

Clearinghouse Rule 25-051

**WISCONSIN DEPARTMENT OF HEALTH SERVICES
PROPOSED ORDER TO ADOPT PERMANENT RULES**

The Wisconsin Department of Health Services proposes an order to **amend** DHS 13.03 (11) (Note); and **create** DHS 31, 105.529, and 107.13 (9), related to crisis urgent care and observation facilities.

RULE SUMMARY

Statutes interpreted

Sections 51.01 (19), 51.036 (2) and 51.04, Stats.

Statutory authority

The department is authorized to promulgate the proposed rules under the authority of ss. 49.45 (10), 51.036 (4) (intro.) and (a) to (m), and 227.11 (2) (a), Stats.

Explanation of agency authority

Section 51.036 (4) authorizes the Department to promulgate rules to implement s. 51.036, Stats. Broadly, s. 51.036, Stats., relates to crisis urgent care and observation facilities (“CCFs”), which are a new type of treatment facility that admits an individual to prevent, de-escalate, or treat an individual in crisis due to behavioral health, mental health, or substance use issues.

Subsection (4) of the statutes specifically directs the Department to establish rules regarding all of the following:

- (1) A grant program in accordance with s. 51.036 (2), Stats.
- (2) Requirements for a CCFs awarded a grant under 51.036 (2) to match those funds with a non-state, federal, or third-party revenue source. *See also* s. 51.036 (2) (c) 10., Stats.
- (3) Requirements for admitting, holding, and discharging individuals held on emergency detentions under s. 51.15, Stats.
- (4) Minimum security requirements for CCFs.
- (5) The range of beds allowed in a CCF.
- (6) Policies and criteria that a CCF must have regarding emergency detentions, including when law enforcement or a person authorized to transport may drop an individual off at a CCF.
- (7) Policies for interfacility transfers initiated at a CCF.
- (8) Procedures for communicating bed availability at a CCF before an individual is transported there.
- (9) Policies for coordination between a CCF and a facility established or operated with settlement funds from the national opiate litigation under s. 165.12, Stats.
- (10) Procedures for coordinating continuity of care between a CCF and a hub-and-spoke home health pilot program or any other appropriate transition facility for any patient treated at a CCF for 5 or fewer days.
- (11) Policies and procedures for admitting adults and, if applicable, youth at a CCF, including requirements that youth be treated in a separate part of the facility from adults.
- (12) Staffing level requirements at a CCF.
- (13) Requirements to define the population served at a specific CCF, including minimum age requirements.

When certified in accordance with s. 51.036, Stats., these facilities meet the definition of a “crisis intervention service” under s. 49.45 (41) (a) 1., Stats., and certain services provided in a certified CCF are reimbursable under Medical Assistance (“MA”). *See* s. 49.46 (2) (b) 15., Stats. As the single state agency for administering MA in Wisconsin, the Department is authorized under s. 49.45 (2) (a) 11. to

create rules establishing criteria for certification of MA providers, setting conditions of participation and reimbursement, and promulgating rules “consistent with its duties in administering [MA].” Section 49.45 (10), Stats., further authorizes the Department to “promulgate such rules as are consistent with its duties in administering [MA].

In accordance with the grants of authority under ss. 51.036 (4), 49.45 (2) (a) 11. and (10), Stats., the Department has determined that rules in addition to the specific items listed under s. 51.036 (4) (a) to (m), Stats., rules are necessary to implement s. 51.036, Stats., and “establish a certification process for [CCFs],” under s. 51.036 (2) (a), Stats. Additionally, s. 51.04, Stats., provides that the Department “shall annually charge a certification fee for each certification [of a treatment facility].” A CCF meets the definition of a “treatment facility” under s. 51.01 (19), Stats.

Finally, s. 51.036 (2) (a), Stats., provides that the Department may limit the number of CCFs certified and directs the Department to include statewide geographic consideration[s] in its evaluation of applications for CCF certifications. Section 51.036 (2) (c), Stats., includes specific items a CCF application must contain. Rules are required to codify these directives from the Legislature.

Related statute or rule

Sections 49.45 (41) (c) (intro.) and 51.15 (2) (d), Stats.

Plain language analysis

The proposed rules seek to create a mechanism for regulating CCFs in accordance with s. 51.036, Stats. CCFs are a new facility type to serve adults and may serve youth who are experiencing a crisis related to behavioral, mental health, or substance use challenges. CCFs provide facility-based crisis intervention services 24 hours a day, seven days a week for both voluntary persons arriving as walk-ins and persons subject to emergency detention under s. 51.15, Stats. Crisis services provided at a CCF can be accessed voluntarily with or without a referral; involuntary crisis services under an emergency detention require county authorization prior to admission. Services are delivered by a multi-disciplinary team and are designed to identify and de-escalate the presenting crisis and reduce associated symptoms. A stay at a CCF is intended to be short term and not exceed five days. Crisis services available are provided to persons to the extent and duration they need them. CCFs collaborate with county emergency mental health programs, law enforcement, outpatient and inpatient providers, and other related partners to coordinate care for persons needing services. A CCF is not regulated as a hospital, except to the extent the facility is otherwise required due to the facility's licensure or certification for other services or purposes. Section 51.036, Stats. does not prohibit, limit, or otherwise interfere with services provided by a county or a hospital or other facility consistent with the facility's existing licensure or certification, whether the facility is publicly or privately funded.

Section 51.036, Stats., was created by 2023 Wis. Act 249 to help address a statewide lack of accessible and urgent facility-based care for persons experiencing a crisis related to behavioral, mental health, or substance use. Due to the shortage, many individuals in crisis either do not receive adequate care, or they are transported to WMHI, where they may receive more restrictive care than necessary. Adding CCFs as an available facility to accept involuntary and voluntary admissions will help decrease time and resources spent by law enforcement and other emergency personnel who coordinate placement and care for persons in crisis. Act 249 was supported by mental health providers and related community partners as an appropriate and additional option to address gaps in the current crisis continuum.

As a newly created facility type, there are no existing rules for CCFs. The proposed rules seek to create ch. DHS 31, will include all of the following in relation to CCFs:

- (1) general certification requirements.
- (2) ongoing certification compliance requirements, including annual treatment facility certification fees under s. 51.04, Stats.
- (3) program requirements related to staffing, admissions, transfers, services, and client rights.

- (4) physical building requirements.
- (5) grant program requirements.

In accordance with s. 51.036 (2) (a), Stats., the Department initially expects to certify 1 or 2 CCFs across the state. The geographic location of initial applicants will be considered as it relates to statewide need and resource availability. Certifications will be prioritized for applicants located at least 100 miles from WMHI and those in the state defined western region.

Because services rendered at a certified CCF may be reimbursed under MA, the proposed rules would also create s. DHS 105.529 to require that a facility be certified under ch. DHS 31 as a CCF in order to be reimbursed under MA. Additionally, the proposed rules seek to create s. DHS 107.13 (9) to identify covered services provided in a certified CCF.

Summary of, and comparison with, existing or proposed federal regulations

There appear to be no existing or proposed federal regulations that address the activities to be regulated by the proposed rule.

Comparison with rules in adjacent states

Illinois:

Illinois certifies triage centers and crisis stabilization units through [Ill. Admin. Code tit. 77 p. 380](#). Under section 380.300 of these rules, “triage centers shall provide an immediate assessment of consumers who present in psychiatric distress, as an alternative to emergency room treatment or hospitalization, and shall connect the consumer with community-based services and treatment when considered necessary”. Under section 380.310 of these rules, crisis stabilization units “shall provide safety, structure and the support necessary, including peer support, to help a consumer to stabilize a psychiatric episode”. Triage centers are similar in that they are intended to provide immediate assessment of clients in crisis as an alternative to an emergency room or hospitalization and provide connections and referrals to other community-based treatment services. Triage centers are different in that they do not accept law enforcement referrals or involuntary admissions and have a maximum length of stay of 23 hours. Crisis stabilization units are similar to CCFS in that they are intended to assist in stabilizing persons with acute psychiatric symptoms. Crisis stabilization units are different from CCFs in that they do not accept involuntary persons and have a maximum length of stay of 21 days.

Iowa:

Iowa certifies crisis stabilization residential services through [Iowa Admin. Code r. 441-24.39 \(225C\)](#). Under these rules, crisis stabilization residential services are short-term services provided in facility-based settings of no more than 16 beds. The goal of these facilities is to stabilize and reintegrate the individual back into the community. Crisis stabilization residential services are similar in that the intended length of stay is less than five days. Crisis stabilization residential services are different from CCFs because that they do not admit involuntary individuals.

Michigan:

Michigan certifies crisis stabilization units under their mental health code, specifically [Mich. Admin. Code r. 330.1971](#). Under these rules, crisis stabilization units are crisis receiving and stabilization facilities that provide an alternative to emergency departments for individuals who can be stabilized typically within several hours but in no longer than 72 hours. Crisis stabilization units are similar to CCFs in that they accept all referrals and do not require medical clearance prior to admission, having the capacity to carry out limited medical evaluative functions. Crisis stabilization units are different from CCFs in that services may be provided for a period of up to 72 hours, after which the individual must be provided with the clinically appropriate level of care.

Minnesota:

Minnesota licenses residential crisis stabilization facilities under [Minn. Stat. s. 245I.23](#). The statutes regulate “residential crisis stabilization that provides structure and support to adult clients in a community living environment when a client has experienced a mental health crisis and needs short-term services to ensure that the client can safely return to the client’s home or precrisis living environment with additional services and supports identified in the client’s crisis assessment”. These facilities are similar to CCFs in that facilities can choose to operate involuntary programs. These facilities are different from CCFs because involuntary programs are not required, and they can only accept adult clients.

Summary of factual data and analytical methodologies

Information about other states was found on each state’s certification board website and through communication with state authorities.

Analysis and supporting documents used to determine effect on small business

According to the U.S. Small Business Administration, a small business is defined as a for-profit business of any legal structure. Section 227.114 (1) of the Wisconsin Statutes defines a small business as “a business entity, including its affiliates, which is independently owned and operated and not dominant in its field, and which employs 25 or fewer full-time employees or which has gross annual sales of less than \$5,000,000.” Based on discussions with mental health providers and related community partners, the Department believes most organizations conducting this work are not-for-profit or have more than 25 employees and would not meet the definition of a small business. 227.114(1), Wis. Stats.

Effect on small business

Based on the foregoing analysis, the proposed rules are not anticipated to have an economic impact on small businesses.

Agency contact person

Sarah Coyle, Dept. of Health Services, Division of Care and Treatment Services, 1 W. Wilson St., Room 850, Madison, WI 53716

Statement on quality of agency data

See summary of factual data and analytical methodologies.

Place where comments are to be submitted and deadline for submission

Comments may be submitted to the agency contact person that is listed above until the deadline given in the upcoming notice of public hearing. The notice of public hearing and deadline for submitting comments will be published in the Wisconsin Administrative Register and to the department’s website, at <https://www.dhs.wisconsin.gov/rules/active-rulemaking-projects.htm>. Comments may also be submitted through the Wisconsin Administrative Rules Website, at: <https://docs.legis.wisconsin.gov/code/chr/active>.

RULE TEXT

SECTION 1. DHS 13.03 (11) (Note) is amended to read:

DHS 13.03 (11) **Note:** Entities include those facilities, organizations or services that are licensed or certified by, approved by or registered with the department under the following chapters of the department’s administrative rules:

DHS 31 Crisis urgent care and observation facilities

DHS 34 Emergency mental health service programs

DHS 35 Outpatient mental health clinics

DHS 36 Comprehensive community services

DHS 40 Mental health day treatment services for children

- DHS 50 Youth crisis stabilization facilities
- DHS 61 Community mental health, alcoholism and other drug abuse (AODA) program
- DHS 63 Community support programs for chronically mentally ill persons
- DHS 75 Community substance abuse standards
- DHS 83 Community-based residential facilities
- DHS 88 Licensed adult family homes
- DHS 89 Residential care apartment complexes
- DHS 105.17 Personal care agencies
- DHS 110 Ambulance service providers
- DHS 124 Hospitals
- DHS 127 Rural medical centers
- DHS 131 Hospices
- DHS 132 Nursing homes
- DHS 133 Home health agencies
- DHS 134 Facilities serving people with developmental disabilities

SECTION 2. DHS 31 is created to read:

Chapter DHS 31

CRISIS URGENT CARE AND OBSERVATION FACILITY CERTIFICATION

Subchapter I – General Provisions and Requirements

- DHS 31.01 Authority and purpose.
- DHS 31.02 Applicability.
- DHS 31.03 Definitions.
- DHS 31.04 Certification.
- DHS 31.05 Variance and waiver.
- DHS 31.06 Department action.

Subchapter II – Program Requirements

- DHS 31.07 Required policies and procedures.
- DHS 31.08 Personnel.
- DHS 31.09 Staffing requirements.
- DHS 31.10 Personnel development.
- DHS 31.11 Admissions, transfers, discharges, and holds on admissions.
- DHS 31.12 Services.
- DHS 31.13 Treatment documentation.
- DHS 31.14 Emergency safety interventions.
- DHS 31.15 Investigation, notification, and reporting requirements.
- DHS 31.16 Client rights and grievance procedures.

Subchapter III - Facilities

- DHS 31.17 Applicability.
- DHS 31.18 General facility requirements.
- DHS 31.19 Physical environment.
- DHS 31.20 Building design.
- DHS 31.21 Infection control program.
- DHS 31.22 Food service.
- DHS 31.23 Fire safety requirements.

DHS 31.24	Fire protection systems.
DHS 31.25	Oxygen storage.
DHS 31.26	Records retention and posting.

Subchapter IV – Grant Program Requirements

DHS 31.27	Grant program overview.
DHS 31.28	Application.
DHS 31.29	Awards.
DHS 31.30	Restrictions.
DHS 31.31	Records and reports.

Subchapter I – General Provisions and Requirements

DHS 31.01 Authority and purpose. This chapter is promulgated under the authority of ss. 51.036 (4), and 227.11 (2), Stats., for the purpose of certifying and regulating crisis urgent care and observation facilities.

DHS 31.02 Applicability.

- (1) This subchapter establishes general program requirements that apply to crisis urgent care and observation facilities, including those facilities that are also licensed as a hospital under ch. 50, Stats. The requirements under this section shall not prohibit, limit, or otherwise interfere with services provided by a county, hospital, or other facility that are provided under the facility's existing licensure or certification. This chapter shall apply to any of the following:
 - (a) A publicly or privately operated facility providing crisis urgent care and observation facility services, in accordance with s. 51.036, Stats.
 - (b) A publicly or privately operated hospital providing crisis urgent care and observation facility services, in accordance with s. 51.036, Stats. This applies to co-located and off-site facilities.
- (2) The certification requirements of this chapter do not apply to any facility meeting the criteria under s. 51.036 (2) (f), Stats.

DHS 31.03 Definitions. In this chapter:

- (1) "Assessment" means the procedure by which staff of the program, operating within their scope of practice, gathers relevant information to assess risk, identifies client care needs, and determines intervention or treatment options.
- (2) "Bed" means a piece of furniture designed to accommodate a person sleeping in an outstretched position. For purposes of this chapter, a bed may include a reclining chair, convertible sofa, or recovery couch.
- (3) "Behavioral health assessment" means the process of gathering relevant information regarding a client's behavioral and mental health status.
- (4) "Care coordination" means the deliberate organization of a person's care across multiple care providers and support networks.
- (5) "CCF" means a crisis urgent care and observation facility.
- (6) "Certification" means the approval granted by the department that a CCF meets the requirements of this chapter.
- (7) "Certified peer specialist" means a person who has all of the following:
 - (a) Lived experience with mental illness or substance use disorders, or both.
 - (b) Completed a formal training and holds a department certification in the peer specialist model of mental health or substance use disorders support, or both.
- (8) "Client" means a person receiving care at a CCF. Unless otherwise indicated in this chapter, a person screened for services but not admitted is not a client.
- (9) "Clinical supervision" means a process of oversight of an employees' professional development and practice to ensure that each client is receiving quality care.

- (10) "Cognitive assessment" means the process of gathering relevant information regarding a client's cognitive, developmental, or intellectual status.
- (11) "County department" means a county department of human services under s. 46.23, Stats., or a county department of community programs under s. 51.42 (1) (b), Stats.
- (12) "Crisis" has the meaning provided in s. 51.036 (1) (a) Stats.
- (13) "Crisis counseling" means brief and crisis specific support provided to help ameliorate symptoms of an immediate crisis and promote safety. This may include active listening, validation, and identification of coping skills.
- (14) "Crisis plan" means a plan prepared for an individual so that, if a crisis occurs, the individual and persons supporting them and responding to the situation will have the information and resources they need to meet the person's individual needs.
- (15) "Crisis urgent care and observation facility" or "crisis care facility" has the meaning provided in s. 51.036 (1) (b), Stats.
- (16) "Day" means calendar day, unless otherwise indicated.
- (17) "De-escalation" means the use of interventions to stabilize, slow, or reduce the intensity of a crisis.
- (18) "Department" means the Wisconsin department of health services.
- (19) "Direct care" means care provided by staff directly related to clients. Direct care does not include training, orientation, or non-client related administrative tasks.
- (20) "Elopement" means when a client leaves a CCF without authorization or supervision and may be a threat to their health or safety.
- (21) "Follow-up" means the process of assessing the well-being of a client, including those who have been discharged.
- (22) "Hub-and-spoke health home pilot program" means a network of treatment, resources, and support for persons with substance use and health care needs.
- (23) "Ligature resistant" means an object designed to reduce the ability of securing a ligature to it.
- (24) "Medication management" means services that include prescribing, transcribing, verifying, dispensing, delivering, administering, monitoring, and reporting over the counter and prescription medication.
- (25) "Nursing assessment" means the process of gathering relevant information regarding a client's physical and medical health status.
- (26) "Observation unit" means a space for client care and observation for client stays less than 24 hours where multiple clients may occupy a single room.
- (27) "Opioid reversal medication" means a medication approved by the federal drug administration that blocks the effects of opioids.
- (28) "Peer clinical consultation" means a process where staff review cases and seek advice and feedback from professional peers for the purpose of improved clinical practice and client outcomes.
- (29) "Prescriber" means a physician, physician assistant, or nurse prescriber, who is operating within the scope of their license to deliver services under this chapter.
- (30) "Psychiatric Bed Locator" means a tool to assist in identifying potentially available psychiatric beds.
- (31) "Psychosocial assessment" means an assessment of a client's psychological and social functioning.
- (32) "Psychotherapy" means licensed clinicians applying therapeutic services to assist a client, family, or group to achieve behavioral health stability.
- (33) "Re-assessment" means the procedure by which staff of the program, operating within their scope of practice, gather relevant information to update a client's initial assessment based on a change in symptoms, status, needs, or risk.
- (34) "Peer recovery coach" means an individual who practices in the recovery field and who provides support and assistance to individuals who are in treatment or recovery from mental illness and/or a substance use disorder.
- (35) "Risk assessment" means the process of gathering relevant information regarding a client's risk of harm to self or others.
- (36) "Safety plan" means a personalized set of written guidelines to be used as a tool to assist someone prior to or during a crisis to identify coping skills and access supports.
- (37) "Secure" or "secured" means a locked area within a CCF.

- (38) "Sight and sound separation" means the maintenance of physical separation between minors and adults so that both sustained visual contact and direct and sustained oral communication between them is not possible.
- (39) "Screening" means a process of identification of needs and risk including urgent medical, mental health, psychiatric, or substance use crisis needs.
- (40) "Stabilization" means a service aimed at reducing or eliminating a client's symptoms to reduce the need for inpatient hospitalization.
- (41) "Staffing plan" means a document to strategically identify and anticipate the workforce required to effectively deliver client care.
- (42) "Substance use disorder assessment" means the process of gathering relevant information regarding a client's substance use status. Substance use disorder assessment does not include rendering treatment as defined in s. 51.45(2)(g), Stats.
- (43)
 - (a) "Telehealth" means the use of telecommunications technology by a certified provider to deliver services allowable under ss. 49.45 (61) and 49.46 (2) (b) 21. to 23., Stats., this chapter, and s. DHS 107.02 (5), including assessment, diagnosis, consultation, treatment, or transfer of medically relevant data in a functionally equivalent manner as that of an in-person contact.
 - (b) "Telehealth" may include real-time interactive audio-only communication.
 - (c) "Telehealth" does not include communication between a certified provider and a recipient that consists solely of an electronic mail, text, or facsimile transmission.
- (44) "Transfer" means the movement of a client or individual in need of services between approved treatment facilities, or from an approved treatment facility to the community, or from the community to an approved treatment facility.
- (45) "Variance" means an alternate means of meeting a requirement in this chapter.
- (46) "Waiver" means an exemption from a requirement of this chapter.
- (47) "Wisconsin Prescription Drug Monitoring Program database" or "PDMP database" means an online tool used to provide information about monitored prescription drugs that are dispensed in the state.
- (48) "Withdrawal abatement" means providing care and interventions to address an individual's physical or psychosocial needs related to acute intoxication or withdrawal until the crisis is resolved.

DHS 31.04 Certification.

(1) GENERAL.

- (a) No person, agency, or facility may operate a CCF without a certification from the department.
- (b) Any facility licensed as a hospital under ch. 50 that provides services consistent with those described in this chapter can apply for CCF certification under this section.
- (c) This chapter shall not prevent co-location of a CCF with other facilities, including hospitals, or shared staffing arrangements.

(2) APPLICATION. All of the following materials shall be submitted to the department when applying for CCF certification:

- (a) A completed application specifying the population to be served, and which demonstrates the program's ability to do all the following:
 - 1. Accept referrals for crisis services for adults and, if specifically identified in the application, for minors, including all the following:
 - a. Involuntary clients brought under s. 51.15, Stats.
 - b. Voluntary clients for services arriving as walk-ins or brought by law enforcement, emergency medical responders, or county crisis personnel.
 - 2. Abstain from requiring medical clearance before admission assessment.
 - 3. Provide assessments for physical health, mental health, and substance use.
 - 4. Provide screening for suicide and violence risk.
 - 5. Provide medication management and therapeutic counseling.
 - 6. Provide coordination of services for basic needs.
 - 7. Provide for the safety and security of staff and clients.

8. Provide voluntary and involuntary treatment of individuals in crisis and allow for an effective conversion from involuntary to voluntary treatment, or conversion from voluntary to involuntary treatment.
9. If serving minors, demonstrate how sight and sound separation between services for minors and adults will be achieved.
10. Maintain adequate staffing 24 hours a day, 7 days a week, including through the use of telehealth.
11. Contribute, from at least one nonstate, federal, or 3rd-party revenue source, at minimum 5% of biennial operating costs, in addition to any grant awarded by the department under this section.

Note: Application forms are available at:

<https://www.dhs.wisconsin.gov/regulations/mentalhealth/certification.htm>.

- (b) Payment for the application fee required under s. 51.04, Stats.

Note: Fee information is available at:

<https://www.dhs.wisconsin.gov/regulations/mentalhealth/certification.htm>

- (c) A copy of the proposed CCF's policies and procedures, as specified under s. DHS 31.07.
- (d) A floor plan of the proposed CCF which demonstrates all of the following:
 1. Dimensions, exits, and planned room usage.
 2. The proposed number of single-occupancy client rooms, double-occupancy client rooms, observation units and beds in the unit, seclusion rooms, and private treatment spaces and the rationale for these numbers.
 3. The floor plan, which shall demonstrate compliance with s. 51.61, Stats. and include all the following:
 - a. An accessible and easily identified walk-in area for persons seeking immediate services to be triaged.
 - b. A locked unit for service provision to accommodate clients under s. 51.15 Stats., which may also serve voluntary clients.
 - c. Methods to ensure privacy for each client.
 - d. Measures to ensure the safety of clients, visitors, and staff.
- (e) All inspection reports completed during the last 12 months, as required under s. DHS 31.26 (2).
- (f) Proof of building insurance, risk insurance, liability insurance, and agency-owned vehicle insurance if providing transportation.
- (g) Payment of any forfeitures, fees, or assessments related to any licenses or certifications issued by the department to the applicant, or a written statement signed by an authorized representative stating that no fees, forfeitures, or assessments are owed.
- (h) Any additional information requested by the department.
- (3) COMPLIANCE REVIEW. Upon receipt of all completed application materials under sub. (2), the applicant shall permit the department to conduct an on-site inspection of the facility and a review of any documentation necessary to determine compliance with this chapter.
- (4) CERTIFICATION DETERMINATION.
 - (a) The department shall make a certification determination in accordance with s. 51.036 (2), Stats. The department shall consider all the following before making certification determinations:
 1. The region of the state to be served, and existing certified CCFs in that region or close proximity.
 2. Whether any hospital facilities granted certification as a CCF are in the region or close proximity to the proposed CCF.
 3. Whether the proposed CCF is in the region or close proximity to a state treatment facility designated for emergency detentions under s. 51.15 (2) Stats.
 - (b) In accordance with s. 51.036 (2) (a), Stats., the department may limit the number of certifications issued.

Note: Additional information about CCF certifications is available at:
<https://www.dhs.wisconsin.gov/regulations/mentalhealth/certification.htm>.
 - (c) As a condition of certification, a CCF shall agree to allow the department to make unannounced inspections and complaint investigations of a CCF as it deems necessary, at reasonable times and in a reasonable manner.

- (5) NOTIFICATION OF CHANGES. A CCF that has received certification from the department shall notify the department of any change of administration, ownership, program name, or any other change that may affect compliance with this chapter before the effective date of the change. A certification is non-transferable. A new application will be required if the department determines there is a substantial change to a CCF.
- (6) DURATION OF CERTIFICATION.
- (a) A certification is valid until suspended or terminated by the department.
 - (b) A certification becomes invalid upon non-payment of biennial fees.
- (7) BIENNIAL REPORT AND FEES.
- (a) Every 24 months, by the date determined by the department and specified on the CCF certification, the program shall submit a biennial report on the form provided by the department and shall submit payment of certification continuation fees for the purpose of renewing certification of the program for 2 years.
 - (b) The department will send the re-certification materials to the provider, which the provider is expected to fill out and submit to the department according to instructions provided.
 - (c) A certification may be suspended or terminated if biennial reports are not submitted by the date required under par. (a).

DHS 31.05 Variance and waiver.

- (1) EXCEPTION TO A REQUIREMENT.
- (a) A CCF certified under this chapter may apply for a discretionary waiver or variance to a requirement under this chapter. A written request for a waiver or variance shall be sent to the department on a form provided by the department. The application shall address all of the criteria in par. (b). A variance application shall include a description of the alternative means planned to meet the intent of the requirement.
Note: More information about variances and waivers is available on the department's website at <https://www.dhs.wisconsin.gov/regulations/waiver-variance.htm>. A variance or waiver request form is available at <https://www.dhs.wisconsin.gov/library/f-60289.htm>.
 - (b) The department may grant an application for a waiver or variance if the department determines that all of the following criteria are met:
 - 1. Strict enforcement of the requirement for which a waiver or variance is sought would result in an unreasonable hardship for the CCF.
 - 2. The proposed waiver or variance will not diminish the effectiveness of the services provided at the CCF.
 - 3. The proposed waiver or variance increases client access to care and sufficiently supports the efficient and economic operation of the service.
 - 4. The proposed waiver or variance will not jeopardize the health, safety, welfare, or rights of any client.
 - 5. Any waiver or variance proposed in the application is consistent with all state and federal laws.
- (2) RESCINDING A WAIVER OR VARIANCE.
- (a) The department may rescind or limit a waiver or variance if any of the following occurs:
 - 1. The department determines the waiver or variance has adversely affected the health, safety, or welfare of a client.
 - 2. The service fails to comply with any of the conditions of the waiver or variance as granted.
 - 3. Rescinding the waiver or variance is required by federal or state law.
 - 4. There is no longer sufficient justification that the waiver or variance increases client access to care or sufficiently supports the efficient and economic operation of a service
 - (b) The department shall notify a CCF in writing if it rescinds or limits a waiver or variance in accordance with par. (a).

DHS 31.06 Department Action.

- (1) INSPECTIONS. The department shall make unannounced, on-site inspections at a CCF to conduct program reviews complaint investigations, death investigations, or to determine progress in correcting a deficiency cited by the department. The department may use a random selection process for reviewing

client records during program reviews. Complaint-driven program reviews shall include the records related to the complaint and may include additional records and interviews.

(2) STATEMENT OF DEFICIENCIES.

- (a)** If the department determines that a CCF has a deficiency, the department shall issue a statement of deficiency within 30 days of the on-site survey. The statement of deficiency may place restrictions on a CCF or its activities, or suspend or terminate the certification, pursuant to sub. (3).
- (b)** A CCF shall submit a plan of correction to the department within 30 days of receipt of as the statement of deficiency under par (a). The plan of correction shall propose the specific steps the CCF will take to correct the deficiency, the timelines within which the corrections will be made, and the personnel who will implement the plan and monitor for future compliance.
- (c)** If the department determines that the plan of correction submitted by the CCF does not adequately address the deficiencies listed in the statement of deficiency, the department may request a new plan of correction or may impose a plan of correction created by the department.

(3) TERMINATION AND SUSPENSION OF CERTIFICATION.

- (a)** The department may terminate certification at any time for a major deficiency by issuing a notice of termination to a CCF. The notice shall specify the reason for the department action and include the appeal information under sub. (4).
 - (b)** The department may suspend a CCF's certification if the department determines that immediate action is required to protect the health, safety, and welfare of individuals utilizing the program. Written notice of suspension shall specify the reason for the department action and the date the action becomes effective. Within 14 calendar days after the order is issued, the department shall either lift or impose conditions on the suspension of a CCF certification or proceed to terminate the program's certification.
- (4) APPEALS.** If the department denies, suspends, or terminates certification, or imposes conditions on a certification, a CCF may request a hearing under ch. 227, Stats.

Subchapter II – Program Requirements

DHS 31.07 Required policies and procedures. A CCF shall have written policies and procedures for all of the following:

- (1)** Communicated bed availability via the department-approved psychiatric bed tracker in accordance with s. DHS 31.11 (7) and a dedicated 24/7 phone line for incoming external calls.
- (2)** Coordination requirements, including all of the following:
 - (a)** Procedures for coordinating crisis care for individuals in need of services but not admitted to a CCF.
 - (b)** Procedures for follow-up and care coordination with external providers, as appropriate, including any of the following:
 - 1. County crisis providers
 - 2. Inpatient psychiatric facilities
 - 3. Any facility established or operated with funding received under s. 165.12 from settlement proceeds from the opiate litigation as defined in s. 165.12(1)
 - 4. A hub-and-spoke health home pilot program, or other transition facilities
- (3)** Admission, screening and assessment policies and procedures meeting the requirements of ss. DHS 31.11 and 31.12. At minimum, these policies should include all of the following:
 - (a)** The minimum age requirements for admission.
 - (b)** The arrangement of rooms and space, including all of the following, as applicable:
 - 1. The number of client rooms in a secured setting and whether they are single or dual occupancy.
 - 2. The number of client rooms in an unsecured setting and whether they are single or dual occupancy.
 - 3. The size of any observation unit for client stays less than 24 hours and how this space is designed.

- (c) The total number of beds available, and how those beds are allocated across the spaces identified in par. (b) 1. to 3.
- (d) Eligibility requirements, including how a CCF will coordinate care for individuals in need of crisis services who do not meet eligibility requirements.
- (e) Procedures for the determination of referring an individual when a CCF is at capacity or holding on admissions consistent with s. DHS 31.11 (6).
- (f) Policies regarding involuntary admission of a client under s. 51.15, Stats. and s. DHS 31.11 (3).
- (g) Policies regarding voluntary admission of a client in accordance with s. 51.10 (5), Stats., and, if serving minors, s. 51.13, Stats.
- (h) Policies specific to admission and placement coordination with law enforcement and county crisis personnel which shall include the following:
 - 1. Circumstances under which a voluntary person may be referred or transported for services and procedures for referral.
 - 2. Placement determination for involuntary persons which includes detention and placement authorization confirmation prior to admission.
 - 3. Not requiring medical clearance prior to admission.
- (i) A method for obtaining informed consent for treatment consistent with DHS 94.03.
- (j) A method for obtaining the client's signed acknowledgement of having been informed of the following:
 - 1. The general nature and purpose of the service.
 - 2. Client rights and the protection of privacy provided by confidentiality laws.
 - 3. Service regulations governing client conduct, the types of infractions that result in corrective action or discharge from the service, and the process for review or appeal.
 - 4. Information about the cost of treatment, who will be billed, and the accepted methods of payment if the client is billed.
- (4) Involuntary hold policies and procedures consistent with s. 51.15, Stats., and s. DHS 31.11 (3) that include procedures on coordination of admissions, transfers, and discharges with the county of detention or responsibility.
- (5) Assessment of physical health needs and delivery of care for minor physical health conditions including policies on the following:
 - (a) Managing common medical conditions.
 - (b) Managing medical emergencies.
 - (b) Performing necessary laboratory and diagnostic services and identification of which licensed laboratory or laboratories a CCF will use and copies of the laboratory's license.
 - (c) Treating an individual under the influence of alcohol or other drugs.
 - (d) Administration of opioid reversal medication by staff.
- (6) Policies for medication management, including all of the following:
 - (a) Policies and procedures for prescribing and administering medications.
 - (b) Prescriber checks and use of the PDMP database, including policies identifying when it is clinically necessary to check the PDMP database.
Note: The Wisconsin Prescription Drug Monitoring Program database is available online at <https://pdmp.wi.gov/>.
 - (c) Procedures for obtaining and updating client consents for medications received and acknowledgement of risks and benefits explained consistent with DHS 94.09.
 - (d) Procedures for reporting and reviewing medication errors via facility incident reports or other documentation.
 - (e) Prescriber access or consultation relationships to prescribe or consult on psychiatric medications.
 - (f) Policies on medication storage, security, management, and administration, and which staff is responsible.
 - (g) Policies identifying which licensed pharmacy or pharmacies a CCF will use and copies of the pharmacy's license.
 - (h) Policies on clients' access to medications prescribed to them, post discharge.
- (7) Personnel policies and documentation, which shall be made available upon request for review by the department. Personnel policies and documentation shall include all of the following:

- (a) Job positions and descriptions for each employee.
- (b) Employee qualifications including copies of licenses or certifications as applicable.
- (c) Onboarding, orientation, training, and continuing education for each employee.
- (d) Training exemption determination.
- (e) Clinical supervision of staff and performance reviews for each employee.
- (8) Policies for clients' personal possessions, phone or other communication device usage, electronics usage, room searches, or other applicable policies in accordance with s. 51.61.
- (9) Policies and procedures regarding guests and visitors, including all of the following:
 - (a) Procedures to ensure confidentiality for clients, including information on ensuring recording devices aren't utilized.
 - (b) Methods to mitigate risks, such as the delivery of drugs or alcohol by guests or visitors, the possession or delivery of weapons or other contraband by guests and visitors, or potential violent behavior by guests or visitors.
- (10) Facility rules and how they are communicated with clients.
- (11) Policies and procedures for assessing the cultural and linguistic needs of the population to be served, and to ensure that services are responsive and appropriate to the cultural and linguistic needs of the community to be served.
- (12) Policy on service notes, treatment documentation, and client records including information on the following:
 - (a) Client information to be documented and by which staff.
 - (b) Frequency of documentation.
 - (c) Maintenance of client records.
 - (d) Confidentiality requirements.
- (13) Policies on safety concerns specific to clients, visitors, and staff including policies on the following:
 - (a) Facility entrances and exits.
 - (b) Facility design such as ligature and barricade risk prevention, tamper-resistant electrical outlets, control of sharps, impact resistant glass, and anchoring of weighted furniture.
 - (c) Search of clients and property.
 - (d) Levels of staff observation required to address client needs.
 - (e) Emergency safety interventions in the event of client related emergencies, natural disasters, structural or environmental emergencies, and imminent internal or external threats.
 - (f) Elopement and procedures for responding to client elopement.
 - (g) Emergency safety interventions. This policy must be consistent with s. 51.61(1)(i)(1) and comply with s. DHS 31.14. It must specify alternative interventions, best practices, and a description of how restraint will be administered and where seclusion will occur.
- (14) Policies on telehealth, artificial intelligence, and consultation via electronic communication, including all of the following:
 - (a) When telehealth, artificial intelligence, or electronic communications can be used and by whom.
 - (b) Client privacy and information security considerations.
 - (c) A client's right to decline services provided via telehealth, artificial intelligence, or electronic communication.
- (15) Discharge and transfer policy criteria consistent with s. DHS 31.11 (5), and including all the following:
 - (a) Transfers related to a client's physical health care needs, including emergency medical health care.
 - (b) Transfers when longer-term care beyond five days is required.
- (16) A CCF that serves minors shall have written, specific policies and procedures for care of minors consistent with this subchapter.
- (17) Policies regarding mandated reporting requirements consistent with s. 48.081, Stats.

DHS 31.08 Personnel.

(1) GENERAL STAFF QUALIFICATIONS.

- (a) Program staff retained to provide services at a CCF shall be qualified as follows:

1. Psychiatrists shall be licensed to practice medicine in Wisconsin under ch. 448, Stats., and be certified by the medical examining board to practice as a psychiatrist.
2. Psychologists shall be licensed to practice in Wisconsin under ch. 455, Stats.
3. Psychology residents shall hold a doctoral degree in psychology meeting the requirements of s. 455.04(1)(c), Stats.
4. Psychiatric residents shall hold a doctoral degree in medicine and be in training to become a psychiatrist.
5. Physicians shall be licensed and board certified to practice medicine or osteopathy under ch. 448, Stats.
6. Physician assistants shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats.
7. Nurse practitioners or clinical specialists shall hold a current license as a registered nurse under ch. 441, Stats., hold a master's degree from an accredited graduate school of nursing, and be board certified by an applicable national nurse certifying body.
8. Advanced practice nurse prescribers certified under ch. N8 shall be nurse practitioners or clinical specialists, hold a current license as a registered nurse under ch. 441, Stats., hold a master's degree from an accredited graduate school of nursing, be board certified by an applicable national nurse certifying body.
9. Registered nurses shall meet the qualifications established in ch. 441, Stats., and be certified by the board of nursing.
10. Licensed practical nurses shall be licensed under 441, Stats.
11. Nursing assistants shall be certified in the department's registry of nurse aids.
12. Certified social workers, certified advance practice social workers and certified independent social workers shall meet the qualifications established in ch. [457](#), Stats., and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists and professional counselors.
13. Licensed independent clinical social workers shall meet the qualifications established in ch. [457](#), Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders.
14. Professional counselors and marriage and family therapists shall meet the qualifications established in ch. 457, Stats., and be certified by the examining board of social workers, marriage and family therapists and professional counselors.
15. Master's level clinicians shall have a master's degree and coursework in areas directly related to providing mental health services including master's in clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance, counseling psychology or social work.
16. Other qualified mental health professionals shall have at least a bachelor's degree in a relevant area of education or human services and a minimum of six months of combined experience providing mental health services, or work experience and training equivalent to a bachelor's degree including a minimum of 4 years of work experience providing mental health services.
17. Substance abuse counselors shall meet any of the following qualifications:
 - a. A clinical substance abuse counselor as defined in s. SPS 160.02(5).
 - b. A substance abuse counselor as defined in s. SPS 160.02 (26).
 - c. A substance abuse counselor-in-training as defined in s. SPS 160.02 (27).
 - d. An individual who holds a physician, psychologist, clinical social worker, marriage and family therapist, or professional counselor license, or an advanced practice social worker certificate or independent social worker certificate granted under ch. 448, 455, 04 457, Stats., and practices within their scope.
18. Certified peer specialists and certified parent peer specialists shall be certified in the state of Wisconsin and have experience providing peer services.
19. Peer recovery coaches shall meet the training and experience requirements in subch. II of ch. DHS 72.
20. Specialists in specific areas of therapeutic assistance, such as recreational, art, and music therapies, shall have complied with the appropriate certification or registration procedures for

- their profession as required by state statute or administrative rule or the governing body regulating their profession.
21. Occupational therapists and assistants shall meet the requirements of ch. 448 Stats, subch. VII.
 22. Behavioral health technicians or similarly titled staff providing direct client care and serving in a clinically supportive role shall be paraprofessionals who are employed based on personal aptitude and life experience which demonstrates their ability to provide effective emergency behavioral health services and have professional health care experience.
- (2) REQUIRED PERSONNEL. A CCF shall have all of the following minimum staff positions at staffing levels identified in their staffing plan:
- (a) *Treatment or medical director.* A CCF shall have a treatment or medical director who is qualified under sub. (1) (a) 1. or 2. and responsible for all of the following:
 1. Assuming clinical responsibility and direction for the provision of care.
 2. Providing clinical psychiatric services consistent with their scope of practice.
 3. Assuming responsibilities afforded a treatment director which are consistent with ch. 51, Stats.
 - (b) *Nursing administrator.* A CCF shall have a nursing administrator who is qualified under sub. (1) (a) 5. to 9., and responsible for the medical health services provided by the program. The nursing administrator shall also be responsible for ensuring that all staff members providing medical health services have the qualifications required for their role in the program and comply with all requirements relating to medical and physical health assessment, treatment planning, service delivery, and documentation.
 - (c) *Clinical director.* A CCF shall have a clinical director who is qualified under sub. (1)(a) 1-2, or 13-14 who is responsible for all of the following:
 1. The day-to-day clinical crisis services provided by the program.
 2. Ensuring that staff providing these services have the qualifications required for their role in a CCF and comply with all requirements relating to crisis assessment, care planning, service delivery, and documentation.
 - (d) *Program administrator.* A CCF shall have a program administrator who is responsible for all of the following:
 1. Administration and overall operation of a CCF.
 2. Ensuring that appropriate policies and procedures for services are developed and carried out in compliance with this chapter.
 3. Administrative oversight of the job performance and action of service staff.
 4. Compliance with regulations governing the care and treatment of clients and the standards of practice for behavioral health professionals.
- (3) PERMISSIBLE DUAL ROLES.
- (a) The treatment director under sub. (2) (a) may also serve as the clinical director under sub. (2) (c).
 - (b) The treatment director, nursing administrator, or clinical director under sub. (2) (a), (b), or (c) may also serve as the program administrator under sub. (2) (d).
- (4) BACKGROUND CHECKS. A CCF shall comply with the criminal history and patient abuse record search requirements in s. 50.065, Stats.

DHS 31.09 Staffing requirements.

(1) STAFFING REQUIREMENTS.

- (a) In this subsection, “24/7” means 24 hours per day, 7 days per week.
- (b) On-site staffing levels shall be adequate to allow for all of the following:
 1. Persons to receive services on a 24/7 basis, including through telehealth.
 2. Safety and security of clients, staff, and visitors.
- (c) A CCF shall maintain the following minimum staffing requirements:
 1. The treatment director or their designee shall be available on-site or by electronic communication 24/7.
 2. The nursing administrator or their designee shall be available on-site 24/7.
 3. The clinical director or their designee shall be available on-site or by electronic communication 24/7.

4. A prescriber shall be available on-site or by electronic communication 24/7.
 5. A nurse qualified under s. DHS 31.08 (1) (a) 7., 8., or 9., or a physician qualified under s. DHS 31.08 (1) (a) 5. or 6. shall be on-site 24/7. This may include the nursing administrator under s. DHS 31.08 (2) (b) or their designee.
 6. Staff qualified under s. DHS 31.08 (1) (a) 15. shall be on-site 8 hours a day, 7 days a week to provide and support the social and behavioral health services. This may include the clinical director under s. DHS 31.08 (2) (c) or their designee.
 7. At all times, a minimum of 4 staff, including those identified in subds. 1. to 6., shall be on-site 24/7. Available staff shall be capable of providing services identified in this chapter.
 8. At all times, a minimum of 2 staff on-site 24/7 at a CCF shall have completed training in each of the following:
 - a. Basic cardiac life support and use of an automated external defibrillator equipment.
 - b. Administration of an opioid reversal medication.
 - c. Emergency safety interventions.
 - (d) A CCF shall ensure staffing is adequate to maintain compliance with requirements in s. 51.15, Stats.
- (2) STAFFING PLAN AND SCHEDULES.
- (a) A CCF shall make available to the department a staffing plan which shall include all the following:
 1. Methodology used for determining staffing levels.
 2. Staffing levels for required personnel under sub. (1) and s. DHS 31.08 (2), to include both the number of positions needed and the actual number hired.
 3. Staff availability, including staff available on-site, on-call, via telehealth, and via electronic communication.
 4. A plan for responding to fluctuations in acuity, serving clients with high needs, staffing shortages, and surges in referrals and admissions.
 - (b) A CCF shall make available to the department, as requested, a daily staff schedule which identifies shifts, work hours, and scheduled positions.
 - (c) A CCF shall consider the acuity levels and clinical and safety needs of clients being served and adjust staffing levels based on those needs while meeting staffing requirements as outlined in sub. (1).
 - (d) A staffing plan must demonstrate adequate staffing is available for the provision of care if minors are being served.
 - (e) A staffing plan shall be updated when needed to meet the needs of a CCF.

DHS 31.10 Personnel development.

(1) ORIENTATION AND TRAINING

- (a) *Orientation program.* A CCF shall develop and implement an orientation for all new staff to ensure that staff know and understand all of the following:
 1. Pertinent parts of this chapter.
 2. The program's policies and procedures.
 3. Job responsibilities and scope of practice for staff and volunteers of the program.
 4. Applicable parts of chs. 51 and 55, Stats., ch. DHS 34, and any administrative rules related to the provision of emergency mental health services and care for voluntary and involuntary clients.
 5. The provisions of s. 51.30 and s. 51.61 Stats., related to client rights and confidentiality of treatment records.
- (b) *All employee training.* A CCF shall provide, obtain, or otherwise ensure adequate training for all employees in all of the following:
 1. Standard precautions.
 2. Fire safety.
 3. First aid and choking.
 4. Abuse, neglect, and misappropriation prevention.
 5. Basic mental health and psychopharmacology concepts applicable to crisis situations.

6. Techniques and procedures for non-violent crisis intervention with clients, including verbal de-escalation, positional de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the client and others.
 7. Emergency safety interventions consistent with s. 51.61 (1) (i) (1), Stats., and industry best practices for seclusion and restraint training that emphasize prevention, safety, and least restrictive interventions.
 8. Crisis intervention considerations for all of the following populations:
 - a. Clients with intellectual or developmental disabilities.
 - b. Clients with dementia.
 - c. Clients who are suicidal or engage in self-harm.
 - d. Clients with acute symptoms related to mental health or substance use.
 9. Training on the use of opioid reversal medications.
- (c) *Task-specific training.* A CCF shall provide, obtain or otherwise ensure adequate training for employees who, based on their position will provide any of the following services:
1. Screening, assessment, and intervention of clients in crisis including those exhibiting or verbalizing acute, threatening, or dangerous behaviors, suicidal behaviors, and those using alcohol or drugs.
 2. Crisis, safety, and discharge planning with individuals in crisis.
 3. Medication administration and management.
- (d) *Training program for serving minors.* A CCF treating minors shall provide training on all of the following to all staff working with minors:
1. Applicable parts of chs. 48 and 938, Stats.
 2. Content specific to minors and families in crisis and their care and treatment needs.
- (e) *Orientation and training requirements.*
1. Each newly hired staff with less than 6 months of experience providing behavioral or mental health, or substance use services shall complete a minimum of 40 hours of documented orientation and training within 3 months after beginning work with the program.
 2. Each newly hired staff person who has had 6 months or more of prior experience providing behavioral or mental health, or substance use services shall complete a minimum of 20 hours of documented orientation and training within 3 months after beginning work with the program.
 3. Training topics covered in par. a-d count toward the minimum required orientation and training hours in .1 and 2.
 4. All staff shall receive annual refresher training on standard precautions, client rights, prevention and reporting of abuse neglect and misappropriation, fire safety, emergency safety interventions, and first aid.
 5. Staff who administer or manage medication shall receive annual refresher training on medication administration and management.
 6. Staff with credentials, licensure, or certification that requires continuing educational requirements shall maintain compliance with those requirements as it relates to their professional role within a CCF.
 7. Staff without continuing education requirements shall receive at least 8 hours per year of in-service training on topics related to clients and relevant to the services provided at a CCF. This is in addition to annual refresher training requirements in par. 3.
- (f) *Exemptions for training requirements.*
1. Employees who, based on their professional education and training have completed training or coursework that is minimally equivalent, in content and duration, to those required may be exempt from required training under subs. (b-d).
 2. Exemptions do not apply for standard precautions, fire safety, first aid and choking, abuse neglect and misappropriation, and emergency safety interventions.
 3. A CCF shall ensure and determine the training or coursework is relevant, current, and meets the requirements of this subchapter.
 4. Employees shall provide documentation of the professional education or training and a CCF shall have that available.

(2) CLINICAL SUPERVISION AND CONSULTATION.

- (a)** A CCF shall have written policies and procedures for clinical supervision of, and consultation with staff to ensure that:
 - 1.** The services provided by the program are appropriate and being delivered in a manner most likely to result in positive outcomes for clients.
 - 2.** Staff have the training and experience needed to carry out the roles for which they have been retained and receive the ongoing support and supervision they need to provide effective services.
 - (b)** Staff with credentials, licensure, or certification that requires clinical supervision shall maintain compliance with those requirements as it relates to their professional role within a CCF.
 - (c)** Staff who have not had 3000 hours of supervised clinical experience, or who do not possess at least one of the qualifications in s. DHS 31.08 (1) (a) 1. to 8., shall receive a minimum of one hour of clinical supervision per week or for every 30 hours of direct care they provide.
 - (d)** Staff who have completed 3000 hours of supervised clinical experience and who have at least one of the qualifications in s. DHS 31.08 (1) (a) 1. to 9., 13., 14., or 17. d., shall participate in a minimum of one hour of peer clinical consultation per month or for every 120 hours of direct care they provide.
 - (e)** Clinical supervision of staff includes review, assessment, and feedback regarding each staff member's delivery of services and can be accomplished by one or more of the following means:
 - 1.** Individual consultation with staff to review cases, assess performance, and provide feedback.
 - 2.** Side-by-side sessions in real time in which the supervisor is present while staff provides services and in which the supervisor assesses, coaches, and gives feedback.
 - 3.** Group supervision and clinical staffing to review and assess cases and provide consultation or clinical direction.
 - 4.** Other professionally recognized methods of supervision as described in a program's written policies and procedures and approved by the department.
 - (f)** Clinical supervision shall be provided by at minimum, a master's level clinical practitioner, who is fully licensed, credentialed, or certified in Wisconsin in the field of psychology, psychiatry, counseling, social work, or psychiatric nursing.
- (3) PERSONNEL RECORDS.** A CCF shall maintain current copies of its orientation and training program, evidence of current licensure and certification of staff as applicable, and proof that training and supervision requirements are met. These records should be documented in writing and made available to the department upon request.

DHS 31.11 Admissions, transfers, discharges, and holds on admissions.

(1) SCREENING AND ADMISSION REQUIREMENTS.

- (a)** A CCF shall screen all adults and admit those determined eligible for services 24 hours a day, 7 days a week, 365 days a year, including all of the following:
 - 1.** Voluntary adults who walk-in.
 - 2.** Voluntary adults brought in by law enforcement, emergency medical responders, or county crisis personnel.
 - 3.** Adults brought in under s. 51.15, Stats.
- (b)** A voluntary client may be detained under s. 51.15, Stats., if conditions exist in accordance with s. 51.15 (10), Stats.
- (c)** A CCF shall be able to provide services to clients experiencing a crisis, including those with any of the following:
 - 1.** Serious mental illness or serious emotional disturbance.
 - 2.** Substance use related needs.
 - 3.** Acute behavioral or mental health symptoms.
 - 4.** An intellectual or developmental disability.
 - 5.** Dementia.
- (d)** A CCF shall not admit clients for stays longer than 5 calendar days unless all of the following apply:

1. The treatment director or designee determines that a stay beyond 5 days is clinically appropriate and documents the basis for that conclusion.
 2. The treatment director or designee determines that there are no other less restrictive alternatives available to meet the client's needs.
 3. The county of responsibility consents to the continued stay, if applicable.
 - (e) If a determination for a stay beyond 5 days is made in accordance with par. (d) 1. to 3., that determination shall be reviewed by the treatment director or designee every day following the initial determination to ensure the continued stay is necessary.
 - (f) A CCF shall not admit persons with physical or health care needs that require medical or personal care attention beyond what can be safely provided at a CCF.
- (2) ADDITIONAL SCREENING AND ADMISSION REQUIREMENTS FOR CCFs CERTIFIED TO SERVE MINORS.
- (a) A CCF shall screen all minors and admit those determined eligible for services 24 hours a day, 7 days a week, 365 days a year including the following:
 1. Voluntary minors who walk-in, accompanied by a parent or guardian.
 2. Voluntary minors brought in by law enforcement, emergency medical responders, or county crisis personnel.
 3. Minors brought in under s. 51.15, Stats.
 - (b) Voluntary admission for minors must be consistent with s. 51.13 (6) (a) 1. to 3.
 - (c) A CCF shall adhere to all applicable requirements outlined in ss. 51.47 and 51.48, Stats.
- (3) ADMISSIONS UNDER INVOLUNTARY STATUS
- (a) A county crisis assessment under s. 51.15 (2) (c), Stats., is required prior to admission for purposes of an emergency detention for adults and minors.
 - (b) For the purpose of involuntary treatment, a CCF shall meet all procedural requirements under s. 51.15 (5), Stats.
 - (c) The treatment director has the authority to dismiss an emergency detention at a CCF under s. 51.15, Stats.
 - (d) CCF staff shall coordinate with the county of detention to ensure clients can attend and participate in legal hearings.
- (4) INTERFACILITY TRANSFER.
- (a) A CCF may transfer a client on emergency detention for any of the following reasons:
 1. The client has medical or physical health care needs that cannot be provided at a CCF.
 2. A change in legal status prohibiting admission, such as a conversion to protective placement.
 3. The client exhibits violent or abusive behaviors that cannot be safely mitigated at a CCF.
 - (b) A CCF shall coordinate the safe transfer of care in coordination with the county of detention or responsibility, if applicable.
 - (c) Clients may only be transferred to a facility upon confirmation that the receiving facility will accept that client.
 - (d) The need for transfer of a client on an emergency detention shall be determined by the treatment director or designee and documented in writing.
- (5) DISCHARGE
- (a) A CCF shall discharge a client for any of the following reasons:
 1. A client is of voluntarily status and no longer needs or desires services and is discharged in accordance with s. 51.10 (5), Stats.
 2. A client is of involuntarily status and in need of different services requiring a discharge and transfer of care.
 3. Other clinical, legal, or safety reasons consistent with program policy and approved and documented by the treatment director or designee.
 - (b) Minors shall be discharged in accordance with s. 51.13 (7) (b) 3, Stats.
 - (c) Discharges under s. 51.15 (4) (b) or (5), Stats., for clients under involuntary status shall be done in coordination with the county of detention or responsibility.
 - (d) The client's personal property and medications shall be returned upon discharge.
 - (e) A discharge summary consistent with s. DHS 31.13(2) shall be completed.
- (6) HOLD ON ADMISSIONS

- (a) The treatment director or designee may temporarily hold admissions if a CCF is at capacity or it is determined that a CCF is unable to safely deliver services due to extraordinary circumstances, such as a natural disaster. A hold may apply to some service areas or the entire CCF.
 - (b) A CCF shall notify the department within 1 business day, any holds on admissions lasting longer than 24 hours and include the following information:
 - 1. The anticipated duration of the hold and date and time when the hold may be lifted.
 - 2. The plan to resume admissions.
 - 3. The service areas affected by the admissions hold.
 - 4. The rationale for the decision to temporarily hold admissions.
 - (c) A CCF shall develop and maintain documented contingencies with other local hospitals, emergency medical services, county crisis providers, and law enforcement for when temporary holds on admissions are in effect.
 - (d) A recurrence of admission refusals, client transfers, or holds on admissions may result in a site visit and review of certification by the department.
 - (e) Admission holds shall be communicated to community partners through the department approved psychiatric bed locator.
- (7) A CCF shall communicate the availability of beds to referring community partners through the department-approved psychiatric bed locator. A CCF shall report all of the following information to the department-approved psychiatric bed locator at least every six hours:
- (a) The number of available client rooms and beds in these rooms.
 - (b) The number of available beds in the observation unit, if applicable.
 - (c) Contact information for referrals.

DHS 31.12 Services.

- (1) GENERAL OBJECTIVES. A CCF shall have the following general objectives:
- (a) To provide integrated services and interventions to prevent and stabilize a crisis and reduce symptoms for clients with emergent mental and behavioral health and substance use crisis needs.
 - (b) To reduce or eliminate the need for unnecessary restrictive and intensive interventions.
 - (c) To assist in the coordination and linkage of care for the individual to return to the community.
 - (d) To assist in the coordination and linkage of care when services cannot be provided at a CCF, or a client is not eligible for services.
- (2) GENERAL REQUIREMENTS. A CCF shall do all of the following:
- (a) Provide services to involuntary clients under s. 51.15, Stats., in a secure setting.
 - (b) Provide services to voluntary individuals who walk-in for care or are brought in by law enforcement, emergency medical responders, or county crisis personnel.
 - (c) Provide clients receiving any service for 24 hours or longer a client room with a bed.
 - (d) Provide clients with basic needs.
 - (e) Use standard protocols for monitoring withdrawal from substances, such as alcohol and opioids, and the capability to initiate medications to medically support withdrawal. If withdrawal monitoring supports the need for additional medical care that exceed the capacity of a CCF, the treatment director shall be consulted for transfer to a medical facility.
 - (f) If the client is seeking treatment related to opioid use, a CCF shall provide information about the benefits and effectiveness of medication as treatment for opioid use disorders. If the client is not already receiving medication treatment, a CCF shall provide a referral, along with client consent, to a service that offers medication-assisted treatment for opioid use disorders.
 - (g)
 - 1. A facility shall have opioid reversal medication on-site and available to staff who are providing services not on-site, to be administered in the event of an opioid overdose.
 - 2. The opioid reversal medication shall be maintained and unexpired and shall be stored in an accessible location.
 - 3. Administration of an opioid reversal medication by the service to any individual shall be documented in the clinical record or in a facility incident report.
- (3) SERVICES PROVIDED OR COORDINATED BY A CCF.
- (a) *Initial screening.*

1. An initial screening completed by personnel possessing at least one of the qualifications listed in s. DHS 31.08 (a) 1. to 10. or 12. to 17. shall be completed for all referrals, including those presenting for voluntary services and involuntary clients who present in accordance with s. 51.15, Stats.
 2. An initial screening must include the following:
 - a. Determination of need for CCF services.
 - b. Risk for suicide or harm to self.
 - c. Risk for violence or harm to others.
 - d. Risk related to overdose, acute intoxication, and withdrawal.
 - e. Need for urgent medical care.
 - f. Medication information from the PDMP database, if applicable.
 3. Screening completed under this subsection may be combined with an assessment under par (b).
 4. Screening may determine need for additional services which could include services provided at a CCF, linkage to outpatient resources, or other facility-based or inpatient services requiring a transfer of care.
 5. Information collected and documented by county crisis personnel who have assessed a client admitted under the custody of s. 51.15 may be used for screening purposes.
- (b) Assessment.**
1. Clients determined in need of and eligible for services during screening under par. (a) shall receive all of the following:
 - a. A nursing assessment completed by personnel possessing at least one of the qualifications listed in s. DHS 31.08 (1) (a) 5. to 9.
 - b. A behavioral health assessment completed by personnel possessing at least one of the qualifications listed in s. DHS 31.08 (1) (a) 1. to 10., 12. to 16., or 17. d.
 - c. A risk assessment completed by personnel possessing at least one of the qualifications listed in s. DHS 31.08 (1) (a) 1. to 10., 12. to 16., or 17. d.
 2. The following assessments may be performed based on client needs identified during screening under par. (a):
 - a. A substance use assessment completed by personnel possessing at least one of the qualifications listed in s. DHS 31.08 (1) (a) 1. to 10., or 12. to 17.
 - b. A cognitive assessment completed by personnel possessing at least one of the qualifications listed in s. DHS 31.08 (1) (a) 1. to 10., 12. to 16., or 17. d.
 3. A psychosocial assessment completed by personnel possessing at least one of the qualifications listed in s. DHS 31.08 (1) (a) 12. to 15. or 17. d. for clients admitted for 24 hours or longer.
 4. Assessments shall include recommendations for care.
- (c) Screening and assessment tools and methods.** Assessments and screenings shall be completed using valid screening and assessment tools and may include information gathered through the following means:
1. Evaluation and observation of the client
 2. Direct client interviews
 3. Through collateral information
- (d) Re-assessment.** Re-assessments of one or more of the assessments identified in par (b) shall be completed as clinically necessary, or if any of the following apply:
- a. Legal status change
 - b. Significant changes in risk factors or symptoms
- (e) Required services.** A CCF shall provide any of the following services to a client, based on the client's needs:
1. De-escalation.
 2. Safety planning.
 3. Crisis planning.
 4. Medication management.
 5. Crisis counseling.

6. Stabilization.
 7. Care coordination.
 8. Treatment of minor physical health concerns.
 9. Follow-up or coordination with external providers for follow-up.
 10. Withdrawal abatement.
- (f) *Additional services.* A CCF may provide the following services to a client, based on the client's needs:
1. Peer support services.
 2. Individual and family psychotherapy.
 3. Therapeutic or psychoeducational group counseling.
- (g) *Discharge planning.* Discharge planning shall be provided to all clients and meet the following requirements:
1. A discharge plan shall be developed with the client, to the extent possible.
 2. Discharge planning shall include care coordination efforts, to the extent possible.
 3. A written discharge summary shall be documented in writing, include items identified in DHS 31.13(2) and be provided to the client.
- (h) *Delivery of services.*
1. All medical and clinical services under this chapter shall be provided by appropriately credentialed or licensed staff operating within their scope of practice.
 2. Services shall be delivered in a manner that allows clients to be informed of and participate in their treatment and care.

DHS 31.13 Treatment documentation.

(1) COORDINATED PLAN OF CARE.

- (a) A coordinated plan of care shall be developed for each client and include, whenever possible, all the following:
1. Information gathered during screening, assessment, and reassessment.
 2. The circumstances resulting in the need for services including the potential for harm to self or others, including severity and lethality.
 3. Services and interventions to be applied.
 4. Any prescription or medication management services.
- (b) For clients with ongoing substance use related needs, a coordinated plan of care shall include level of care recommendations consistent with any department approved placement criteria.
- (c) A coordinated plan of care shall be reviewed and signed by the treatment director, clinical director, or designee within 3 business days of admission.
- (d) The coordinated plan of care shall be documented in writing and include a notation indicating the reason any items from par. (a) or (b) were not included.

(2) DISCHARGE SUMMARY.

- (a) A written discharge summary for each client shall be completed and provided to the client prior to discharge. The discharge summary shall include, whenever possible, all of the following information:
1. Recommendations for care after discharge including the following:
 - a. Care coordination efforts, including referrals or appointments made on behalf of a client.
 - b. Information on follow-up with client by CCF staff.
 - c. Information on accessing prescribed medications, if applicable.
 2. A safety plan which includes information on available emergency mental health services in the client's geographic area.
 3. The client's legal status and condition at discharge.
 4. Department approved placement criteria, as applicable and necessary for clients being discharged to a facility requiring this.
 5. A crisis plan for all clients admitted for 24 hours or more.
- (b) A discharge summary shall be reviewed and signed by the treatment director, clinical director, or designee within 3 days of discharge, not including Saturdays, Sundays, or legal holidays.

- (c) The discharge summary shall include a notation indicating the reason any items from par. (a) were not included.
- (3) SERVICE NOTES.
 - (a) Staff providing services shall document the content of contacts with clients or collateral sources and clinical observations as it relates to a client's care and treatment.
 - (b) Service notes shall include documentation of services, interventions, or treatment provided and client response to those services.

DHS 31.14 Emergency safety interventions.

- (1) GENERAL REQUIREMENTS.
 - (a) A CCF may use seclusion and restraint as an emergency intervention only.
 - (b) Seclusion and restraint shall only be administered by staff who have completed orientation and training described in s. DHS 31.10 (1) (b) 7., and shall comply with all of the requirements for emergency safety interventions under s. 51.61 (1) (i) 1., Stats., s. DHS 94.10, and this chapter.
- (2) PROHIBITED INTERVENTIONS. Chemical restraints intended to control behavior or for prolonged sedation or incapacitation are prohibited. This does not include emergency medication used to treat symptoms.
- (3) SECLUSION AND RESTRAINT ADMINISTRATION REQUIREMENTS.
 - (a) Seclusion and restraint may only be administered when all other less restrictive methods have been exhausted.
 - (b) Seclusion and restraint shall be administered for the shortest time possible and only until the client is no longer a danger to self or others.
 - (c) Seclusion and restraint shall be administered in a manner that is attentive to, and respectful of the trauma history, dignity, and civil rights of the client.
 - (d) Seclusion and restraint shall be administered in a manner that avoids or causes the least possible physical or emotional discomfort, harm, and pain to the client.
 - (e) Regular access to bathroom facilities, drinking water, and necessary medication shall be provided according to the client's needs during the administration of seclusion or physical restraint. Temperature and lights shall be maintained at levels which are comfortable to the client.
- (4) SPECIFIC REQUIREMENTS FOR SECLUSION.
 - (a) A client may only be kept in the seclusion area by means of one of the following:
 - 1. A staff member is in a position, such as in a doorway, to prevent a client from leaving the seclusion area.
 - 2. A door to a seclusion room is latched by positive pressure applied by staff's hand without which the latch would spring back allowing the door to open on its own accord, or a program may use a magnet door lock or a lock which requires the turn of a knob to unlock a door. Other designs of door locks shall not be used, including pad lock, key lock, or other locks of similar design.
 - (b) Staff shall provide uninterrupted supervision and monitoring of the client and the seclusion area during seclusion by being in the room with the client or by observation through a window to the room.
 - (c) Seclusion rooms shall be free of objects or fixtures with which the client could inflict bodily harm.
 - (d) Only one client at a time may be placed in a seclusion room.
- (5) SPECIFIC REQUIREMENTS FOR PHYSICAL RESTRAINT.
 - (a) Physical restraint shall only be administered during an emergency, when there is a serious threat of violence to other clients or a staff member, personal injury, or attempted suicide.
 - (b) At a minimum, 2 staff trained in the use of emergency safety interventions shall be physically present during the administration of restraint and shall continually monitor the condition of the client and the safe use of restraint throughout the duration of the intervention.
 - (c) All of the following are prohibited forms of physical restraint:
 - 1. Pressure or weight on the chest, lungs, sternum, diaphragm, back, or abdomen, such as straddling or sitting on the torso.

2. Pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway, such as chokeholds or sleeper holds.
 3. Wrestling holds or martial arts techniques.
 4. Covering the face with any object.
 5. Pain or pressure points.
 6. Hyperextension of limbs, fingers, or neck.
 7. Forcible take downs from a standing position to the floor.
 8. Any other physical restraint that is not administered during an emergency, that is administered for longer than necessary to prevent immediate injury to a client or others, or that is administered for a purpose other than to prevent immediate injury to a youth or others.
- (d) Immediately, upon the termination of a physical restraint, a medical staff member, such as a physician, advanced practice nurse prescriber, physician assistant, or registered nurse shall conduct a follow-up assessment of the condition of the client to ensure that the client was not injured and shall document the finding of the assessment in the client's clinical record.
 - (e) If any injury is noted following a physical restraint, a staff member shall make a referral for any medical care needed and inform a client's guardian, if applicable.
- (6) **SPECIFIC REQUIREMENTS FOR MECHANICAL RESTRAINT.** Mechanical restraints shall only be used as a last resort when all other interventions are unsuccessful. A CCF that intends to utilize mechanical restraints shall meet all the following requirements:
- (a) Mechanical restraints may only be used under a medical order made by the treatment or medical director or their designee, and that order shall be reviewed by a physician within 8 hours.
 - (b) Mechanical restraints must be observed every 15 minutes, and a record kept of observations.
 - (c) Mechanical restraints may only be used for clients admitted involuntarily.
 - (d) Mechanical restraints shall not be used with minors.
- (7) **DEBRIEFING.**
- (a) Unless clinically contraindicated, within a reasonable time following the administration of a seclusion or restraint, staff shall talk with the client about each of the following:
 1. The circumstances that contributed to the seclusion or physical restraint.
 2. The client's psychological well-being and impact of the intervention.
 3. Any modifications that can be made in the client's services or plan for care to prevent seclusion or restraint in the future.
 - (b) A CCF shall notify a guardian of any seclusion or restraint within 12 hours of being administered. The CCF shall document in the client's record any situation in which notification has been attempted and the CCF has been unable to contact a guardian.
 - (c) Each administration of seclusion or restraint shall be documented in the client's clinical record and shall specify all of the following:
 1. Events precipitating the seclusion or restraint.
 2. Less restrictive interventions attempted prior to the seclusion or restraint.
 3. Length of time the seclusion or restraint was used.
 4. Assessment of the appropriateness of the seclusion or restraint based on threat of harm to self or others.
 5. Assessment of any physical injury to the client, other clients, or staff.
 6. The client's response to the use of seclusion or restraint.
 - (d) The treatment director, clinical director, or nursing administrator or their designee shall review all seclusion and restraint documentation within 24 hours of intervention, and in consultation with others determine whether changes in services are necessary, including whether a different level of care is necessary. These findings and recommendations shall be documented in the client's clinical record.
- (8) **REPORTING.**
- (a) A CCF shall report to the department all incidences of seclusion, restraint, injury, or elopement to the department within 24 hours of the incident occurring. Reporting shall be completed through the department's online reporting system.

- (b) The department will evaluate the circumstances of each incident, conduct any appropriate follow-up, and identify programs in need of technical assistance, training, policy development, or other quality improvement.

DHS 31.15 Investigation, notification, and reporting requirements.

(1) DEATH REPORTING.

- (a) *Client death related to physical restraint, seclusion, psychotropic medication, or suicide.* If a CCF has reasonable cause to believe that a client's death was a suicide, or was caused by the use of physical restraint, seclusion, or psychotropic medication, a CCF shall report the death as required under s. 51.64, Stats.

Note: Death reporting process and forms are available on the department's website at:

<https://www.dhs.wisconsin.gov/regulations/report-death/proc-reportingdeath.htm>.

- (b) *Client death related to an accident, injury, natural causes, or other reasons.* When a client dies for any reason other than the use of a physical restraint, seclusion, psychotropic medication, or suicide, a CCF shall send a report to the department within 3 business days of the client's death.

Note: The department's reporting link is available on the department's website at:

<https://www.dhs.wisconsin.gov/crisis/place.htm>.

(2) INVESTIGATING AND REPORTING ABUSE, NEGLECT, THEFT OF PROPERTY, OR INJURIES OF AN UNKNOWN SOURCE.

- (a) A CCF is an entity subject to caregiver misconduct reporting requirements under ch. DHS 13. Caregiver misconduct must be reported within 7 days of the incident or the date the entity knew or should have known of the incident.

Note: The department's caregiver misconduct reporting link is:

<https://www.dhs.wisconsin.gov/misconduct/reporting.htmh>.

- (b) Physical, sexual, or mental abuse, or neglect by non-caregivers or clients shall be reported to the department within 24 hours of the incident or the date the entity knew or should have known the incident occurred.

Note: The department's reporting link is:

<https://www.dhs.wisconsin.gov/misconduct/reporting.htm>.

- (c) Theft of property by non-caregivers or minors shall be reported to the department within 7 calendar days of the incident or the date the entity knew or should have known of the incident.

Note: The department's reporting link is:

<https://www.dhs.wisconsin.gov/misconduct/reporting.htm>.

- (d) A CCF shall investigate any of the following:

1. An injury that was not observed by any person.
2. The source of an injury to a client that cannot be adequately explained by the client.
3. An injury to a client that appears suspicious because of the extent of the injury or the location of the injury on the client.

- (e) A CCF shall maintain documentation of each investigation of an injury referenced under par. (d). A CCF shall report the incident as required under this subchapter.

(3) NOTIFYING OTHER INTERESTED PARTIES.

- (a) In this subsection, "legal representative" means any of the following:

1. A guardian of the person, as defined under s. 54.01 (12), Stats.
2. A parent of a minor, as defined in s. 48.02 (13), Stats., a guardian of a minor, as defined in s. 48.02 (8), Stats., or a legal custodian of a minor, as defined in s. 48.02 (11), Stats.

- (b) A CCF shall immediately notify a client's legal representative when there is an allegation of physical, sexual or mental abuse, or neglect of a client that occurred at a CCF or under the supervision of CCF staff.

- (c) A CCF shall notify the client's legal representative within 72 hours when there is an allegation of misappropriation of property.

- (d) A CCF shall follow all procedures required of mandated reporters.

- (4) **DOCUMENTATION OF THE INCIDENT.** All written reports required under this section shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to safeguard the client's health, safety, and well-being.

- (5) **ANNUAL REPORTING REQUIREMENTS.** For each year subsequent to the first March of operation, a CCF shall submit an annual report to the department no later than March 30th. The annual report shall include all of the following information:
- (a) The number of admissions, including both voluntary and involuntary.
 - (b) The number of persons served, both screened and admitted.
 - (c) Facility capacity, specifically the number of staffed beds.
 - (d) Data regarding how clients are arriving for admission, including through transport by law enforcement, family, emergency medical responders, or county crisis personnel.
 - (e) Average wait times, including for admission, treatment, discharge, and any other significant aspect of services provided by a CCF.
 - (f) The length of client stays, separated by voluntary and involuntary at admission.
 - (g) The time-of-day each client was admitted.
 - (h) The source of payments for client care, including private payment sources or payment under the medical assistance program under subch. IV of ch. 49, Stats.
 - (i) The county of residence for each client.
 - (j) The estimated number of diversions from Winnebago Mental Health Institute, hospitals, or other facilities.
 - (k) The number of repeat clients and readmissions.
 - (L) Any follow-up services utilized, as applicable.
 - (m) The number of transfers to other facilities, including Winnebago Mental Health Institute, hospitals, or other facilities.
 - (n) A description of any injuries, assaults, or other safety-related incidents.
 - (o) The number of times law enforcement was contacted due to intervention needed at the facility, and description of the need.
 - (p) A description of the number and type of employees providing staffing during the various times of day, including by telehealth.
 - (q) A breakdown of funding, including the amounts and sources of funding.

DHS 31.16 Client rights and grievance procedure. All CCF operations, policies, and services shall comply with s. 51.61, Stats. and ch. DHS 94, relating to patient rights and resolution of patient grievances. CCFs admitting minors should comply with 51.13(3) stats.

Subchapter III - Facilities

DHS 31.17 Applicability

- (1) This subchapter applies to publicly or privately operated and certified CCFs.
- (2) A CCF that is approved as a hospital under ch. 50, Stats., is not required to meet the requirements under this subchapter.

DHS 31.18 General facility requirements.

- (1) A CCF shall operate 24 hours per day, 7 days per week.
- (2) The facility of a CCF shall be constructed and maintained so that it is functional for assessment and treatment and for the delivery of health services appropriate to the needs of the community and with due regard for protecting the health and safety of the clients.
- (3) No CCF shall have more clients at any given time than the maximum capacity indicated on the department-approved certification.
- (4) A CCF shall be physically separated from other entities, programs, and services.
- (5) A CCF shall comply with the Group I-2 occupancy state building code requirements in chs. SPS 361 and 366, and any applicable local ordinances or municipal building regulations.
- (6) A CCF shall maintain all rooms in the facility in a state of good repair and in a clean, safe, and sanitary condition.
- (7) A CCF must be in compliance with the Americans with Disabilities Act, 42 USC 12101 *et seq.*
- (8) A CCF shall provide separate entrances or intakes for walk-in clients, law enforcement, and if applicable minor clients.

- (9) A CCF shall provide a nurse station that facilitates direct staff visual observation of unit corridors and client care areas.
- (10) A CCF shall have a clean workroom, soiled holding, and environmental services room.

DHS 31.19 Physical environment

(1) SPACE REQUIREMENTS.

- (a) *Client examination room.* A CCF shall have a client examination room that shall include the following:
 - 1. A wall that physically separates the client examination room from client rooms, living areas, staff areas, or facility common areas.
 - 2. A functioning sink that is equipped with appropriate equipment and supplies for infection prevention.
- (b) *Medication storage areas.* A CCF shall comply with physical security requirements in 21 CFR 1301.72. The medication storage area shall be clean and shall be separated by a wall from any restroom, cleaning products, or food-preparation storage areas.
- (c) *Observation unit.* A CCF that has an observation unit for clients receiving services for less than 24 hours shall do all of the following:
 - 1. Ensure that each bed in the observation unit is dedicated to one client at a time.
 - 2. Provide a minimum floor area that allows for 3 feet between beds.
- (d) *Individual or dual occupancy client rooms.*
 - 1. A CCF shall have a minimum of 3 client rooms and 4 beds.
 - 2. A CCF shall have a minimum of one single occupancy client room.
 - 3. Designated client rooms shall not serve a multi-functional purpose.
 - 4. Visual privacy shall be provided for each client in dual occupancy rooms.
 - 5. The minimum floor area per bed shall be 80 square feet in multiple client rooms and 100 square feet in single client rooms. The distance between client beds in multi-client rooms shall be at least 3 feet.
 - 6. Clients' clothing and personal items may be stored in a separate designated area.
 - 7. Corridors and spaces connected to a corridor that are not separable by a door shall not be used for client rooms, observation units, or hazardous areas.
- (e) *Toilet rooms.*
 - 1. 'Client rooms.'
 - a. One toilet room shall serve no more than 6 dedicated client beds.
 - b. A handwashing sink shall be provided either in each client's room or in the toilet room.
 - c. A shower shall be provided either in each client's room or adjoining the toilet room.
 - 2. 'Observation unit.'
 - a. An observation unit shall have at least one toilet room with a sink per 10 beds.
 - b. An observation unit shall have at least one shower stall available to clients.
 - c. An observation unit shall have at least one soiled linen holding room.
 - 3. 'Access to toilet rooms.' Every toilet door shall be designed to allow opening from the outside during an emergency when locked.
- (f) *Client call system.* A reliable call mechanism shall be provided in locations where clients may be left unattended, including client rooms, toilet and bathing areas and designated high risk treatment areas from which persons may need to summon assistance.
- (g) *Visitor space and phone calls.* A CCF shall allow space for visitors and telephone calls.
- (h) *Family space for minors.* A CCF certified to serve minors shall have designated space available for families to assemble.

(2) LAUNDRY SERVICES.

- (a) *Handling laundry.* A CCF shall have a designated laundry area to sort, process and store clean and soiled laundry in a manner that prevents the spread of infection.
- (b) *Storage and transport.* A CCF shall have separate clean and dirty laundry storage areas or containers. A CCF shall not transport, wash, or rinse soiled laundry in areas used for food preparation, serving or storage.

- (c) *Clothes dryers.* A CCF shall enclose any clothes dryer having a rated capacity of more than 37,000 British Thermal Units an hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, a CCF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained according to the manufacturer's recommendations.
- (3) **BUILDING MAINTENANCE AND SITE.**
- (a) *Maintenance.* The condition of the physical plant for the CCF and its exterior areas shall be maintained in good repair, free of hazards, and in such a manner that assures the safety and well-being of clients, staff, and visitors.
- (b) *Pest control.* A CCF shall implement safe, effective procedures for control and extermination of insects, rodents, and vermin.
- (c) *Garbage and refuse.* A CCF shall promptly dispose of garbage and refuse. Garbage and refuse in inside areas shall be kept in leak-proof, non-absorbent closed containers. Garbage and refuse in outside areas shall be stored in closed containers.
- (d) *Storage of toxic substances.* A CCF shall ensure that any cleaning compounds, polishes, insecticides, and toxic substances are labeled and stored in a secure area.
- (4) **BUILDING SUPPORT SYSTEMS.**
- (a) *Heating.*
1. A CCF shall maintain a heating system in a safe and properly functioning condition that can maintain temperatures between 70 and 75 degrees Fahrenheit in areas occupied by clients.
 - 2.. A CCF shall ensure that a heating contractor or local utility company completes regular maintenance and provides documentation of the maintenance performed.
 3. A CCF may not use a fuel-fired heater, wood burning stove, fireplace, portable space heater, or any other open flame combustible fuel-burning device.
- (b) *Public water supply.* A CCF shall use a public water supply when available. If a public water supply is not available, a CCF shall have a well that is approved by the state department of natural resources. A CCF shall have the well water tested at least annually by the state laboratory of hygiene or other laboratory approved under ch. NR 149. A CCF shall maintain documentation of annual testing results.
- (c) *Electrical.*
1. 'Installation and maintenance.'
 - a. A CCF shall be supplied with electrical service, wiring, outlets, and fixtures, which shall be properly installed and maintained in good and safe working condition.
 - b. Electrical outlets shall be located to limit the use of extension cords. Extension cords shall not be used in lieu of permanent wiring and shall not be used in any space where a client may be.
 - c. All temporary wiring and exposed wiring, whether in use or abandoned, shall be removed.
 2. 'Service size.' The electrical service shall be of the proper size to handle the connected load.
 3. 'Protection.'
 - a. Tamper-resistant fuses or circuit breakers not to exceed the ampere capacity of the smallest wire size in the circuit shall protect the branch circuits.
 - b. Ground fault interrupt protection shall be required for all outlets within 6 feet of a plumbing fixture, all outlets on the exterior of a CCF.
 - c. Electrical receptacles shall be of a tamper-resistant type when located within client toilet rooms and bathing facilities, client bedrooms, and other client care spaces.
 4. 'Minimum number of fixtures.' Every client room, bathroom, kitchen or kitchenette, dining room, laundry room and furnace room shall contain at least one approved or listed ceiling or wall-type electric light fixture equipped with sufficient lamps or tubes to provide at least 5-foot candles at floor level at the center of room. Where more than one fixture is used or required, the additional fixture or fixtures shall be equally spaced as far as is practical. A switched outlet may be substituted for a ceiling or wall fixture in client rooms and dining rooms.
 5. 'Minimum number of outlets.'

- a. In common rooms, dining rooms and client rooms, there shall be one electric duplex outlet per 75 square feet of floor area, with a minimum of 2 per room.
 - b. In kitchens, there shall be one electric duplex outlet per 8 lineal feet or fraction thereof of countertop and preparation area, including island-type areas. If a kitchen is also used for dining purposes, there shall be at least one electric duplex outlet per 75 square feet of floor area. Separate outlets shall be provided for refrigerators.
 - c. In laundry rooms, there shall be a minimum of one electric duplex outlet.
 - d. In toilet rooms, there shall be a minimum of one electric duplex outlet, which may be part of the wall fixture if located 72 inches or less from the floor.
 - e. In any other habitable rooms not specified above, there shall be a minimum of 2 electric duplex outlets.
6. "Night lighting." Client bedrooms shall have night lighting with at least one light fixture controlled at the room entrance, and corridors shall have illumination with provisions for reducing light levels at night.
7. "Switches." Switches or equivalent devices for turning on at least one light in each room or passageway shall be located to conveniently control the lighting in the area.

DHS 31.20 Building design. A CCF shall meet the following building design requirements:

- (1) STORAGE AREAS. A CCF shall have adequate and designated storage space for client care supplies and equipment. A CCF shall maintain storage areas in a safe, dry, and orderly condition.
- (2) DOORS.
 - (a) All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool.
 - (b) All doors and door hardware shall be ligature resistant.
 - (c) The on-site nursing administrator or their designee shall have a means of opening all locks or security devices on all doors in a CCF.
 - (d) Doors to client rooms may not be lockable from the inside.
 - (e) All interior doors equipped with locks shall be designed to unlock from either side in case of emergency.
 - (f) Doors in secured client spaces may be locked if complying with SPS 361-366.
- (3) WINDOWS. Windows in any client rooms shall have covering material or device that affords privacy and light control.
- (4) FURNISHINGS. Furnishings in a CCF shall be clean, safe, maintained in good repair, intended for the use of the room, and intended to minimize the risk of ligature, weaponization, concealment, and barricade.

DHS 31.21 Infection control program.

- (1) PROGRAM ESTABLISHMENT. A CCF shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection.
- (2) POLICIES AND TRAINING. The infection control program shall include written policies and training for employees.
- (3) HAND WASHING PROCEDURES. Employees shall follow hand washing procedures according to centers for disease control and prevention standards.
- (4) EMPLOYEE COMMUNICABLE DISEASE CONTROL.
 - (a) A CCF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. A CCF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.
 - (b) Employees shall be re-screened for clinically apparent communicable disease as described in par. (a) based on the likelihood of exposure to communicable disease, including tuberculosis.

- (c) A person who has a communicable disease shall not be permitted to work or be present in a CCF if the disease would present a risk to the health or safety of clients.

DHS 31.22 Food service.

(1) GENERAL REQUIREMENTS.

- (a) *Food supply.* A CCF shall maintain a food supply that is adequate to meet the needs of clients. Individual patient nutritional needs must be met in accordance with recognized dietary practices.
- (b) *Equipment.* A CCF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair.

(2) SANITATION AND SAFETY.

- (a) *Infection control.*
 - 1. Each employee who prepares or serves food shall be free from open, infected wounds and from communicable disease and shall maintain clean and safe work habits.
 - 2. A CCF shall provide hand-washing facilities in the kitchen for use by food handlers. Use of a common towel is prohibited.
- (b) *Food safety.* Whether food is prepared at a CCF or off-site, a CCF shall store, prepare, distribute, and serve food under sanitary and safe conditions for the prevention of food borne illnesses, including food prepared off-site. Refrigerators and freezers shall be maintained in accordance with the manufacturer's recommendations.
- (c) *Dishwashing.*
 - 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing, and sanitizing.
 - 2. Kitchens shall have a commercial dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code.
 - 3. A CCF shall have a 3-compartment sink for washing, rinsing, and sanitizing utensils, with drain boards at each end. Washing, rinsing, and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash located adjacent to the soiled drain board is required for pre-washing.
- (d) *Reporting.* A CCF is required under s. DHS 145.04 to report suspected incidents of food borne disease to the local public health officer.

DHS 31.23 Fire safety requirements.

(1) FIRE SAFETY PLAN. A CCF shall have a written fire safety plan that provides for all of the following:

- (a) Use of alarm in accordance with s. DHS 31.24 (1) to (3)
- (b) Transmission of alarms to fire department
- (c) Emergency phone call to fire department
- (d) Response to alarms
- (e) Procedures for isolating and extinguishing the fire
- (f) Procedures for evacuating the immediate area
- (g) Procedures for evacuating the smoke compartment
- (h) Procedures for preparing floors and building for evacuation.

(2) EVACUATION CAPABILITIES. A CCF shall have all of the following:

- (a) An up-to-date floor plan identifying client area, provided to the local fire department.
- (b) An exit diagram posted on each floor of a CCF in a conspicuous place where it can be seen by clients and staff. The diagram shall identify the exit routes from the floor, including internal horizontal exits when applicable, smoke compartments or a designated meeting place outside and away from the building when evacuation to the outside is the planned response to a fire alarm.

(3) FIRE AND OTHER EVACUATION DRILLS AND PLANS.

- (a) Fire drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions complying with chs. SPS 314

- (b) Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.
- (c) The local fire department shall be made aware of the areas of refuge, if any, and the potential number of clients who would use the areas of refuge. Evacuation procedures involving fire department personnel shall be conducted at the option of the fire department.
- (d) Phone numbers for emergency services shall be posted near phones used by CCF employees.
- (4) FIRE INSPECTION. A CCF shall arrange for fire inspections in accordance with ch. SPS 314.
- (5) FIRE EXTINGUISHERS. A CCF shall provide fire extinguishers consistent with ch. SPS 314.

DHS 31.24 Fire protection systems.

- (1) INTERCONNECTED SMOKE AND HEAT DETECTION SYSTEM.
 - (a) A CCF shall have an interconnected smoke detection system and shall have an interconnected heat detection system to protect the entire CCF so that if any detector is activated, an alarm audible throughout the building will be triggered.
 - (b) Smoke and heat detectors shall be installed and maintained in accordance with national fire alarm provisions and the manufacturer's recommendation. Smoke detectors powered by a CCF's electrical system shall be tested by CCF staff according to manufacturer's recommendation, but not less than once every other month. CCFs shall maintain documentation of tests and maintenance of the detection system.
- (2) TESTING.
 - (a) After the first year following installation, fire detection systems shall be inspected, cleaned, and tested annually by certified or trained and qualified personnel in accordance with national fire alarm and manufacturer specifications and procedures.
 - (b) Sensitivity testing shall be performed at intervals in accordance with national fire alarm specifications.
 - (c) All smoke and heat detectors suspected of exposure to a fire condition shall be inspected, cleaned, and tested by a certified or trained and qualified person within 5 days after each exposure in accordance with national fire alarm and the manufacturer specifications and procedures. Each detector shall operate within the manufacturer's intended response, or it shall be replaced within 10 days after exposure to a fire condition.
- (3) LOCATION. A CCF shall have at least one smoke detector located at each of the following locations:
 - (a) At the top of every open stairway.
 - (b) On the corridor side of every enclosed stairway on each floor level.
 - (c) Spaced not more than 30 feet apart in every corridor, and not further than 15 feet from any wall or in accordance with the manufacturer's separation specifications.
 - (d) In each common use room excluding a kitchen, bathroom, or laundry room.
 - (e) In each client room.
 - (f) In all non-client used areas, except the furnace, bathroom, kitchen, and laundry room.
 - (g) Additional smoke detectors shall be located where wall projections from the ceiling or lintels exceed 8 inches.
 - (h) In the basement, or in each room of the basement except a furnace or laundry room.
- (4) SPECIFIC LOCATIONS FOR HEAT DETECTORS. A CCF shall have at least one heat detector integrated with the smoke detection system at all of the following locations or in accordance with the heat detector manufacturer's specifications:
 - (a) Kitchen.
 - (b) Furnace room.
 - (c) Laundry room.
- (5) SPRINKLER SYSTEMS.
 - (a) *General requirements.*
 - 1. A complete automatic sprinkler system shall be provided in accordance with chs. SPS 361.
 - 2. The sprinkler system shall be equipped with sprinkler heads in all client rooms, common areas, and all other habitable rooms and corridors.
 - (b) *Installation and maintenance.*

1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements chs. SPS 314.
 2. Sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates.
 3. The sprinkler system flow alarm shall be connected to a CCF's fire alarm system and the local fire department.
- (c) *Reliable water supply.* All sprinkler systems shall have a reliable water supply. If the sprinkler system requires a mechanical device such as a compressor, pump or motor, the device shall be supplied by a reliable source of emergency power in accordance with chs. SPS 361.

DHS 31.25 Oxygen storage.

- (1) Oxygen storage shall be in an area that is well ventilated and safe from environmental hazards, tampering, or the chance of accidental damage to the valve stem. If oxygen cylinders are in use, oxygen cylinders shall be secured in an upright position. If stored upright, cylinders must be secured. If stored horizontally, cylinders shall be on a level surface where they will remain stationary.
- (2) Storage and use of oxygen shall comply with national medical gas standards, referenced in the International Building Code as adopted in s. SPS 361.05.

DHS 31.26 Records retention and posting.

- (1) RECORDS RETENTION.
 - (a) A CCF shall retain records consistent with s. DHS 92.12.
 - (b) Employee records shall be retained for 3 years following an employee's separation from employment at a CCF.
 - (c) Menus shall be retained for 60 days.
- (2) POSTING. A CCF shall post all the following in a prominent public place accessible to clients, employees, and visitors:
 - (a) The department-issued certification.
 - (b) Any statement of deficiency, notice of revocation and any other notice of enforcement action. A statement of deficiency shall remain posted for 90 days following receipt. Notices of revocation and other notices of enforcement action shall remain posted until a final determination is made.
 - (c) Copies of CCF rules and client rights and grievance procedures.
 - (d) A CCF's exit diagram as required under s. DHS 31.23 (2) (b).
 - (e) Emergency phone numbers as required under s. DHS 31.23 (3) (d).

Subchapter IV - Grant Program Requirements

DHS 31.27 Grant program overview.

- (a) The department shall allocate funds available under ss. 20.435 (5) (ck) and 51.036 (2) Stats., for the development and support of CCFs. The monies to support these programs shall be in the form of grants and shall be awarded based on the criteria set out in this subchapter.
- (b) In this subchapter, "GFO" means grant funding opportunity solicited by the department in accordance with this subchapter.

DHS 31.28 Application.

- (1) WHOMAYAPPLY. Any of the following may apply for a grant under this subchapter:
 - (a) A publicly or privately operated facility, including Tribal nations, proposing to provide CCF services, in accordance with s. 51.036, Stats.
 - (b) A publicly or privately operated hospital proposing to provide CCF services, in accordance with s. 51.036, Stats. This applies to co-located and off-site facilities.
- (2) SOLICITATION. The department shall solicit applications for grants by preparing one or more grant funding opportunities, and posting a notice regarding the availability of the grant funding opportunity including how to access those documents.

(3) MAKING APPLICATION.

- (a) An application for a grant shall be made in accordance with the format specified in the grant funding opportunity application instructions.
- (b) An application for a grant shall be submitted to the department, as specified in the grant funding opportunity application instructions, and by the deadline shown in those application instructions.

(4) CONTENT OF APPLICATION. An application for an initial grant shall include all of the following:

- (a) An application checklist included in the GFO.
- (b) An abstract that briefly describes the project and highlights the project's purpose.
- (c) A detailed, proposed budget on the budget form provided.
- (d) A narrative description of the program.
- (e) A statement of assurance of compliance with applicable federal statutes and regulations and state statutes, and rules, including the requirements of this chapter and the GFO.
- (f) Additional required elements will be identified in the GFO.

(5) PRELIMINARY REVIEW OF APPLICATIONS. All grant applications shall include all of the application contents specified in sub. (4) and the GFO. Applications that fail to meet all of the criteria may not be approved by the department.

(6) REVIEW OF APPLICATIONS. Grant applications that satisfy the preliminary review requirements shall be further reviewed based on the following evaluation criteria:

- (a) The applicant's organizational and programmatic capacity to become certified as a CCF and implement the proposed project.
- (b) The applicant's ability to provide integrated crisis services to the target populations.
- (c) The applicant's stated purpose, goals, and objectives for the program and timetable for development and implementation of the program.
- (d) The extent to which the applicant's proposed budget is clear and justified.
- (e) An evaluation plan for the project.

(7) RANKING APPLICATIONS.

- (a) The department shall weight the importance of each evaluation criterion by assigning points to it. The criteria weighting shall be provided in the GFO.
- (b) Using the evaluation criteria specified in subs. (4) and (6), the department shall evaluate each application against each applicable criterion and assign points signifying the degree to which the application meets each criterion up to the maximum number of points specified in the GFO. The total points assigned to the application for all applicable criteria will be the score for each application.

DHS 31.29 Awards.

(1) MAKING AWARDS.

- (a) The department shall make awards based on the recommendations resulting from the review under s. DHS 31.28 (7) and take into account the following geographical factors:
 - 1. Proximity to other existing or proposed CCFs.
 - 2. Location of state treatment facilities authorized to accept civil commitments.
 - 3. Geographic diversity among regions in the location of existing or proposed CCFs.
- (b) The department may reject an incomplete application.
- (c) The department may negotiate the amount of an award made under par. (a), specific budget items, project goals and objectives, for a potential grant recipient before entering into an agreement.

(2) NOTIFICATION. The department shall notify in writing all applicants for grants of award decisions.

(3) AGREEMENT. An award shall be contingent upon the signing by both parties of an agreement drawn up by the department. If an application is submitted by more than one agency or jointly by one or more agencies, only one agency shall sign the agreement and assume responsibility for implementing the contract. Failure of a selected grantee to sign the agreement shall result in withdrawal of the offer of award.

(4) AVAILABILITY OF FUNDS.

- (a) All funding decisions shall be contingent upon the availability of funds. Any changes in the amount available which were unforeseen at the time of the department's issuance of a GFO shall

be accommodated by the department, as appropriate, by means of reduction, elimination or increase in existing awards, by awarding of funds to applicants previously denied due to insufficient funds, or by release of a new GFO.

- (b) Any funds that become available due to denial of an award to a selected grantee as a result of failure of the selected grantee to sign the required agreement or as a result of termination of a project by either party, or failure of a grantee to spend its allocation of grant funds in the required time frame shall be reallocated by the department to either another grantee or an initial non-selected applicant at the department's discretion but within the limits of the appropriation and this chapter.

DHS 31.30 Restrictions. Restrictions on funds made available through grants under ss. 20.435 (5) (ck) and 51.036 (2)(a) Stats., shall be specified in the grant funding opportunity and in agreement under s. DHS 31.29 (3).

DHS 31.31 Records and reports. All recipients of grants under this chapter shall maintain records of the projects supported by the grants as required by the department and shall submit to the department reports as required by the department as described by the department in the GFO. Additional requirements for CCF certification apply to all grant recipients. A recipient's failure to maintain these records or to submit reports may result in the department's termination of the grant program.

SECTION 3. DHS 105.529 is created to read:

DHS 105.529 Crisis urgent care and observation facilities. For MA certification as a crisis urgent care and observation facility under s. 49.45 (41a), Stats., a provider agency shall be certified to operate under s. DHS 31.

SECTION 4. DHS 107.13 (9) is created to read:

DHS 107.13 (9) Crisis urgent care and observation services.

- (a) *Covered services.* Crisis urgent care and observation services shall be covered services when provided through a program certified under ch. DHS 105.529. Covered services include any of the following:
 1. Screening for determination of the individual's need for immediate service related to risk of harm to self or others, acute intoxication, withdrawal risk, overdose risk, and urgent medical care.
 2. Assessment for physical health, substance use disorder, behavioral health, and cognition.
 3. Crisis intervention techniques including de-escalation, safety planning, crisis counseling, and psychotherapy as each is defined under s. DHS 31.03
 4. Medication management services as defined under s. DHS 31.03 (24).
 5. Stabilization as defined under s. DHS 31.03 (40).
 6. Peer support services. In this paragraph, "peer support services" means services provided by certified peer specialists, certified parent peer specialists or peer recovery coaches.
 7. Care coordination as defined under s. DHS 31.03 (4).
 8. Linkage and follow-up.
 9. Withdrawal abatement as described under s. DHS 31.03 (48).
 10. Discharge planning as defined under s. DHS 31.12 (3) (g).
- (b) *Other limitations.* Coverage is limited to 5 days except in exceptional circumstances with documentation that substantiates the medical necessity of the additional days of service in accordance with s. DHS 31.11 (1) (d).
- (c) *Non-covered services.*
 1. The following are not covered services under this subsection:
 - a. Case management services provided under s. DHS 107.32.

- b.** Services which are primarily recreation-oriented and not directly related to the coordinated plan of care, crisis response plan, or crisis plan of the recipient are not reimbursed.
 - c.** Services performed by volunteers.
 - d.** Legal advocacy performed by an attorney or paralegal.
- 2.** Federal Medicaid funds cannot be used to reimburse for room and board per section 1905 (a) of the Social Security Act.

SECTION 5. EFFECTIVE DATE. In accordance with s. 227.22 (1) and (2) (intro.), Stats., this rule shall take effect on the first day of the month commencing after the date of publication.