiple detoxification episodes during the past 12 months, and one of the following conditions is met:

1. The person to be admitted is determined appropriate for placement in this level of care by the application of approved placement criteria.

2. The person to be admitted is determined appropriate for this level of care through the alternative placement recommendations of WI-UPC or other approved placement criteria.

HFS 75.15 Narcotic treatment service for opiate addiction. (1) SERVICE DESCRIPTION. A narcotic treatment service for opiate addiction provides for the management and rehabilitation of selected narcotic addicts through the use of methadone or other FDA-approved narcotics and a broad range of medical, psychological, substance abuse counseling and social services. Methadone and other FDA-approved narcotics are used to prevent the onset of withdrawal symptoms for 24 hours or more, reduce or eliminate drug hunger or craving and block the euphoric effects of any illicitly self-administered narcotics while the patient is undergoing rehabilitation.