

(f) The program shall not directly administer or dispense medications.

1. A client may receive medication only as prescribed by the client's personal physician.

2. When a client has been prescribed medication or admitted with prescribed medications and program staff believe use of these medications would not be appropriate to a client's needs or supportive of the program, such a client shall be referred for further medical evaluation to a more appropriate facility. A record of the transfer and reasons for the transfer shall be kept.

(g) There shall be a written plan for referral to other treatment or care which involves significant others wherever possible.

(h) Escort and transportation shall be provided as needed.

History: Cr. Register, February, 1982, No. 314, eff. 3-1-82.

HSS 61.59 Outpatient treatment program. An outpatient treatment program provides a variety of non-residential evaluation, diagnostic and treatment services relating to alcohol or drug abuse to ameliorate or remove a disability and to restore effective functioning. Services include but are not limited to family counseling, group therapy, vocational guidance and referral which may occur on a scheduled or non-scheduled basis over an extended period of time.

(1) **REQUIRED PERSONNEL.** (a) A treatment team comprised of available staff shall be responsible for providing problem-oriented treatment.

(b) At least one alcohol and drug abuse counselor shall be employed full time.

(c) A physician or psychiatrist shall be available on a consultation basis.

(d) A psychologist shall be available on a consultation basis.

(e) Staff shall be available to provide social work and vocational services as needed.

(2) **PROGRAM OPERATION.** (a) There shall be an assessment of every client.

(b) The designated physician shall review prescribed medications and document the review.

(c) The treatment plan shall be reviewed and revised as needed at least every 90 days.

(3) **ADDITIONAL REQUIREMENTS FOR INSURANCE BENEFITS.** Additional requirements shall be met for approval to receive mandated insurance benefits under s. 632.89, Stats.

(a) There shall be a designated medical director, licensed in the jurisdiction of the program, who shall be responsible for medical review and shall be responsible for making recommendations for the medical treatment of all clients.

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(b) Services shall be provided by, under the supervision of, or on referral from a physician.

(c) A record shall be maintained of the referral by a physician which shall include the written order for counseling, the date, the client's name, the diagnosis and the signature of the physician.

(d) The program shall comply with the requirements specified under s. HSS 61.97 (1), (4) and (6) to (11).

(4) **ADDITIONAL REQUIREMENTS FOR MEDICAL ASSISTANCE CERTIFICATION.** For certification as a provider for the Wisconsin medical assistance program, the outpatient program must meet the additional requirements set forth in s. HSS 105.23, Wis. Adm. Code.

History: Cr. Register, February, 1982, No. 314, eff. 3-1-82.

HSS 61.60 Residential treatment programs. A residential treatment program is a live-in facility which operates 24 hours a day, 7 days a week and is staffed by professional and para-professional persons who offer a therapeutic program for alcohol or drug dependent persons or both. Modalities certified under this category include therapeutic communities and transitional facilities. Provisions are made for continued care for those clients who evidence medical problems.

(1) **REQUIRED PERSONNEL.** (a) There shall be a director who has overall responsibility for the program's operation.

(b) The director shall designate a staff person to be responsible for program operation in the absence of the director.

(c) There shall be a designated staff person on the premises at all times to be responsible for program operation but that person may also have additional responsibilities.

(d) A vocational rehabilitation counselor shall be available as needed.

(e) There shall be at least one full-time alcohol and drug abuse counselor for every 15 clients. The counselor may have additional staff responsibilities.

(2) **PROGRAM CONTENT.** (a) A medical assessment to identify health problems and screen for communicable diseases shall be conducted by a registered nurse or a physician within 90 days prior to admission or 3 working days after admission.

1. Followup health assessments shall be done annually unless the client is being seen regularly by a physician.

2. The program shall arrange for services for clients with medical needs unless otherwise arranged for by the client.

(b) An intake history shall be completed within 3 working days and the assessment and intake shall be completed within 4 working days of admission to the program.

1. Additional psychological tests shall be provided as needed.

2. A description of dysfunctional substance use shall be documented in the case record.

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(c) Vocational counseling shall be available and provided on an ongoing basis.

(d) Services shall be coordinated and integrated with other services based on the client's evaluation both within and outside of the agency.

(e) Work activities shall be related to actual work performed in business and industry.

(f) Paid sheltered employment may be provided for those clients who cannot be placed in the competitive labor market.

(g) Clients shall be terminated by the program when services provided are determined to be therapeutically contraindicated. Referral to more appropriate service agencies shall be made before program termination.

1. In any case in which a decision is made to terminate or substantially change the client's plan, written notice shall be given to the client with reasons for termination or change.

2. A written procedure for appeal of the decision shall be established and made known to the client.

History: Cr. Register, February, 1982, No. 314, eff. 3-1-82.

HSS 61.65 Methadone treatment standards. These standards apply to all treatment and detoxification programs in the state of Wisconsin that utilize methadone in addition to other treatment techniques for the treatment of narcotic addiction. These standards are in addition to any other state standards or licensure required for drug abuse treatment programs or facilities. They are also in addition to any required U.S. drug enforcement administration registration and any required U.S. food and drug administration approval for use of methadone in a treatment program or hospital request for methadone for detoxification and temporary maintenance treatment. Compliance with these standards is required prior to state approval of a treatment program for the use of methadone in the treatment of narcotic addiction. The use of methadone in the treatment of narcotic addiction is considered a facilitating step in a treatment regime with a goal of abstinence from use of all opiate or opiate-like drugs.

(1) **APPLICATION PROCESS.** All treatment programs applying for state approval for use of methadone shall submit to the department and the controlled substances board the following:

(a) A copy of the completed U.S. food and drug administration application;

(b) Documentation of a request for registration with the U.S. drug enforcement administration for use of methadone in the treatment of narcotic addiction;

(c) A narrative description of the treatment services that will be provided in addition to chemotherapy;

(d) A statement of the program's goals;

(e) Documentation of contacts with other community agencies concerning the initiation of the program;

(f) Documentation of need for the program;

(g) The criteria for client admission; and

(h) A description of health system agency, board and other planning agency involvement.

(2) **REQUIRED PERSONNEL.** (a) There shall be a designated medical director licensed in the jurisdiction of the program and knowledgeable about treatment of narcotic addiction who shall be responsible for the following:

1. Medical review of the client's initial and subsequent medical examinations;

2. Laboratory work;

3. Review of annual physical evaluation and laboratory work;

4. Review of prescriptions, dispensing and administering practices of the program; and

5. Monthly medical review of all medications being prescribed to clients by the program to assure that all procedures, practices and medications are appropriate to the needs of the clients and are sound medical practice.

(b) There shall be a back-up physician designated by the medical director who shall be knowledgeable of treatment of narcotic addiction and responsible for the program in the absence of the medical director.

(3) **PROGRAM RECORDS.** (a) Each treatment record shall contain the following:

1. Within 21 days of admission there shall be a copy of the initial physical examination and laboratory work identifying the client's physical condition at admission;

2. A detailed description and supporting documentation of the evidence that was used to determine the length of time and severity of the client's addiction;

3. A signed consent form acknowledging any risks or liabilities associated with the proposed chemotherapy;

4. Copies of all prescriptions provided to the client by the program;

5. Copies of signed physician's orders;

6. Copies of medication records as required under s. HSS 61.52 (5); (c)

7. Documentation of an annual case review; and

8. Annual review of treatment progress, signed by the medical director or other physician as designated by the medical director.

(b) All training provided for staff working with narcotic-addicted clients and their families shall be documented as part of the program's personnel records.