

CR 84-249

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CERTIFICATE

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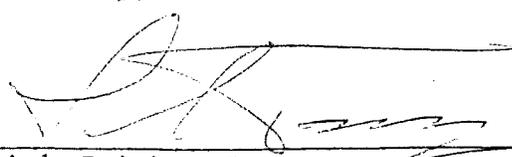
STATE OF WISCONSIN)
) SS
DEPARTMENT OF HEALTH AND SOCIAL SERVICES)

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Linda Reivitz, Secretary of the Department of Health and Social Services and custodian of the official records of said Department, do hereby certify that the annexed rules relating to inpatient treatment for persons with alcohol or other drug abuse problems were duly approved and adopted by this Department on August 26, 1985.

I further certify that this copy has been compared by me with the original on file in this Department and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department at the State Office Building, 1 W. Wilson Street, in the city of Madison, this 26th day of August, 1985.



SEAL:

Linda Reivitz, Secretary
Department of Health and Social Services

ORDER OF THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
REPEALING AND RECREATING RULES

To repeal and recreate HSS 61.51 and 61.63, relating to inpatient treatment for persons with alcohol or other drug abuse problems.

Analysis Prepared by the Department of Health and Social Services.

Program standards for community providers of inpatient treatment services to persons with alcohol or other drug abuse problems are revised to recognize new treatment trends which indicate that intensive treatment can be effectively provided in a non-medical setting so long as persons with associated medical needs are diverted for treatment in a hospital setting. Under the proposed rules, facilities certified for residential care and also meeting treatment standards may be certified to provide inpatient treatment. The effect of allowing less expensive facilities to provide inpatient treatment to persons not requiring medical services is to reduce the costs of treatment.

In addition, the revised rules incorporate organizational, service accessibility and admission requirements and upgraded treatment standards which will substantially improve alcohol and drug abuse treatment services in all inpatient facilities.

Pursuant to authority vested in the Department of Health and Social Services by s.51.42(12), Stats., the Department of Health and Social Services hereby repeals and recreates rules interpreting s.51.45(8), Stats., as follows:

SECTION 1. HSS 61.51 is repealed and recreated to read:

HSS 61.51 DEFINITIONS. The definitions in s.HSS 61.02 apply to this subchapter. In addition, in this subchapter:

(1) "Aftercare" means the stage of treatment in which the patient no longer requires regularly scheduled treatment but uses treatment services on an as-needed basis.

(2) "Alcohol abuser" means a person who uses alcohol for non-medical purposes in a manner which interferes with one or more of the following: physical health, psychological functioning, social adaption, educational performance or occupational functioning.

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

(4) "Assessment" means the process used to classify the patient's presenting problems in terms of a standard nomenclature, with an accompanying description of the reported or observed conditions which led to the classification or diagnosis.

- (5) "Certification" means the approval of a program by the department.
- (6) "Group therapy" means treatment techniques which involve interaction between 2 or more patients and qualified staff.
- (7) "Hospital services" means those services typically provided only in a hospital defined in s.50.33(2), Stats.
- (8) "Inpatient treatment program" or "ITP" means a comprehensive, medically oriented program which provides treatment services to persons requiring 24-hour supervision for alcohol or other drug abuse problems in a hospital or a residential facility that has a physician on call 24 hours a day and has a contract or written agreement with a hospital to provide emergency medical services. In this subsection, "medically oriented" means the provision of medical direction, review or consultation to treatment staff for admissions, discharges and treatment of patients.
- (9) "Intake process" means the completion of specific tasks, including a physical examination, interviews and testing, to determine a person's need for treatment and the appropriate treatment modality for that person.
- (10) "Medical screening" means the examination by a physician of a potential patient, prior to the applicant's admission to an inpatient treatment program, to assess the nature of the presenting problem, the level of treatment urgency, the kind of service needed and allied health professionals needed for treatment.
- (11) "Medical services" means services directed to the medical needs of a patient, including physical examination, medication, emergency medical care and 24-hour supervision by trained individuals.
- (12) "Patient" or "client" means an individual who has completed the intake process and is receiving alcohol or other drug abuse treatment services.
- (13) "Physically accessible" means that a place of employment or public building has the physical characteristics which allow persons with functional limitations to enter, circulate within and leave the place of employment or public building and use the public toilet facilities and passenger elevators in the place of employment or public building without assistance.
- (14) "Prescription" means a written order by a physician for treatment for a particular person which includes the date of the order, the name and address of the physician, the patient's name and address and the physician's signature.
- (15) "Program" means community services and facilities for the prevention or treatment of alcoholism and drug abuse, or the rehabilitation of persons who are alcohol or drug abusers.

(16) "Program accessibility" means that a program's activities and services are equally available to all persons in need of the program's activities and services regardless of their handicapping condition or different language.

(17) "Qualified service organization" means a group or individual who has entered into a written agreement with a program to follow the necessary procedures for ensuring the safety of identifying client information and for dealing with any other client information in accordance with s. 51.30, Stats., federal confidentiality regulations and department administrative rules.

(18) "Qualified staff" means staff specified under s. HSS 61.06(1) to (14).

(19) "Rehabilitation services" means methods and techniques used to achieve a patient's maximum functioning and optimal adjustment.

(20) "Supervision" means intermittent face-to-face contact between a supervisor and a staff member to review the work of the staff member.

(21) "Trained staff member" means a person trained by a physician to perform in accordance with a protocol which has been developed by a physician and who is supervised in performance of the protocol by a physician.

(22) "Treatment" means the application of psychological, educational, social, chemical, or medical techniques designed to bring about rehabilitation of an alcoholic or drug abusing person.

SECTION 2. HSS 61.63 is repealed and recreated to read:

HSS 61.63 INPATIENT TREATMENT PROGRAM. (1) ORGANIZATIONAL REQUIREMENTS. (a) Before operating or expanding an inpatient treatment program (ITP), a facility shall:

1. Submit written justification to the department, documenting the need for additional ITP treatment resources in the geographic area in which the program will operate or is operating;

2. Notify the board in the area in which the program will operate or is operating and the area health systems agency (HSA) of the intention to operate or expand the program;

3. Be approved, if a hospital, for establishment of a new inpatient program or expansion of an existing program under ch. 150, Stats., and ch. HSS 123; and

4. Be licensed under ch. HSS 3 as a community-based residential facility or approved under ch. H 24 [HSS 124] as a hospital.

(b) When a facility applies to the department for ITP certification it shall designate beds for the ITP as follows:

1. The number of ITP beds shall be specified;
2. A minimum of 15 beds shall be designated as ITP beds except for programs operated by hospitals approved under ch. H 24 [HSS 124] prior to the effective date of this chapter; and
3. Designated ITP beds may not be used for other purposes except on an emergency basis.

(c) Unless rates are established by the hospital rate-setting commission under ch. 54, Stats., and chs. HRSC 1 to 4, a facility operating an ITP shall establish rates based on an average annual occupancy standard for designated beds of at least 80%.

(d) Programs shall have 12 months from the effective date of this section or 12 months from the date of certification to attain the designated bed occupancy standard of 80%. Certification shall not be renewed for programs that do not maintain 80% bed occupancy.

(2) ADMISSION. (a) Admission of a person to an ITP shall be based on a medical screening by a physician. The physician's written approval for admission shall be a permanent document in the patient's case record.

(b) A person may be admitted to an ITP operated in a facility licensed as a community-based residential facility under ch. HSS 3 only when the medical screening indicates that the patient does not require hospital services. A person with an acute psychiatric condition requiring 24-hour medical supervision may be admitted only to an ITP in a hospital.

(c) All persons admitted to ITP care shall exhibit the following:

1. A need for a controlled environment;
2. A need for 24-hour monitoring of behavior; and
3. Alcohol abuse, drug abuse or multiple drug abuse.

(3) ACCESSIBILITY OF SERVICES. (a) The services and facility shall be in compliance with s.504 of the Rehabilitation Act of 1973, 29 USC 760.

(b) The program shall ensure that its services are physically accessible and that there is program accessibility in accordance with the specific category under which the facility is licensed.

(c) A program is not required to make structural changes in existing buildings when other methods are available to ensure that the program is accessible.

(4) REQUIRED PERSONNEL. (a) The program shall have a physician licensed by the state in which the program operates to serve as medical director with responsibility for medical screening and supervision of the medical services for all patients.

(b) The program shall have at least one full-time certified alcohol and drug counselor for every 10 patients or a fraction thereof.

(c) The program shall have a consulting psychiatrist and a consulting licensed psychologist available as needed, with written agreements to that effect.

(d) Staff with training and experience in alcohol and drug abuse rehabilitation and treatment shall be available as needed to provide vocational, social work and family counseling services.

(e) The department's division of vocational rehabilitation counselors shall be utilized, when available, for vocational counseling, vocational training and job placement.

(f) The use of volunteers shall be in accordance with s. HSS 61.16.

(g) A designated trained staff member shall be on the premises at all times and shall be responsible for the operation of the ITP. That person may work in the capacity of a staff member under par. (a), (b), (c) or (d) in addition to being in charge of the program.

(5) PSYCHOSOCIAL TREATMENT. (a) The ITP shall have a written statement describing its treatment philosophy and the objectives used in providing care and treatment for alcohol and drug abuse problems.

(b) An alcohol and drug abuse counselor or other qualified staff shall provide a minimum of 15 hours a week of therapy for each patient, including individual therapy, group therapy, family therapy and couples therapy, and the program shall ensure that:

1. Each patient receives at least of one hour a week of individual therapy;

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

3. The staff member makes referrals to other treatment staff if the patient is not making sufficient progress because of problems in the relationship between the patient and the staff member.

(c) Educational sessions shall be provided to teach the patient about the disease of alcohol or other drug abuse, its progression, and its impact on physical health, psychological functioning, social adaption, learning ability and job performance.

(d) Community resources and services shall be used, as needed, to provide supportive therapy, recreation and information.

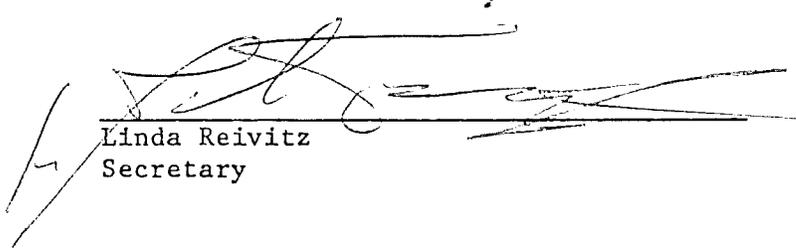
(e) Activities related to alternatives to drinking or drug use, such as recreation, reading, hobbies or sports, shall be scheduled for a minimum of 20 hours per week.

(f) ITP discharge planning shall include encouraging the patient to get involved in self-help groups and encouraging the patient's use of aftercare.

The repeals and rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register as provided in s.227.026(1), Stats.

Department of Health and Social Services

Dated: August 26, 1985



Linda Reivitz
Secretary

Sealed:



State of Wisconsin

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

1 West Wilson Street, Madison, Wisconsin 53702

Anthony S. Earl
Governor

Linda Reivitz
Secretary

August 27, 1985

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Mailing Address:
Post Office Box 7850
Madison, WI 53707

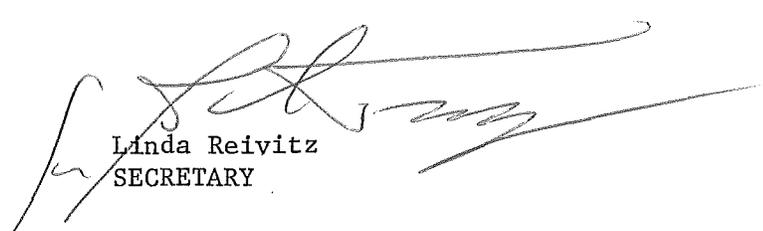
Mr. Orlan Prestegard
Revisor of Statutes
411 West, State Capitol
Madison, Wisconsin 53702

Dear Mr. Prestegard:

As provided in s. 227.023, Stats., there is hereby submitted a certified copy of HSS 61.51 and 61.63, relating to inpatient treatment for persons with alcohol or other drug abuse problems.

These rules are also being submitted to the Secretary of State as required by s. 227.023, Stats.

Sincerely,


Linda Reivitz
SECRETARY

Enclosure