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Chapter HFS 61
COMMUNITY MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND ALCOHOLISM AND OTHER DRUG ABUSE SERVICES

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Note: Chapter HSS 61 was renumbered chapter HFS 61 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1996, No. 488.

Subchapter I —General Provisions

HFS 61.01 Introduction. These are standards for a minimum level of services. They are intended to establish a basis to assure adequate services provided by 51.42/51.437 boards and services provided by agencies under contract with the boards.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.02 General definitions. The following definitions apply to all standards for community mental health, developmental disabilities, and alcoholism and other drug abuse services.

(1) "Board" means a board of directors established under ss. 51.42/51.437, or 46.23, Stats.

(2) "Consultation" means providing assistance to a wide variety of local agencies and individuals. It includes indirect case consultation: the responding to specific requests of consultees to help resolve an individual case management problem or to improve the work function of the consultee. It includes problem related consultation: the providing of assistance to other human service agencies for educational purposes rather than individual case resolution. Consultation includes administrative and program consultation: the providing of assistance to local programs and government agencies in incorporating specific mental health, developmental disabilities and alcohol and other drug abuse principles into their programs.

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

(4) "Education" means the provision of planned, structured learning experiences about a disability, its prevention, and work skills in the field. Education programs should be specifically designed to increase knowledge and to change attitudes and behavior. It includes public education and continuing education.

(a) Public education is the provision of planned learning experiences for specific lay or consumer groups and the general public. The learning experiences may be characterized by careful organization that includes development of appropriate goals and objectives. Public education may be accomplished through using generally accepted educational methods and materials.

(b) Continuing education is individual or group learning activities designed to meet the unique needs of board members, agency staffs, and providers in the community–based human service system. Learning activities may also be directed towards the educational goals of related care providers such as health care, social service, public school and law enforcement personnel. The purpose may be to develop personal or occupational potential by acquiring new skills and knowledge as well as heightened sensitivity to human service needs.

(5) "Employe or position, full–time," means as defined by the employing board or agency.

(6) "Public information" means information for public consumption provided through the use of mass media methods about services, programs, and the nature of the disability for which the services and programs are provided. It consists of such activities

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as writing news releases, news letters, brochures, speaking to civic groups or other assemblies, and use of local radio and television programs. Public information programs should be specifically planned and designed to inform.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80; emerg. r. and recr. (7), eff. 3–9–89; r. and recr. (7), Register, May, 1989, No. 401, eff. 6–1–89; correction in (3) made under s. 13.93 (2m) (b) 6., Stats., Register, August, 1996, No. 488.

HFS 61.021 Program element definitions.

(2) "Emergency care I" means all outpatient emergencies including socio–emotional crises, attempted suicides, family crises, etc. Included is the provision of examination, in accordance with s. 51.45 (11) (c), Stats., and if needed, transportation to an emergency room of a general hospital for medical treatment.

(3) "Emergency care II" means 24 hour emergency services provided on a voluntary basis or under detention, protective custody, and confinement. Services include crisis intervention, acute or sub–acute detoxification, and services for mental health emergencies. Clients are to be assessed, monitored, and stabilized until the emergency situation is abated. Included is the provision of examination, in accordance with s. 51.45 (11) (c), Stats., and transportation, if needed, to an emergency room of a general hospital for medical treatment.

(4) "Extended care" means a treatment oriented living facility service where supervision, training, and personal care are available and access to programs and medical care is ensured during a 24 hour day. Extended care programs emphasize self care, social skills training, treatment, and recreation for dependent persons with mental disabilities and in need of extended care.

(5) "Inpatient" means a medically oriented residential service which provides continuous medical services on a 24 hour basis to enable an individual with problems related to mental illness, alcohol and other drug abuse to function without 24 hour medical support services.

(a) Children or adolescents shall not be placed in adult inpatient services for extended periods of time. Placement of an individual under 18 years of age in an adult program shall be for evaluation purposes only and shall not exceed 21 total days within a 3 month time span.

(b) Inpatient treatment of individuals under 18 years of age shall be provided in specialized inpatient programs which comply with standards specified in s. HFS 61.79.

(6) "Intervention" means activities designed to identify individuals in need of mental hygiene services, including initial assessment, to judge the presence of problems, such as mental illness, developmental disabilities, alcohol or other drug abuse. Intervention begins with assessment and includes information and referral services, drop–in service and public information service. Activities which may initiate persons into the service, such as, rendering a judgment about the appropriate source of help, referral and arranging services.

(7) "Outpatient" means a non–residential program for persons with problems relating to mental illness, developmental disabilities, alcohol or other drug abuse to ameliorate or remove a disability and restore more effective functioning and to prevent regression from present level of functioning. Outpatient service may be a single contact or a schedule of visits. Outpatient program may include, but is not limited to, evaluation, diagnosis, medical services, counseling and aftercare.

(8) "Prevention" means activities directed toward the general population, or segments of the population, which is designed to increase the level of knowledge about the nature and causes of disabilities, change attitudes and take medical and environmental steps for the purpose of aiding persons before their problems develop into disabilities needing further services. Prevention activities include education services and consultation services

(9) "Protective services" means services directed toward preventing or remedying neglect, abuse, or exploitation of children and adults who are unable to protect their own interests.

(10) "Research and evaluation" means the studying of causes, treatments and alleviations of problems as well as the formal application of techniques to measure the effectiveness of programs through the use of recognized statistical designs and evaluation procedures.

(11) "Sheltered employment" means non–competitive employment in a workshop, at home, or in a regular work environment for persons with a physical or mental handicap. A handicapped person is defined as any person who, by reason of physical or mental defect or alcohol or drug abuse, is or may be expected to be totally or partially incapacitated for remunerative occupation.

(12) "Special living arrangements" means special services in foster family homes, foster care institutions, halfway houses, respite care, community based residential facilities, and other special living arrangements.

(13) "Systems management" means activities, both internal and external to programs, to effect efficient operation of the service delivery system.

(a) Internal program management includes administration, objective setting, planning, resource acquisition and allocation and monitoring of staff.

(b) External activities include interagency coordination, consultation, and comprehensive planning for the purpose of providing an integrated continuum of services to those needing such a system of services.

(14) "Training" means education activities for staff of program which serve or could potentially serve individuals with problems related to mental illness, developmental disabilities, alcohol and other drug abuse, concerning the nature, causes, and treatment of these disabilities for the purpose of better serving clients.

History: Renum. from HSS 61.02 (7) to (20) under s. 13.93 (2m) (b) 1., Stats., Register, August, 1996, No. 488, eff. 9–1–96; correction in (3) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526; **r. (1), Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.022 Disability related definitions.

(2) "Autism" means a severe disorder of communication and behavior manifested during the early stages of life. The autistic child appears to suffer primarily from a pervasive impairment of cognitive or perceptual functioning, or both, the consequences of which may be manifested by limited ability to understand, communicate, learn, and participate in social relationships.

(3) "Cerebral palsy" means a term applied to a group of permanently disabling symptoms resulting from damage to the developing brain that may occur before, during, or after birth; and that results in loss or impairment of control over voluntary muscles.

(5) "Developmental disability" means a disability attributable to mental retardation, cerebral palsy, epilepsy, autism or another neurologic condition closely related to mental retardation or requiring treatment similar to that required for mental retardation, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual. Developmental disability does not include senility, which is primarily caused by the process of aging or the infirmities of aging.

(7) "Epilepsy" means a disorder of the brain characterized by a recurring excessive neuronal discharge, manifested by transient episodes of motor, sensory, or psychic dysfunction, with or without unconsciousness or convulsive movements. The seizure is associated with marked changes in recorded electrical brain activity.

(8) "Mental illness" means mental disease to such extent that a person so afflicted requires care and treatment for his or her own welfare, or the welfare of others, or of the community.

(a) Mental illness, for purposes of involuntary commitment, means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior,

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capacity to recognize reality, or ability to meet the ordinary demands of life, but does not include alcoholism.

(9) "Mental retardation" means subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.

(10) "Neurologic conditions" means disease states which require treatment similar to that required for mental retardation.

(11) "Psychotherapy" means psychotherapy as defined in s. HFS 101.03.

(12) "Special education" means any education assistance required to provide an appropriate education program for a child with exceptional educational needs and any supportive or related service.

(13) "Substantial handicap" means a level of disability of such severity that, alone or in combination with social, legal, or economic constraints, it requires the provision of specialized services over an extended period of time directed toward the individual's emotional, social, personal, physical, or economic habilitation and rehabilitation.

History: Renum. from HSS 61.02 (21) to (33) under s. 13.93 (2m) (b) 1., Stats., Register, August, 1996, No. 488; **r. (1), (4) and (6), Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.03 Eligibility. (1) A program or service authorized under s. 51.42 or 51.437, Stats., is required to meet these standards in order to be eligible for state grants–in–aid.

(2) A board organized under s. 51.42, 51.437 or 46.23, Stats., shall submit an annual coordinated plan and budget in accordance with s. 46.031, Stats. The annual coordinated plan and budget shall establish priorities and objectives for the year, intermediate range plans and budgets, and modifications of long range objectives.

(a) The coordinated plan and budget shall include plans for the provision of needed services pertaining to all program elements.

(b) The coordinated plan and budget shall include plans for the provision of all 16 elements of developmental disability services.

(c) The coordinated plan and budget shall include emphasis on special target populations mandated by the department.

(d) The disability group program elements, services and optional related services are as follows:

ADMINISTRATIVE SERVICE CATEGORY

SERVICE	PROGRAM ELEMENT	RELATED SERVICE CATEGORIES
(a) *Mental Illness*		
1. Inpatient	Inpatient	Counseling, Diagnosis, Evaluation, Health–Related, Medical, Medication, Ongoing Treatment Planning, Basic Health Care, Psychotherapy, Personal Care, Transportation, Treatment, Activities of Social and Daily Living, Recreation, Leisure Time
2. Outpatient	Outpatient	Counseling, Diagnosis, Evaluation, Health–Related, Medical, Medication, Ongoing Treatment Planning, Psychotherapy, Detoxification, Transportation
3. Day Treatment	Day Services	Counseling, Diagnosis, Evaluation, Day Care, Education Training, Health–Related, Leisure Time Activities, Personal Care, Medical Transportation, Medication, Ongoing Treatment, Planning, Social/Daily Living, Recreation, Alternatives Supervision
4. Emergency Care	Emergency Care	Counseling, Diagnosis, Evaluation, Health–Related, Medical, Transportation, Medication, Basic Health Care, Financial Aid
5. Consultation & Education	Systems Management, Prevention, Intervention	Counseling, Diagnosis, Evaluation, Health–Related, Information, Referral, Case Management
6. Rehabilitation	Outpatient, Day Services, Sheltered Employment Transitional/Community Living	Diagnosis, Evaluation, Transportation, Counseling, Education, Recreation, Training, Treatment, Personal Care, Health–Related, Medical, Day Care, Leisure Time Activity, Special Living Arrangements
7. Services for Children & Adolescents	All Categories	All Services
(b) *Alcoholism and Other Drug Abuse*		
1. Emergency and Detoxification	Emergency, Inpatient	Counseling, Diagnosis, Evaluation, Health–Related, Medical, Transportation, Treatment, Personal Care, Detoxification
2. Inpatient Rehabilitation	Inpatient	Diagnosis, Counseling, Transportation, Treatment, Personal Care, Evaluation, Health–Related, Medical, Medication, Ongoing Treatment Planning, Basic Health Care, Detoxification
3. Outpatient	Outpatient	Counseling, Diagnosis, Evaluation, Health–Related,Medical, Transportation

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SERVICE	PROGRAM ELEMENT	RELATED SERVICE CATEGORIES
4. Day Care	Day Services	Diagnosis, Education, Transportation, Counseling, Recreation, Training, Treatment, Personal Care, Health Related, Leisure Time Activities, Medical, Evaluation
5. Transitional/Community Living	Transitional/Community Living	Transportation, Counseling, Education, Recreation, Training, Treatment, Sheltered Employment, Personal Care
6. Prevention & Intervention	Prevention, Intervention	Counseling, Diagnosis,Evaluation, Health–Related, I J R, Intervention, Outreach, Leisure Time Activity, Preventive, Public Information, Public Education
(c) *Developmental Disabilities*		
1. Evaluation	Outpatient, Day Services, Sheltered Employment	Counseling, Diagnosis, Evaluation, Health–Related, Medical, Day Care, Training, Leisure Time Activities, Transportation
2. Diagnostic	Inpatient, Outpatient	Counseling, Diagnosis, Evaluation, Health–Related, Medical, Transportation, Education, Recreation, Training, Treatment
3. Treatment	Inpatient, Outpatient, Day Services, Extended Care	Treatment, Counseling, Health–Related, Medical, Transportation, Education, Recreation, Training, Leisure Time Activities, Personal Care
4. Day Care	Day Services	Education, Transportation, Counseling, Recreation, Training, Treatment, Personal Care, Health–Related, Leisure Time Activities, Medical, Evaluation
5. Training	Day Services, Sheltered Employment	Diagnosis, Education, Transportation, Counseling, Recreation, Training, Treatment, Personal Care, Day Care, Health–Related, Leisure Time Activities, Medical
6. Education	Day Services, Sheltered Employment	Diagnosis, Education, Transportation, Counseling, Recreation, Training, Treatment, Personal Care, Day Care, Health–Related, Leisure Time Activities, Medical
7. Sheltered Employment	Sheltered Employment	Counseling, Evaluation, Transportation, Education, Recreation, Training, Treatment, Personal Care
8. Information & Referral	Intervention	Counseling, Diagnosis, Evaluation, Health–Related, I J R, Intervention, Outreach, Public Information and Education
9. Counseling	Outpatient	Counseling, Diagnosis, Evaluation, All Services
10. Follow Along	Intervention	Counseling, Diagnosis, Evaluation, I J R, Intervention/ Outreach, Public Information and Education, Case Management, Follow Along, Aftercare
11. Protective Services	Protective Services	Counseling, Court, Legal, Protection, Protective Payment, Intervention, Case Management, Public Information and Education, Diagnosis, Evaluation, Placement, Supervision
12. Recreation	Day Services	Counseling, Diagnosis, Evaluation, Education, Training, Recreation, Day Care, Leisure Time Activities
13. Transportation	All Categories	All Services
14. Personal Care	Inpatient, Extended Care	Counseling, Diagnosis, Evaluation Health–Related, Medical, Personal Care, Transportation, Treatment, Education, Training, Transitional Community Living
15. Domiciliary Care	Extended Care	Transportation, Counseling, Education, Recreation, Training, Treatment, Personal Care, Diagnosis Evaluation, Health–Related

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SERVICE	PROGRAM ELEMENT	RELATED SERVICE CATEGORIES
16. Special Living Arrangements	Transitional/Community Services	Counseling, Evaluation, Personal Care, Placement, Supervision, Case Management, Special Living Arrangements, Education, Training
OTHER SERVICES:		
(d) Public Information Education	Prevention, Intervention	Leisure Time Activities, Prevention, Public Information and Education
(e) Research	Training and Research	Research, Evaluation
(f) Program Evaluation	Systems Management	Research, Evaluation

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80; correction in (2) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526.

HFS 61.04 Administration. The county board of supervisors of any county or combination of counties shall establish a board of directors in accordance with s. 46.23, 51.42 (4) or 51.437, Stats. The board shall appoint a program director.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.05 Administrative personnel. (1) The board program director is an administrator who has skills and knowledge in budgeting, planning, and program management. Such skills and knowledge are typically acquired during a course of study leading to a master's degree and 5 years of related work experience in a relevant field.

(2) The board disability program coordinator shall have skills and knowledge in psychology, social work, rehabilitation, special education, health administration or a related human service field. The skills and knowledge required for appointment are typically acquired during a course of study leading to a master's degree in one of the above listed fields and at least 4 years of relevant work experience.

(3) The clinical director of the board program shall be a psychiatrist.

(4) Additional years of experience in a relevant field may be substituted for the above academic qualifications. The department may approve the employment of individuals with lesser qualifications than stated in this subsection, if the program can demonstrate and document the need to do so. Written documentation of administrative personnel qualifications shall be maintained on file at the board office and available for inspection by the department.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.06 Program personnel. Personnel in programs provided or contracted for by a board shall meet the following qualifications. Written documentation of such qualifications shall be maintained on file at the board office and available for inspection by the recipient of treatment services and the department.

(1) A physician shall be licensed to practice medicine in the state of Wisconsin and shall have skills in that area in which he or she is practicing (i.e. developmental disabilities, alcoholism, chemical dependency, etc.).

(2) A psychiatrist shall be a physician licensed in the state of Wisconsin and shall have satisfactorily completed 3 years residency training in psychiatry in a program approved by the American medical association.

(3) A child psychiatrist shall be a physician licensed in the state of Wisconsin and shall have satisfactorily completed a residency training program in child psychiatry approved by the American medical association.

(4) A psychologist shall meet statutory requirements for licensure in the state of Wisconsin. Psychologists who do not meet licensure requirements may be employed to work under the direct supervision of a licensed psychologist.

(5) A social worker shall have such education, training, work or other life experiences which would provide reasonable assurance that the skills and knowledge required to perform the tasks have been acquired. Such skills and knowledge are typically acquired during a course of study leading to a master's degree in social work. Social workers with lesser qualifications may be employed to work under the direct supervision of a qualified social worker.

(6) Registered nurses and licensed practical nurses employed to provide nursing service shall have current Wisconsin licensure and appropriate experience or further education related to the responsibility of the position.

(7) Occupational therapists, recreational therapists, music therapists, art therapists and speech and language therapists shall have skills and knowledge which are typically acquired during a course of study and clinical fieldwork training leading to a bachelor's degree in their respective profession.

(8) A teacher shall be eligible for certification by the department of public instruction for teaching the appropriate mental handicap or shall secure the temporary approval of the department of health and social services.

(9) A rehabilitation counselor shall be certified or eligible for certification by the commission on rehabilitation counselor certification.

(10) A vocational counselor shall possess or be eligible for the provisional school counselor certificate and have the skills and knowledge typically acquired during a course of study leading to a master's degree in counseling and guidance.

(11) Physical therapists shall be licensed by the Wisconsin medical examining board.

(12) The educational services director or designee shall have skills and knowledge in communications, educational methods and community organization which is typically acquired during a course of study leading to a bachelor's degree. Training or experience is acceptable if the individual is able to design and present educational programs, communicate clearly in writing and verbally, and construct a major program service through planning, organization and leadership.

(13) Clergy staff members shall have skills and knowledge typically acquired during a course leading to a college or seminary degree and ordination. The individual shall have pastoral service experience, continuing ecclesiastical endorsement by their own denomination, and at least 1 year of full time clerical pastoral education.

(15) Developmental disabilities or mental health technicians are para–professionals who shall be employed on the basis of personal aptitude. They shall have a suitable period of orientation and inservice training and shall work under the direct supervision of a professional staff member.

(16) The department may approve the employment of individuals with lesser qualifications than those stated, if the program can demonstrate and document the need to do so.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80; emerg. r. and recr. (14), eff. 3–9–89; r. and recr. (14), Register, May, 1989, No. 401, eff. 6–1–89; **r. (14), Register, July, 2000, No. 535, eff. 8–1–00.**

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HFS 61.07 Uniform cost reporting. There shall be a uniform cost reporting system used by community programs receiving state funds. Methods of cost accounting will be prescribed by the department.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.08 Requirements for inservice and educational leave programs for personnel. Personnel policies shall incorporate provisions for inservice training and educational leave programs for program personnel.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.09 Fee schedule. A board shall charge fees according to departmental rules.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.10 Eligibility for service. In accordance with Title VI and Title IX of the Civil Rights Act and the Rehabilitation Act of 1973, services shall be available and accessible and no person shall be denied service or discriminated against on the basis of sex, race, color, creed, handicap, age, location or ability to pay.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.11 Client rights. The client rights mandated by s. 51.61 Stats. shall apply.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.12 Grievance procedure. The grievance procedure mandated under s. 51.61 (5) Stats. shall apply.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.13 Client advocacy. Clients shall be allowed to have an advocate present to represent their interest during any phase of the staffing, program planning, or other decision making process. This does not obligate the provider to furnish the advocate but to facilitate the advocate's participation if so requested by the client. The provider shall inform the client's advocate that assistance is available from the coordinator of client advocacy in the division of community services.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.14 Affirmative action and civil rights compliance. (1) The board shall enunciate and annually reaffirm an explicit equal employment opportunity prohibiting discrimination in all phases of employment to be disseminated among employes and contracted agencies in order to promote acceptance and support.

(2) The board shall be responsible for the affirmative action program and shall assign to a high level employe the responsibility and authority for the affirmative action program implementation.

(3) An annual affirmative action plan including goals and timetables shall be developed which includes input from all levels of staff, and submitted to the division of community services.

(4) The practices of employe organizations and contracted agencies should conform to the 51.42/41.437 agency's policy, and any negotiated agreements or contracts shall contain a non–discrimination clause and a statement of conformance and support for the program.

(5) Training in the area of affirmative action for supervisory staff and employes shall be provided by the 51.42/51.437 board.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.15 Continuity of care. (1) A program organized under s. 51.42/51.437 or 46.23, Stats. shall provide services in a comprehensive coordinated manner.

(a) Written procedures for cooperative working relationships between service provider agencies shall be established and there shall be evidence that such collaborative services are being carried out.

(b) Providers of services shall cooperate in activities such as pre–screening, referral, follow up, and aftercare, as required, to assure continuity of care and to avoid duplication of services.

(c) There may be joint use of professional and other staff by the services organized under the boards.

(d) Access to treatment records shall be according to ss. 51.03 and 51.30, Stats.

(e) Each 51.42/51.437 or 46.23 board shall organize and maintain a central records system which provides for retrieval of information about persons receiving treatment.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.16 Volunteer services. The use of volunteers is encouraged. They shall be supervised by professional staff and there shall be written procedures for the selection process, orientation, and inservice training of volunteers.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.17 Religious services. (1) Religious services should be available to all patient and residential programs to assure every person, who wishes, the right to pursue the religious activities of his or her choice.

(2) Each inpatient service may provide regularly scheduled visits by clergy.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.18 Research. Section 51.61 (4), Stats., shall apply to research activity.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.19 Program evaluation. Each board shall develop and use a plan for evaluation of the effectiveness of its programs which will be made available to the department upon request.
History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.20 Enforcement. (1) COMPLIANCE REQUIRED FOR STATE FUNDING. All board operated or board contracted programs provided by a 51.42/51.437 board shall meet standards and be provided in a non–discriminatory manner as prescribed in ss. HFS 61.10 and 61.14. The department may discontinue state funding of a program when it does not meet standards as established by departmental administrative rules and after the board has had reasonable notice and opportunity for hearing by the department as provided in ch. 227, Stats.

(2) PROVISIONAL APPROVAL. When a program does not comply with standards, the department may allow a compliance period of 6 months. After 6 months, the board's program shall comply with standards or the board shall have demonstrated and documented significant attempts toward compliance. Additional provisional approvals for 3 month periods may be granted.

(3) WAIVER. (a) If a board believes its program should not have to comply with a standard, it may request a waiver. The request shall be in writing to the department. It shall identify the standard and explain why noncompliance would not diminish the effectiveness of its program.

(b) If the program holds current accreditation issued by the joint commission on accreditation of hospitals, the requirement to meet these standards may be waived by the department. The accreditation by JCAH must be for an appropriate category such as adult psychiatric inpatient, children and adolescents inpatient, alcoholism and drug abuse, developmental disabilities, or community mental health standards.

(c) The department may grant exceptions to any of the rules for community mental health, developmental disabilities and alcohol and other drug abuse standards. This may be done only when the department is assured that granting the exceptions maintains equal or higher quality of services provided.

(4) INTERPRETATION. If a board disagrees with the department's interpretation of a standard, it may appeal in writing to the

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department. The appeal shall identify the standard, describe the department's interpretation, describe the board's interpretation, and define the problem caused by the different interpretations.

(5) DECERTIFICATION OR TERMINATION. (a) All proceedings set out herein shall comply with ch. 227, Stats.

(b) Approval of programs may be denied or suspended with prior notice of denial and a summary of the basis for denial or suspension without prior hearing whenever the department determines that:

1. Any of the programs' licenses or required local, state or federal approvals have been revoked, suspended or have expired; or

2. The health or safety of a recipient is in imminent danger because of the knowing failure of the program to comply with those rules or any other applicable local, state or federal law or regulation.

(c) Within 5 days, excluding weekends and legal holidays, after receipt of notice of suspension (under sub. (2)), any program may demand and shall be entitled to receive a hearing, unless waived in writing, within 14 days of the demand in writing, and be given a decision on suspension.

(d) A program's certification may be terminated, with notice of proposed termination, and a summary of the basis of the proposed termination, and with notice of an opportunity for a hearing to respond to the findings contained in the summary within 10 days and before termination shall become effective. Failure to demand such hearings in writing within 20 days of the time of the required notice, correctly addressed, is placed in the United States mail, shall constitute waiver of the right to such hearing. Termination of certification shall be based on the following grounds:

1. Any of the program's licenses or required local, state of federal approvals have been revoked, suspended, or have expired.

2. The program or its agents has or have been convicted of federal or state criminal statute violations for conduct performed under the Medical Assistance Program.

3. The program submitted or caused to be submitted false statements, for purposes of obtaining certification under these rules, which it knew, or should have known, to be false.

4. The program failed to maintain compliance to standards for which it was certified.

5. The program has failed to abide by the Federal Civil Rights Act of 1964 in providing services.

(e) Programs which allow certification to expire and do not initiate an application for renewal prior to the date of expiration will be terminated on the date of expiration without right to a hearing, thereafter, a new application must be submitted.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.21 Reports required by the department. Statistical and other reports required by the department shall be reported on the appropriate form, and at the times required by the department.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.22 Revision of standards. The department shall periodically review and revise these standards, not less frequently than every 5 years. Experiences in the application of the standards shall be incorporated into the review and revision process.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.23 Confidentiality of records. Records shall be kept on each recipient of services. Confidentiality of records shall be safeguarded. Files shall be locked when not in active use and kept in a secure place.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.24 Education/information. Each community services board shall develop a structured plan for a comprehensive program of public education, continuing education, and public information. In addition, education and preventive practices and procedures shall be a recognizable and an integral part of every program.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

Subchapter II —Community Developmental Disabilities Services

HFS 61.30 Introduction. (1) PURPOSE OF RULES. The following rules establish service standards for community developmental disabilities programs whether directly operated by counties or contracted from private providers. These service standards shall apply to each of the 16 services mandated by ch. 51 Stats., and contain the minimal requirements for each service.

(a) For administrative purposes it is necessary to mesh the 16 services with the program elements used for reporting and budgeting for state grant–in–aid. In programming for individuals with developmental disabilities, the program elements of outpatient, day services, sheltered employment, transitional or community living, extended care and intervention are frequently referred to in relationship to the 16 required developmental disability services.

(2) DEFINITIONS. The following words and phrases have the designated meanings:

(a) "Board" means a community services governing and policy making board of directors as established under s. 51.42, 51.437 or 46.23 Stats.

(b) "Day care program" means comprehensive coordinated sets of services to the individual with a developmental disability in order to promote maturation and social development and skills in the areas of daily and community living and to provide an opportunity for the productive, constructive use of time. Day services programs are offered on a continuous basis for a routinely scheduled portion of a 24 hour day, in a non–residential setting.

1. Day services programs shall include day care and may include the additional developmental services of counseling, education, recreation, training, treatment, personal care, transportation and evaluation.

2. When any of these services are offered as part of an out–patient program, the appropriate standard shall apply.

(c) "Department" unless qualified, means the department of health and social services.

(d) "Director" means the program director appointed by the board or his or her designee.

(e) "Extended care program" means the provision of food and lodging and medical or nursing care on a continuous 24 hour a day basis for individuals with developmental disabilities who are unable to live in a less restrictive setting. Extended care programs are available in Wisconsin centers for the developmentally disabled.

1. Extended care programs shall include domiciliary care and any of the additional developmental disabilities services as needed by the person.

2. The appropriate standard shall apply.

(f) "Intervention program" means programs designed to identify individuals with developmental disabilities in need of services and to assist them in obtaining the appropriate service.

1. Intervention programs may include information and referral, follow along, counseling, recreation and transportation.

(g) "Outpatient program" means intermittent non–residential services in order to halt, ameliorate, or remove a developmental disability or a condition which aggravates a developmental disability in order to promote more effective functioning. Outpatient

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services may occur on a single contact basis or on a schedule of routine short visits over an extended period of time.

1. Outpatient programs may include the developmental disabilities services of diagnosis, evaluation, counseling, education, recreation, training, treatment, personal care and transportation.

2. When any of these services are offered as part of an out–patient program, the appropriate standard shall apply.

(h) "Rule" means a standard statement of policy or general order, including any amendment or repeal of general application and having the effect of law.

(i) "Sheltered employment program", means non–competitive remunerative employment and other necessary support services for individuals who are presently unemployable in the competitive labor market.

1. Sheltered employment programs shall include sheltered employment services or work activity services and may include the additional developmental disabilities services of counseling, education, recreation, training, personal care, transportation and evaluation.

2. When any of these services are offered as part of a sheltered employment program, the appropriate standard shall apply.

(j) "Transitional or community living program", means non–medical, non–institutional, partially independent living situations for individuals with developmental disabilities which may provide food, lodging and appropriate support services to facilitate social development and independence and skills in areas of daily and community living.

1. Transitional and community living programs shall include special living arrangements and may include the additional developmental disabilities services of counseling, education, recreation, training, personal care, transportation and evaluation.

2. When any of these services are offered as part of a transitional or community living program, the appropriate standard shall apply.

(3) FAMILY INVOLVEMENT IN SERVICE PROVISION. The service providers shall keep the family closely informed of service plans and services provided to the person with a developmental disability. For the purposes of these 16 service standards the phrase ". . . the person with a developmental disability and the family . . ." means that the family will receive information, counseling or assistance if appropriate and as follows:

(a) The parents or legal guardian shall be included in all matters related to a person who has not attained majority.

(b) The legal guardian shall be included in all matters related to his or her ward in which the court had adjudicated the ward incompetent and the guardian legally responsible.

(c) The family or advocate of an adult with a developmental disability shall be involved at the request of the individual.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.31 Information and referral services. Information and referral services provide a current complete listing of resources available to the person with a developmental disability. This information shall be cataloged and readily available to the person with a developmental disability, the professional serving the person with a developmental disability and other interested people.

(1) REQUIRED PERSONNEL. There shall be a person responsible for the information and referral service who shall have the skills and knowledge that would typically be acquired through a course of study leading to a bachelor's degree in one of the social service fields and one year of experience in human services or graduate education specializing in information services. This person shall have demonstrated knowledge of the local service delivery system as well as the resources available outside of the local system.

(2) PROGRAM. (a) The information and referral services shall solicit, catalog and disseminate information on all resources available to meet the needs of people with developmental disabilities. All information shall be disseminated in an unbiased manner. When necessary, individuals will be assisted in obtaining services in cooperation with the developmental disabilities follow–along services.

(b) Whenever possible this service shall be coordinated with the information and referral activities of the other disability areas of the boards and other public agencies providing information and referral services.

(c) Each information and referral service shall have a written plan which describes its method of operation.

(d) Each information and referral service shall maintain the following information on all inquiries:

1. Mode of inquiry—personal visit, letter, phone call, and so forth.

2. From whom inquiry was received—consumer, professional, and so forth.

3. Type of information or referral needed.

4. Developmental disability for which information or referral was requested.

5. The effectiveness of the referrals.

(e) There shall be an internal annual review of par. (d) to ascertain where this service can be improved. Data that appears to point to gaps or weaknesses in community services shall be forwarded in writing to the board for consideration in the planning and budgeting process.

(f) Each information and referral services shall develop and implement a written plan for continuous, internal evaluation of the effectiveness of its program.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.32 Follow–along services. Follow–along services establish and maintain a relationship with a person with a developmental disability and the family for the purpose of assuring that the needs of a person with a developmental disability are identified and met. Follow–along services shall establish a catchment area system of case management which shall coordinate services to a person with a developmental disability whether that person receives services from one or many agencies.

(1) REQUIRED PERSONNEL. There shall be a case manager who has the skills and knowledges that would be typically acquired through a course of study leading to a degree in a human services related field, and at least 2 years experience in developmental disabilities. This person shall be knowledgeable concerning the service delivery system and the resources available to the individual with a developmental disability. The case manager shall be responsible to the director of the board, or if contracted, to the director of the contracted agency.

(2) PROGRAM. (a) There shall be a system of case management which coordinates all services to people with developmental disabilities within the respective board catchment area.

(b) The board or the agency contracted for follow–along service shall develop a written plan to inform all people known to have a developmental disability and their family of the follow–along service as it relates to:

1. The obligation of the case manager in the development and supervision of a comprehensive, individualized service plan.

2. The availability of this service to people with a developmental disability on a life–long basis, regardless of the need for other service elements.

(c) The case manager shall be responsible for the development, coordination and implementation of a service plan for each individual receiving services other than information and referral, diagnosis, and transportation. This service plan shall be developed as specified under s. HFS 60.44 evaluation service.

(d) The case manager shall coordinate, his or her effort with the information and referral service to assist people with a devel-

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opmental disability in obtaining a service they need which does or does not exist within the board mandate.

(e) The case manager shall provide an annual written summary to the director on each person who receives only follow−along service.

History: Cr. Register, January, 1980, No. 289, eff. 2−1−80; **correction in (2) (c) made under s. 13.93 (2m) (b) 7, Stats., July, 2000, No. 535.**

HFS 61.33 Diagnostic services. Diagnostic services are medical services, to identify the presence of a developmental disability.

(1) REQUIRED PERSONNEL. (a) Diagnosis shall be performed by a physician. Whenever possible the physician shall be a specialist in developmental disorders.

(b) There shall be additional personnel as necessary to meet the diagnostic needs of the individual.

(2) PROGRAM. (a) Diagnosis shall be provided when the person enters the service delivery system, if this has not already been completed, and periodically thereafter when changes in functioning indicate that a person's eligibility for services should be reassessed.

(b) The diagnosis shall include a physical assessment and may include a psychological assessment and a social history if they relate to the person's developmental disability.

(c) A written report on the type and degree of an individual's developmental disability shall be made to the director within 30 days after the referral for service has been made.

(d) The written report shall be available to the service providers on a need to know basis as specified in s. 51.30 Stats.

History: Cr. Register, January, 1980, No. 289, eff. 2−1−80.

HFS 61.34 Evaluation services. Evaluation services are the systematic assessment of pertinent physical, psychological, vocational, educational, cultural, social, familial, economic, legal, environmental, mobility, and other factors affecting the individual with a developmental disability in order to develop a comprehensive service plan. Evaluation services shall include the initial formal evaluation as well as a mechanism for review and modification of the service plan.

(1) REQUIRED PERSONNEL. (a) There shall be a case manager who acts as coordinator.

(b) There shall be additional personnel as necessary to meet the evaluation needs of the individual. The evaluation shall, as needed, include assessments of a physician, psychologist, dentist, optometrist, speech pathologist, audiologist, professional vocational specialist, social worker, physical therapist, occupational therapist, nurse, or teacher.

(c) The person shall be actively involved in the evaluation process and family members, advocates or guardians of the individual shall be included if appropriate.

(d) In conjunction with the implementation of the service plan, staff within agencies shall be designated to provide continuous evaluation of a person's performance within a service or activity.

(2) PROGRAM. (a) The case manager shall be responsible for coordinating the formal evaluation. The formal evaluation shall, as needed, include personnel who are able to provide a systematic interdisciplinary assessment of physical, psychological, vocational, educational, cultural, social, economic, legal, environmental, familial, mobility, and other characteristics affecting the person with a developmental disability.

(b) A person shall receive a formal evaluation within 30 days of the referral for evaluation services.

(c) All or portions of evaluations done by local or state agencies such as local schools, centers for the developmentally disabled, division of vocational rehabilitation (DVR) or technical college system which are less than one year old shall be reviewed.

(d) The case manager shall ensure that a written report is prepared which shall contain:

1. Recommendations on the nature and scope of services needed to correct or minimize the disabling condition or conditions and those services needed to promote or enhance the individual's total strengths and assets.

2. The extent to which the disability limits, or can be expected to limit, the individual and how and to what extent the disabling condition or conditions may be corrected or minimized.

(f) The case manager shall be responsible for the development of a service plan based upon the reports of the evaluators. The service plan shall be developed in cooperation with the individual and the family. The service plan shall state long and short−term objectives for the individual, services needed to meet objectives and a timetable for their attainment. The service plan shall also include agency case plans which shall contain outcome oriented, measurable objectives and a timetable for their attainment. It shall specify the types of activities in which the person shall participate and the activities shall be appropriate to the age as well as the functional level of the individual.

(g) The case manager shall coordinate the implementation of the service plan and shall review the agencies case plans and the written progress notes of the agency staff concerning the individual's progress toward the objectives contained in the service plan at least every 6 months.

(h) There shall be continuous evaluation which shall be the responsibility of the case manager and agency staff. As part of the continuous evaluation, the case manager shall hold at least an annual review of the service plan. This review shall include the individual, those persons responsible for providing services to the individual, and the family. Any of the people involved in the original assessment, may be included. The case manager shall ensure that a written summary report of the annual review is prepared.

(i) The case manager shall be responsible for coordinating formal re−evaluations of the individual based upon the recommendations from the annual review.

(j) The case manager shall be responsible for modifying the service plan based upon any significant change in the person's functioning and shall coordinate the implementation of the revised service plan.

History: Cr. Register, January, 1980, No. 289, eff. 2−1−80**;** correction in (6) made under s. 13.93 (2m) (b) 6., Stats., Register, June, 1995, No 474.

HFS 61.35 Counseling services. Counseling services provide professional guidance based on knowledge of human behavior through the use of interpersonal skills to achieve specified goals.

(1) PERSONNEL. (a) The individual providing counseling services, except in the areas of medical and legal counseling, shall have the skills and knowledges that would be typically acquired through a course of study leading to a master's degree in one of the behavioral sciences and one year of training or experience in the specific area in which counseling is being offered.

(b) Medical counseling shall be provided by a licensed physician or a registered professional nurse in accord with the Professional Practice Act, and legal counseling shall be provided by a licensed attorney. Non−medical or non−legal counselors shall inform the person with a developmental disability and the family of what the statutes provide and the interpretations provided by administrative rules and guidelines in the legal and medical areas.

(2) PROGRAM. (a) Counseling services may assist the person with a developmental disability and the family to understand his or her capabilities and limitations or assist in the alleviations of problems of adjustment and interpersonal relationships.

(b) Counseling services shall assist the person with a developmental disability and the family with understanding the objectives in the individual's service plan.

(c) Counseling services shall be provided as recommended in the service plan.

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(d) The counselor shall keep a written record for each counselee. The record shall contain summaries of each scheduled session and any other significant contact. The record shall include but is not limited to the following data:

1. Date of contact.

2. Names, addresses and phone numbers of the people involved in contact.

3. Duration of the contact.

4. Progress toward objectives of the counseling case plan.

5. Recommendations for changes in counseling or the overall service plan.

(e) The counselor shall send a written report to the case manager at least every 6 months. The report shall contain a statement on progress toward the goals of the service plan and the recommendations for changes in the service plan.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.36 Education services. Education services are structured learning experiences designed to develop ability to learn and acquire useful knowledge and basic academic skills, and to improve the ability to apply them to everyday living.

(1) AGENCY BASED PROGRAMS FOR BIRTH–3 YEARS. (a) *Required personnel.* 1. There shall be a director who shall have skills and knowledges that typically would be acquired through a course of study leading to a bachelor's degree in child development, early childhood education or a closely related area.

2. Instructional and related personnel shall be certified or meet certification requirements as established by the department of public instruction.

3. The maximum number of children in a group and the ratio of children to direct service staff shall not exceed:

Age	Maximum Number of Children in a Group Service	Minimum Number of Direct Staff to Children
a. Under 1 year	6	1:2
b. 1 year—3 years	8	1:4

(b) *Program.* 1. For children from birth to 3 years, the program emphasis shall be on cognitive, motor, social, communication and self help skills.

2. Whenever possible programming for the birth to 3 year old shall be done in conjunction with the parents or the persons primarily responsible for the care of the child.

3. Programming for the birth to 3 year old shall take into consideration the individual family environment of each child.

4. Educational services shall be provided as recommended in the service plan.

5. Designated staff involved in the education service shall send a written report to the case manager at least every 6 months. The report shall contain a statement on progress toward the objectives of the service plan and the recommendations for changes in the service plan.

(2) HOME–BASED SERVICES FOR BIRTH–3 YEARS. (a) *Required personnel.* 1. There shall be a home trainer who is certified by the department based on the criteria established by the Wisconsin hometrainers association, Inc. A licensed physical therapist or neuro–developmental occupational therapist also qualifies as home trainers.

(b) *Program.* 1. For children from birth to 3 years, the program emphasis shall be on cognitive, motor, social, communication and self help skills.

2. Whenever possible programming for the birth to 3 year old shall be done in conjunction with the parents or the persons primarily responsible for the care of the child.

3. Programming for the birth to 3 year old shall take into consideration the individual family environment of each child.

4. Educational services shall be provided as recommended in the service plan.

5. Designated staff involved in the education service shall send a written report to the case manager at least every 6 months. The report shall contain a statement on progress toward the objectives of the service plan and the recommendations for changes in the service plan.

(3) PROGRAMS SERVING INDIVIDUALS 18 YEARS AND OVER. These programs requirements are specified in s. HFS 61.38, training services.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.37 Recreational services. Recreation services are activities designed to meet specific individual needs such as individual self–expression, social interaction and entertainment; develop skills and interests leading to enjoyable and constructive use of leisure time; and improved well–being.

(1) PERSONNEL. There shall be a recreation director and staff as needed.

(2) PROGRAM. (a) The agency providing recreation services shall hold regularly scheduled activities which meet the needs, interests and abilities of individuals.

(b) The agency providing recreation services shall provide at least one of the following kinds of activities:

1. Active and passive

2. Individual and group

3. Social, physical and creative

4. Community involvement activities

(c) The agency providing recreation services shall provide suitable space for recreation programs.

(d) The agency providing recreation services shall provide the necessary supplies and equipment to meet the individual needs of clients.

(e) The agency providing recreation services shall utilize existing generic community social and recreation services, including personnel, supplies, equipment, facilities and programs when possible.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.38 Training services. Training services provide a planned and systematic sequence of formal and informal activities for adults designed to develop skills in performing activities of daily and community living including self–help, motor and communication skills and to enhance emotional, personal and social development. Training services are usually provided as day services, sheltered employment or transitional community living arrangements.

(1) PERSONNEL. (a) *Director.* There shall be a director who shall have skills and knowledges that typically would be acquired through a course of study leading to a bachelor's degree in a human services related field and at least 3 years of related experience.

(b) *Other staff.* Program staff may include but is not limited to home trainers, specialists, and assistants. Staff or consultants shall be available, as needed, who are knowledgeable and skilled in adapting or modifying equipment and environments, and the application of special equipment for persons with physical disabilities.

(c) *Personnel ratios.* Personnel ratios shall be a minimum of one direct service staff for each 15 persons.

(2) PROGRAM. (a) Training service shall include at least one of the following programs to encourage and accelerate development in:

1. Independent and daily living skills.

2. Mobility skills.

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3. Social development.

4. Vocational and work related skills.

(b) Training services shall be directed toward integrating the individual into the total family and community environment.

(c) Training services shall be provided as recommended in the service plan.

(d) Staff supervising the training service shall send a written report to the case manager or his or her designee at least every 6 months. The report shall contain a statement on progress toward the objectives of the service plan and recommendations for changes.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.39 Treatment services. Treatment services provide coordinated medical or medically related interventions which halt, control or reverse processes which cause, aggravate or complicate developmental disabilities. The interventions may include dental and medical treatments, physical therapy, occupational therapy, speech therapy and other medical and ancillary medical programs.

(1) PERSONNEL. There shall be a professional licensed in the area in which he or she is prescribing, directing, administering, or supervising treatment services. All treatment services shall be in compliance with the professional rules and regulations of the licensing bodies.

(2) PROGRAM. (a) Treatment services shall be provided as recommended in the service plan.

(b) Designated staff involved in the treatment services shall send a written report to the case manager or his or her designee at least every 6 months. The report shall contain a statement on progress toward the objectives of the service plan and the recommendations for changes in the service plan.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.40 Sheltered employment and work activity services. Sheltered employment services are non–competitive remunerative employment for an indefinite period of time for individuals who are presently unemployable in the competitive labor market. Work activity services are worklike therapeutic activities for handicapped persons whose physical or mental impairment is so severe as to make their productive capacity inconsequential (never more than 25% of the normal production capacity). Sheltered employment programs shall include sheltered employment services or work activity services and may include the additional developmental disabilities services of counseling, education, recreation, training, personal care and transportation.

(1) PERSONNEL. (a) There shall be a director who shall possess skills and knowledges that typically would be acquired through a course of study leading to a bachelor's degree in a human services field, with a minimum of 2 years supervisory or administrative experience in an agency which is programmed for the developmentally disabled or an appropriate industrial background with 2 years of relevant experience.

(b) There shall be a program director who shall possess the skills and knowledges that typically would be acquired through a course of study leading to a master's degree in psychology, rehabilitation or a closely related field with at least one year of experience in programming for the developmentally disabled. An additional 2 years of experience may provide those skills and knowledge typically acquired through study for a master's degree.

(c) There shall be a supervisor or supervisors who shall possess skills and knowledges that typically would be acquired through:

1. A course of study that would lead to a bachelor's degree in one of the human services, or

2. A minimum of 2 years of academic, technical or vocational training consistent with the type of work to be supervised or

3. A minimum of 2 years of experience in a work situation related to the type of work supervised.

(d) There may be a contract procurement specialist who shall have the skills and knowledges that typically would be acquired through a course of study leading to a bachelor's degree in an industrial, business, or related field. Two years of bidding, pricing, time study, marketing, advertising or sales experience may be substituted for a course of study.

(e) There may be a production manager who shall have the skills and knowledges that typically would be acquired through a course of study leading to a bachelor's degree in an engineering, business or industrial field. Business or industrial experience in a supervisory capacity can substitute for course study on a year for year basis.

(f) There shall be a vocational counselor who shall possess or be eligible for the provisional school counselor certificate and have the skills and knowledge typically acquired during a course of study leading to a master's degree in counseling and guidance.

(g) Additional staff or consultants shall be available, as needed, who are knowledgeable and skilled in adapting or modifying equipment and environments, and the application of special equipment for persons with physical disabilities.

(h) Agencies offering sheltered employment or work activities shall maintain the following staff ratios when the program is operating:

1. There shall be a minimum of 2 supervisory personnel for the first 15 sheltered or work activity employes.

2. There shall be one additional direct service personnel for each additional 15 sheltered or work activity employes or fraction thereof.

(i) Agencies offering sheltered employment or work activities shall make services available a minimum of 20 hours per week.

(2) PROGRAM. (a) Sheltered employment and work activity shall include remunerative work including supervision and instruction in work tasks and observance of safety principles in a realistic work atmosphere. A realistic work atmosphere is most effectively provided within a community job site setting, whenever possible.

1. Work orientation shall be provided to encourage good work habits. It shall include proper care of equipment and materials, correct handling of tools and machines, good attendance, punctuality, and safe work practices. It shall afford disciplined interpersonal work tolerance and work pace consistent with the client's potential.

2. The layout of work positions and the assignment of operations shall ensure the efficient flow of work and appropriate relationship of each operation to all other operations in its sequence with respect to the time required for its completion. The organization of work shall embody an awareness of safe practices and of the importance of time and motion economy in relation to the needs of individuals being served.

3. Information concerning health and special work considerations which should be taken into account in the assignment of clients shall be clearly communicated in writing to supervisory personnel.

4. Vocational counseling shall be available.

(b) The agency offering sheltered employment or work activity, shall maintain provisions either within its parent organization or through cooperative agreements with the division of vocational rehabilitation or other job placing agencies, for the placement in regular industry of any of its clients who may qualify for such placement. Clients shall be informed of the availability of such services for placement in competitive industry.

(c) The agency offering sheltered work or work activity shall maintain payroll sub–minimum wage certificates and other

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records for each client employed in compliance with the Fair Labor Standards Act.

(d) The agency offering sheltered employment or work activity shall provide the client with effective grievance procedures.

(e) The agency offering sheltered employment or work activity shall provide the clients with paid vacation, holidays and a minimum of 5 sick days per year.

(f) Sheltered employment or work activity shall be provided as recommended in the service plan.

(g) Appointed staff supervising the sheltered employment or work activity shall send a written report to the case manager at least every 6 months. The report shall contain a statement on progress toward the objectives of the service plan and the recommendations for changes.

(h) Commission on accreditation of rehabilitation facilities (CARF) accreditation for sheltered employment or work activities may substitute for all except pars. (f) and (g).

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.41 Day care. Day care is clustered and coordinated sets of services provided to an individual with a developmental disability on a scheduled portion of a 24 hour day. Day care shall include at least 2 of the following: counseling, education, recreation, or training. It may also include any one or combination of the following: evaluation, transportation, treatment and personal care.

(1) PERSONNEL. (a) There shall be a director who shall have the skills and knowledges typically acquired through a course of study leading to a bachelor's degree in a human services field, with a minimum of 2 years' supervisory or administrative experience in programming for the developmentally disabled.

(b) There shall be additional personnel as required under appropriate sections of the service standards.

(2) PROGRAM. Program requirements shall be as specified in appropriate sections of the service standards. Day care should be provided in generic day care programs whenever possible.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.42 Personal care services. Personal care services include the provision of meals, clothing and bodily care. They are designed to maintain health and well–being, to improve development and to prevent regression. Personal care services can be delivered at home or in sheltered apartments.

(1) PERSONNEL. (a) The case manager shall be responsible for coordinating the delivery of personal care services.

(b) There shall be additional staff as needed and staff shall have training or experience in that area in which care or services are provided.

(2) PROGRAM. (a) Personal care services shall be provided in the least restrictive setting.

(b) Personal care services shall be provided on a long–term basis as well as a short–term care basis.

(c) Personal care services shall be provided as recommended in the service plan.

(d) The case manager shall review the personal care service plan with the person receiving the services at least every 6 months.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.43 Domiciliary care service. Domiciliary care services are provided by the state developmental disabilities centers.

(1) PERSONNEL. There shall be an administrator and staff as required under ch. HFS 134, and federal standards regulating intermediate care facilities for the mentally retarded.

(2) PROGRAM. (a) Program requirements shall comply with appropriate sections of ch. HFS 134, and federal standards regulating intermediate care facilities for the mentally retarded.

(b) The centers shall provide the responsible board with a copy of the annual review of the service plan.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, June, 1995, No. 474; corrections in (1) and (2) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526.

HFS 61.44 Special living arrangements services. Special living arrangements may provide living quarters, meals and supportive services up to 24 hour per day for people in need of assistance in the areas of community and daily living but who require less care and supervision than is characteristic of individuals needing domiciliary or nursing home care. Special living arrangement services may be provided in foster homes, group foster homes, halfway houses, community based residential facilities, child welfare institutions, homes and apartments.

(1) PERSONNEL. Staff shall possess the personal qualities, skills and education necessary to meet the needs of the residents and comply with the appropriate sections of Wisconsin statutes, administrative codes and licensing rules.

(2) PROGRAM. (a) Program requirements shall comply with appropriate sections of Wisconsin statutes, administrative codes and licensing rules.

(b) The individual receiving special living arrangement services shall be employed or otherwise engaged away from the residential setting in accordance with the individual's service plan except in child welfare institutions.

(c) When special living arrangements are provided on a respite basis they shall meet the requirements of this section.

(d) Special living arrangement services shall be provided as recommended in the service plan.

(e) Appointed staff supervising the special living arrangement shall send a written report to the case manager or his or her designee at least every 6 months. The report shall contain a statement on progress toward the goals of the service plan and the recommendations for change in the service plan.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.45 Transportation services. Transportation services provide for the necessary travel of a developmentally disabled individual and if necessary, escorts to and from places in which the individual is receiving services recommended in the individual's service plan. Transportation may include taking services to the homebound, and includes but is not limited to delivery of raw materials and pick up of the finished product from homebound industries.

(1) PERSONNEL. (a) Any person operating a motor vehicle which transports either people with developmental disabilities or the products of their homebound industry, shall hold an appropriate operator's license from the department of transportation.

(b) All motor vehicle operators shall be covered by liability insurance.

(c) Motor vehicles shall be inspected by, and meet the requirements of the department of transportation.

(2) PROGRAM. (a) When possible, regularly scheduled public transportation shall be used.

(b) When possible, transportation services shall be coordinated with the efforts of voluntary agencies and other agencies serving community groups.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.46 Protective services. (1) Protective services are a system of continuing socio–legal services designed to assist individuals who are unable to manage their own resources or to protect themselves from neglect, abuse, exploitation or degrading treatment and to help them exercise their rights as citizens. This system ensures that no right of a person with a developmental disability shall be modified without due process. It must be emphasized that insofar as protective services are concerned, it is not the services that are distinctive but rather the individual for whom the

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services are intended, along with reasons why the services are being provided.

(2) Protective services shall be provided under applicable sections of chs. 48, 55, and 880, Stats. and applicable sections of the department's administrative code.

(3) If any developmental disabilities services are provided as part of protective services, they shall comply with the appropriate standard.

History: Cr. Register, January, 1980, No. 289, eff. 2–1–80.

HFS 61.50 Introduction. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; corrections in (2) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.51 Definitions. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; r. and recr. Register, October, 1985, No. 358, eff. 11–1–85; emerg. cr. (5m), eff. 3–30–90; cr. (5m), Register, October, 1990, No. 418, eff. 11–1–90; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.52 General requirements. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; emerg. am. table 61.52, eff. 3–9–89; am. table 61.52, Register, May, 1989, No. 401, eff. 6–1–89. correction in (6) (b) (intro.) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; emerg. am. (7) (b), eff. 3–30–90; am. (7) (b), Register, October, 1990, No. 418, eff. 11–1–90**; r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.53 Prevention program. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.54 Intervention program. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.55 Emergency care–inpatient program. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; correction in (1) (a) made under s. 13.93 (2m) (b) 7., Stats., Register, June, 1995, No. 474; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.56 Detoxification receiving center program. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.57 Emergency care–outpatient program. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.58 Social setting detoxification program. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.59 Outpatient treatment program. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; correction in (4) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.60 Residential treatment programs. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.61 Day treatment program. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; emerg. r. and recr. eff. 3–9–89; r. and recr. Register, May, 1989, No. 401, eff. 6–1–89; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.63 Inpatient treatment program. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; r. and recr. Register, October, 1985, No. 358, eff. 11–1–85; correction in (1) (a) 4., and (2) (b) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1996, No. 488; corrections in (1) (a) 3. and (c) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526; **r. Register, July, 2000, No. 535, eff. 8–1–00**.

HFS 61.64 Sheltered employment program. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.65 Methadone treatment standards. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; correction in (4) (d) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.66 Extended care program — non–medical. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

HFS 61.67 Extended care program — medical. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82**; r. Register, July, 2000, No. 535, eff. 8–1–00.**
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HFS 61.68 Standards for other non–specified programs. History: Cr. Register, February, 1982, No. 314, eff. 3–1–82; **r. Register, July, 2000, No. 535, eff. 8–1–00.**

Subchapter IV — Community Mental Health Programs

HFS 61.70 Inpatient program – introduction and definitions. (1) INTRODUCTION.. The following standards have been developed for community inpatient mental health services receiving state aids, whether directly operated by counties or contracted with private providers. The standards are intended to be consistent with those stated in *Standards for Psychiatric Facilities,* published by the American Psychiatric Association, 1969; with the psychiatric footnotes to the Accreditation Manual for Hospitals, published by the Joint Commission on Accreditation of Hospitals, December, 1970; and with recent federal court decisions in Wisconsin and other states. They are intended to insure that each mental health inpatient service will provide appropriate treatment to restore mentally disordered persons to an optimal level of functioning and return them to the community at the earliest possible date. In order to do this the service must:

(a) Have an ethical, competent staff responsible for carrying out a comprehensive treatment program;

(b) Integrate its services with those provided by other facilities in the county which serve the mentally ill, mentally retarded, and alcoholics and drug abusers;

(c) Preserve the dignity and rights of all its patients; and

(d) Be responsive to the needs of its community.

(2) DEFINITIONS. As used in this subchapter:

(a) "Community mental health inpatient services", hereafter called "services", means a county–operated unit, general hospital psychiatric unit, or private psychiatric hospital whose primary objective is to provide care and intensive treatment for the mentally ill, alcoholics and drug abusers.

(b) "Patient" means anyone receiving care in a community mental health inpatient service.

History: Cr. Register, December, 1973, No. 216, eff. 1–1–74; renum. from PW–MH 60.61, and am. (2), Register, September, 1982, No. 321, eff. 10–1–82.

HFS 61.71 Inpatient program standards. (1) REQUIRED PERSONNEL. (a) *Psychiatry.* Each mental health inpatient service shall have a psychiatrist who has competed an approved residency training program in psychiatry as its director of mental health services. This director shall be responsible for organization and maintenance of an active mental health treatment program and shall assume responsibility for the admission, treatment, discharge planning, and release of patients from the inpatient service. The director of mental health services and additional psychiatrists, as needed, shall be available for daily inpatient visits, in order to carry out an adequate treatment program. Additional provision shall be made for emergency contact between such visits. Each service shall provide for a minimum of .8 hour a week psychiatric treatment time per patient under care. The psychiatric staff will assume responsibility for patient care, utilizing the services of the medical staff for necessary general medical care.

(b) *Nursing service.* 1. Registered nurses and licensed practical nurses. Each service shall employ sufficient registered nurses and licensed practical nurses to provide full–time nursing service for each shift 7 days a week. All registered nurses and licensed practical nurses employed to provide nursing service must have a current Wisconsin certificate to practice as a RN or LPN, and appropriate experience and/or further education for the responsibility of the position. The following schedule of licensed nursing coverage is minimal, with the added provisions that at least one staff member on the day and evening shift be a registered nurse. In computing the number of licensed personnel needed on each shift, the totals should be rounded up if .5 or more, down if less than .5. There must always be at least one licensed person on duty on each shift, even if the number required is less than .5.

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Day Shift	*Evening Shift*	*Night Shift*
.32 hrs/pat/day	.16	.16
or		
2.24 hrs/pat/wk	1.12	1.12

2. Aides and other paraprofessionals. Each service shall employ a sufficient number of aides or other paraprofessionals to provide a ratio of 1.25 hours of such time per patient per day. In computing this ratio, dietary, maintenance and housekeeping staff, volunteers or building security shall not be included as aides. There shall be at least one aide or other treatment staff person on duty in each ward when patients are present to insure adequate patient supervision. In determining adequate care the department has the authority to determine what constitutes units of coverage. Paraprofessionals entitled mental health technicians or mental health workers may be employed. They shall be selected on the basis of their personal qualities and aptitude. They must have a period of orientation and inservice training, and work under the supervision designated treatment staff.

(c) *Activity therapy.* Each service shall employ at least one full–time registered occupational therapist and one certified occupational therapy assistant or a graduate of the division of mental hygiene's Activity Therapy Assistant Course. Where other health care services are located in the same or continuous property, one full–time occupational therapist may serve the other health care service as well as the inpatient mental health services. The mental health inpatient service shall maintain a ratio of 1.6 hours of activity therapy staff time per patient per week. A registered music therapist or art therapist may fill the requirement for activity therapy positions after one registered occupational therapist has been employed. Where work therapy is utilized, each service shall designate the registered occupational therapist, unless the service has employed a vocational rehabilitation counselor. In this circumstance the vocational rehabilitation counselor shall be in charge of industrial therapy.

(d) *Social services.* Each service shall employ one full–time social worker and provide for a minimum of .8 hour a week social work time per patient under care. Social workers must have a master's degree from an accredited school of social work or a bachelor's degree in social work, or social science. The first social worker hired must have a master's degree in social work.

(e) *Psychological services.* Each service shall employ or contract for the services of a clinical psychologist licensed in the state of Wisconsin to provide psychological testing, counseling and other psychological services. A minimum ratio of .8 hour per week psychology time per patient under care shall be provided.

(f) *Exceptions.* A special exception to any of the foregoing personnel requirements may be granted in unusual circumstances, if a service develops an alternative proposal, satisfactory to the department, to provide an innovative approach to patient care, which provides levels of services equivalent to those required in these standards. An exception may also be granted to a proposal which substitutes personnel with qualifications equal to those listed above.

(2) PROGRAM CONTENT. (a) *Therapeutic milieu.* 1. General consideration. An important factor in a mental health treatment program in an inpatient service is a therapeutic atmosphere. Although intangible, the presence or lack of this atmosphere is pervasive and immediately apparent. It is important that all staff members treat each patient with respect, providing all freedoms his or her condition permits and allowing the patient to retain a sense of individuality, freedom of choice and independence. Patients shall be encouraged to behave appropriately and in a socially acceptable way. Patients shall be permitted to dress in individually selected street clothing and retain sentimentally important personal possessions as clinically indicated. They shall be permitted to write letters, subject to restrictions only as clinically indicated. Home–like living quarters with drapes, pictures and furnishings shall be provided, and normal needs for privacy and feelings of modesty respected. Conversely, severe restriction of freedom of movement by prison–like practices; implicit or explicit expectations of dangerous, unpredictable behavior; use of punishment, especially seclusion and restraint, in the guise of therapy; exploitation of patient labor; use of spoons only as eating utensils and the like, shall not be permitted.

2. Staff functions. To maximize the therapeutic effect of hospitalization, all aspects of mental health inpatient care must be integrated into a continuous treatment program. The activities of all staff— psychiatrists, physicians, psychologists, social workers, activity therapists, nurses, aids, chaplains and others—must be coordinated in a concerted treatment effort, utilizing the special skills and roles of each in a complementary manner to effect a total therapeutic purpose. The services of volunteers must be used in the same way. The specific treatment responsibilities of psychiatrists, psychologists, social workers and activity therapists are generally well understood, but the contributions of volunteers and other staff, such as chaplains and food service workers, also have important implications for patients' welfare. Their work must be carried out in a manner which furthers the total treatment program. Nursing staff shall be full partners in therapeutic team and, as a significant portion of their nursing responsibilities, shall participate in activities such as group therapy, supportive counseling, and socializing experience for patients. Mental health aides are valuable contributors to the therapeutic milieu. As staff members who are constantly in close contact with patients, their activities are to be geared carefully to provide patients with emotional support and respite from inquiry into their difficulties, promote their independence, and provide them with companionship and assistance in personal care and grooming, recreational activities, social behavior, care of property and day to day living.

(b) *Evaluation.* Every newly received patient shall be evaluated by the professional staff within 48 hours after admission. This evaluation shall include psychiatric examination, the initiation of family contact and social history taking, and psychological examination when indicated. A plan of treatment and/or disposition shall be formulated and periodically reviewed. Progress notes on all cases shall be written frequently and regularly as the patient's condition requires, but in no instance less than once a week.

(c) *Clinical records.* The mental health inpatient service shall maintain a current treatment plan and clinical record on each patient admitted to the service.

(d) *Drug and somatic therapy.* Every patient deemed an appropriate candidate shall receive treatment with modern drugs and somatic measures in accordance with existent laws, established medical practice, and therapeutic indications as determined by current knowledge.

(e) *Group therapy.* Each mental health inpatient service is encouraged to develop group therapy programs, including remotivation groups where appropriate. Nursing and aid staff should be trained in these therapy techniques.

(f) *Activity therapy.* The occupational therapist shall organize and maintain an activity therapy program on a year–round full time basis. This treatment and rehabilitation program shall be reality oriented and community focused. The program shall be carried on both in the facility and in the community. The activity therapy department shall also provide a program of recreational activities to meet the social, diversional and general developmental needs of all patients. A recreational therapist may be employed for this purpose. Activity therapy should be part of each patient's treatment plan and should be individually determined according to needs and limitations. The record of the patient's progress in activity therapy should be recorded weekly and kept with the patient's clinical record.

(g) *Industrial therapy.* Industrial therapy assignments shall be based on the therapeutic needs of the patient rather than the needs of the inpatient service. Industrial therapy shall be provided only

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upon written order of the psychiatrist. The written order shall become part of the patient's clinical record. The industrial therapy assignment of patients shall be reviewed by the treatment staff weekly. The review shall be written and included in the patient's clinical record. Continued use of industrial therapy will require a new order from the psychiatrist weekly.

(h) *Religious services.* 1. Adequate religious services must be provided to assure every patient the right to pursue the religious activities of his or her faith.

2. Each service shall provide regularly scheduled visits by clergy.

3. Each service may utilize the services of a clinical pastoral counselor as a member of the treatment team, provided he or she has had clinical training in a mental health setting.

(i) *Use of mechanical restraint and seclusion.* Mechanical restraint and seclusion are measures to be avoided if at all possible. In most cases control of behavior can be attained by the presence of a sympathetic and understanding person or appropriate use of tranquilizers and sedatives upon order of the psychiatrist. To eliminate unnecessary restraint and seclusion, the following rules shall be observed.

1. Except in an emergency, no patient shall be put in restraints or seclusion without a medical order. In an emergency the administrator of the service or designee may give the order. Such action shall be reviewed by a physician within 8 hours.

2. Patients in seclusion—restraints must be observed every 15 minutes and a record kept of observations.

(j) *Extramural relations.* Inpatient mental health services are one component of community based comprehensive mental health program provided or contracted by the unified boards under s. 51.42, Stats. As a component of the community based comprehensive program the inpatient service program must be integrated and coordinated with all services provided through the unified board. Evidence of integration and coordination shall be detailed in the unified board's plan. Professional staff should be used jointly by the inpatient and other services and clinical records shall be readily transferable between services.

1. Alternate care settings. Every effort shall be made to find and develop facilities for patients who require medical or social care or less than full time inpatient mental health treatment. Such facilities, known as alternate care settings, shall include but not be limited to group homes, foster homes, residential care facilities, nursing homes, halfway houses, partial hospitalization and day services. Special effort shall be made to place patients in family care settings whenever possible.

2. Vocational rehabilitation. The inpatient service shall establish an ongoing relationship with vocational rehabilitation counselors. Every effort shall be made to identify patients amenable to vocational rehabilitation and to refer them to the appropriate agency. Sheltered workshops shall be utilized to the fullest possible extent.

3. Family and community ties. Active effort shall be made to maintain the family and community ties of all patients. In many cases the inpatient service staff must take the initiative to develop and maintain family contact. Visiting of patients in the hospital and patient visits outside the hospital shall be as frequent and as long as circumstances permit. Maintaining community ties would include such activities as arranging for patients to do their own shopping, attending church, continuing employment, and participating in recreational activities within the community.

History: Cr. Register, December, 1973, No. 216, eff. 1–1–74; renum. from PW–MH 60.62, Register, September, 1982, No. 321, eff. 10–1–82; corrections made under s. 13.93 (2m) (b) 5., Stats., Register, June, 1995, No. 474.

HFS 61.72 Enforcement of inpatient program standards. (1) All community mental health inpatient services receiving state aid must meet the above standards. Departmental personnel familiar with all aspects of mental health treatment shall review each inpatient service at least annually in connection with state funding of county programs.

(2) State funding shall be discontinued to any inpatient service not maintaining an acceptable program in compliance with the above standards after the service has had reasonable notice and opportunity for hearing by the department as provided in ch. 227, Stats.

(3) The service will be deemed in compliance with these standards if its governing body can demonstrate progress toward meeting standards to the department; however, all services must be in full compliance with these standards within a maximum of 2 years of the issuance of these rules.

History: Cr. Register, December, 1973, No. 216, eff. 1–1–74; renum. from PW–MH 60.63, Register, September, 1982, No. 321, eff. 10–1–82.

HFS 61.73 Other community program standards – introduction. The following standards have been developed for community mental health programs receiving state aids, whether directly operated by counties or contracted from private providers. The standards are intended to insure that each mental health program will provide appropriate treatment to restore mentally disordered persons to an optimal level of functioning and, if possible, keep them in the community.

History: Cr. Register, March, 1977, No. 255, eff. 4–1–77; renum. from PW–MH 60.64, Register, September, 1982, No. 321, eff. 10–1–82.

HFS 61.75 Day treatment program. Day treatment is a basic element of the mental health program providing treatment while the patient is living in the community. Its services shall be closely integrated with other program elements to ensure easy accessibility, effective utilization and coordinated provision of services to a broad segment of the population. Day treatment provides treatment services for patients with mental or emotional disturbances, who spend only part of the 24 hour period in the services. Day treatment is conducted during day or evening hours.

(1) REQUIRED PERSONNEL. (a) Day treatment staff shall include various professionals composing a mental health team. They shall be directly involved in the evaluation of patients for admission to the service, determining plan of treatment and amount of time the patient participates in the service and in evaluating patients for changes in treatment or discharge.

(b) A qualified mental health professional shall be on duty whenever patients are present.

(c) A psychiatrist shall be present at least weekly on a scheduled basis and shall be available on call whenever the day treatment service is operating.

(d) A social worker shall participate in program planning and implementation.

(e) A psychologist shall be available for psychological services as indicated.

(f) A registered nurse and a registered activity therapist shall be on duty to participate in program planning and carry out the appropriate part of the individual treatment plan.

(g) Additional personnel may include licensed practical nurses, occupational therapy assistants, other therapists, psychiatric aides, mental health technicians or other paraprofessionals, educators, sociologists, and others, as applicable.

(h) Volunteers may be used in day treatment and programs are encouraged to use the services of volunteers.

(2) SERVICES. (a) A day treatment program shall provide services to meet the treatment needs of its patients on a long or short term basis as needed. The program shall include treatment modalities as indicated by the needs of the individual patient. Goals shall include improvement in interpersonal relationships, problem solving, development of adaptive behaviors and establishment of basic living skills.

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(b) There shall be a written individual plan of treatment for each patient in the day treatment service. The plan of treatment shall be reviewed no less frequently than monthly.

(c) There shall be a written individual current record for each patient in the day treatment service. The record shall include individual goals and the treatment modalities used to achieve these goals.

History: Cr. Register, March, 1977, No. 255, eff. 4–1–77; renum. from PW–MH 60.67, Register, September, 1982, No. 321, eff. 10–1–82.

HFS 61.76 Rehabilitation program. The community mental health program shall be responsible for the provision of an organized rehabilitation service designed to reduce the residual effects of emotional disturbances and to facilitate the adjustment of the mentally ill, mentally handicapped and emotionally disturbed in the community through a variety of rehabilitation services. When possible, these services should be provided in conjunction with similar services for other disabilities.

(1) REQUIRED PERSONNEL. A person responsible for coordination of rehabilitation services shall be named and all staff shall have qualifications appropriate to their functions. Each such person shall have the required educational degree for his or her profession and shall meet all requirements for registration or licensure for that position in the state of Wisconsin.

(2) PROGRAM OPERATION AND CONTENT. Because of the variety of programs and services which are rehabilitative in nature, individual program content is not enumerated. Such facilities as halfway houses, residential care facilities, foster and group homes shall meet all departmental and other applicable state codes. The department of health and social services shall evaluate each proposal for funding of rehabilitation services on the basis of individual merit, feasibility and consistency with the approved community plan required in s. 51.42, Stats. Applicants for aid under this section must fully describe the rehabilitation service designed to meet the particular needs of the residents of their county or counties, taking into consideration existing community resources and services.

History: Cr. Register, March, 1977, No. 255, eff. 4–1–77; renum. from PW–MH 60.68, Register, September, 1982, No. 321, eff. 10–1–82.

HFS 61.77 Consultation and education program. Prevention is as important to mental illness as it is to physical illness. Certain facts and relationships between mental illness and environmental factors, individual personal contacts, and human development stages can be the basis for sound primary prevention programs. Education programs designed to increase the understanding and acceptance of the mentally ill are especially vital as increased numbers of persons receive needed treatment in their own community. Such programs can help prevent the chronicity of recurrence of mental illness. They can bring persons to seek counsel or treatment earlier and help to remove what has been an unacceptable "label" for family, friends, and co–workers. Because consultation and education programs are required elements of community mental health programs, the activities must be as well defined, organized and provided for as those for other program elements. Mental health staff and time allocations must be made and structured consultation and education programs designed and carried out.

(1) CONSULTATION REQUIRED PERSONNEL. The mental health coordinator or designee shall be responsible for the consultation program. Mental health staff shall respond to individual consultation requests. In addition staff shall actively initiate consultation relationships with community service agency staff and human service personnel such as clergy, teachers, police officers and others.

(2) CONSULTATION SERVICE CONTENT. (a) No less than 20% of the total mental health program staff time, exclusive of clerical personnel and inpatient staff shall be devoted to consultation. The service shall include:

1. Case–related consultation.
2. Problem–related consultation.
3. Program and administrative consultation.

(b) There shall be a planned consultation program using individual staff skills to provide technical work–related assistance and to advise on mental health programs and principles. The following human service agencies and individuals shall have priority for the service:

1. Clergy
2. Courts
3. Inpatient services
4. Law enforcement agencies
5. Nursing/transitional homes
6. Physicians
7. Public health nurses
8. Schools
9. Social service agencies

(3) EDUCATION REQUIRED PERSONNEL. The qualified educator maintained by the community board shall be responsible for the mental health education program. Refer to this chapter. Mental health staff members shall cooperate and assist in designing and carrying out the mental health education program, providing their specialized knowledge on a regular, established basis to a variety of specified activities of the service. In cooperation with the education specialist maintained by the board, additional education staff may be employed on a full–time or part–time basis. Education services can also be contracted for through the same procedures followed for other service elements contracts.

(4) EDUCATION SERVICE CONTENT. No less than 10% of the total mental health program staff time exclusive of clerical personnel and inpatient staff shall be devoted to education. The service shall include:

(a) Public education.

(b) Continuing education.

1. Inservice training.
2. Staff development.

(5) EDUCATION PROGRAM. There shall be a planned program of public education designed primarily to prevent mental illness and to foster understanding and acceptance of the mentally ill. A variety of adult education methods shall be used including institutes, workshops, projects, classes and community development for human services agencies, individuals and for organized law groups and also the public information techniques for the general public. There shall be a planned program of continuing education using a variety of adult education methods and available educational offerings of universities, professional associations, etc. for agency staff and related care–giving staff.

History: Cr. Register, March, 1977, No. 255, eff. 4–1–77; renum. from PW–MH 60.69, Register, September, 1982, No. 321, eff. 10–1–82; correction made under s. 13.93 (2m) (b) 7., Stats., Register, June, 1995, No. 474.

HFS 61.78 Additional requirements for programs serving children and adolescents – introduction and personnel. (1) INTRODUCTION. The following standards have been developed for community mental health services for children and adolescents. Except for the substitution of minimal hourly requirements, these standards are intended to be in addition to ss. HFS 61.70 through 61.77 and are consistent with those stated in *Standards for Psychiatric Facilities Serving Children and Adolescents,* published by the American Psychiatric Association; and the Joint Commission on Accreditation of Hospitals. Planning psychiatric facilities and services for children and adolescents is difficult and complex. These standards are intended to insure a continuity of care notwithstanding the complexities involved. To accomplish this each service must:

(a) Consider the children and adolescents' development needs as well as the demands of the illness;

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(b) Have cognizance of the vital meaning to children and adolescents that group and peer relationships provide;

(c) Recognize the central importance of cognitive issues and educational experiences;

(d) Recognize the children and adolescents' relative dependence on adults;

(e) Place some importance on the children and adolescents receiving repeated recognition for accomplishments;

(f) Provide an individualized treatment program by so structuring the environment to allow for optimal maturational, emotional and chronological growth.

(2) PERSONNEL REQUIREMENTS. The following personnel requirements are relevant only to children and adolescents' services and are applicable for each program. These requirements are in addition to the personnel qualifications listed in the General Provisions of Standards for Community Mental Health, Developmental Disabilities, and Alcoholism and Other Drug Abuse Services, ss. HFS 61.01 to 61.24.

(a) *Psychiatry.* Special effort shall be made to procure the services of a child psychiatrist who is licensed to practice medicine in the state of Wisconsin and is either board eligible or certified in child psychiatry by the American board of psychiatry and neurology. If a child psychiatrist is unobtainable, special effort shall be made to procure a psychiatrist who has had a minimum of 2 years clinical experience working with children and adolescents.

(b) *Nursing service.* 1. Registered nurses and licensed practical nurses. Special effort shall be made to procure the services of registered nurses and practical nurses who have had training in psychiatric nursing. A portion of this training shall have been with emotionally disturbed children and adolescents.

2. Aides, child care workers and other paraprofessionals. Each service shall make a special effort to recruit the aides, child care workers and paraprofessionals who have the following background.

a. College or university credit or non−credit courses related to child care.

b. Vocational courses planned for child development.

c. High school diploma and experience in children or adolescents' related activities.

(c) *Activity therapy.* Each program, excluding outpatient, shall provide at least one full−time activity therapist. In addition to having formal training in children and adolescents' growth and development, preference shall be given to those professionals who have had clinical training or professional experience with emotionally disturbed children and adolescents.

(d) *Social service.* The social worker shall have had 2 years experience working with children and adolescents.

(e) *Psychological service.* Each service shall employ or contract for the service of a clinical psychologist who shall have the appropriate experience in the area of children and adolescents. Providers of psychological services who do not meet these requirements shall be supervised by a qualified psychologist.

(f) *Educational service.* Each child and adolescent service shall have associated with that service at least one teacher either employed by the service or by a local educational agency.

(g) *In−service.* All personnel shall participate in a documented in−service education program at a minimum of 48 hours per year, relating to areas of mental health concepts of children and adolescents.

History: Cr. Register, March, 1977, No. 255, eff. 4−1−77; am. (2) (c), Register, March, 1979, No. 279, eff. 4−1−79; renum. from PW−MH 60.70 and am. (1) (intro.) and (2) (intro.), Register, September, 1982, No. 321, eff. 10−1−82.

HFS 61.79 Children and adolescent inpatient program. The following personnel requirements are minimum. There is no intention to restrict new programs to these minimal staffing patterns. Existing treatment programs which exceed these requirements may not be reduced without extensive and thorough review and a clear realization of what services would be lost by reduction.

(1) REQUIRED PERSONNEL. (a) *Psychiatry.* Each child and adolescent mental health inpatient service shall provide a minimum of 1.4 hours a week psychiatric treatment time per patient under care. Additional psychiatrists, as needed, shall be available for inpatient visits in order to carry out an adequate treatment program. For emergency purposes a psychiatrist will be on call 24 hours a day each day the facility is in operation. A psychiatrist shall be readily accessible by telephone and ideally, be able to reach the facility within one hour of being called.

(b) *Nursing service.* 1. The following schedule of licensed nursing coverage is minimal.

Day Shift	*Evening Shift*	*Night Shift* (see below)*
.64 hrs/pat/day	.64	.32
or		
4.48 hrs/pat/wk	4.48	2.24

* If child and adolescent service is part of an adult hospital with adjacent units, nursing service could be shared with other services on night shift Such nursing coverage should be documented in total nursing schedule for child and adolescent unit.

2. Aides, child care workers and other paraprofessionals. Child care workers are primarily responsible for day−to−day living experiences of the children. They also carry out assigned aspects of the treatment program under the direction and supervision of designated treatment staff. Each service shall employ a sufficient number of aides, child care workers and paraprofessionals to provide the following minimal care:

Day Shift Children (0−12)	*Evening Shift*	*Night Shift*
.98 hrs/pat/day	1.28	.64
or		
6.86 hrs/pat/wk	8.96	4.48
Day Shift Adolescent (over 12)	*Evening Shift*	*Night Shift*
.80 hrs/pat/day	1.10	.40
or		
5.60 hrs/pat/wk	7.70	2.80

(c) *Activity therapy.* The inpatient service shall maintain a ratio of 1.6 hours of activity therapy staff time per patient per week. Additional therapists may be employed as needed. In addition sufficient free time for unstructured but supervised play or activity will be provided.

(d) *Social service.* Each service shall employ at least one full time social worker and provide for a minimum of 1.6 hours per week per patient under care.

(e) *Psychological service.* Each service must provide a minimum of one hour per week of psychology time for each patient under care.

(f) *Educational service.* Each mental health inpatient service for children and adolescents is responsible for providing or arranging for special educational programs to meet the needs of all patients being served in the facility. If the service provides its own school program, 4.8 hours per patient per week of teacher time is considered minimal care.

(g) *Vocational service.* If indicated by patient need each inpatient service shall make available a vocational program to each adolescent 14 years of age and older according to the individual patient's age, developmental level and clinical status. This pro-

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gram will be under the auspices of a vocational counselor and is to be carried out in conjunction with, and not in place of the school program. Vocational counseling and training shall be a minimum of 1.3 hours per patient per week, if the service operates its own school program and .8 hour per patient per week, if the facility uses public or other schools.

(h) *Speech and language therapy.* Each mental health inpatient service shall provide one hour per patient per week minimal care of speech and language therapist time for children and adolescents diagnosed as requiring such therapy.

(i) *Add−on factor.* To account for vacation time, sick leave or other absences to which employes may be entitled, the application of a "post shift"factor of 1.59 should be calculated for treatment posts staffed 7 days a week and 1.13 for those staffed 5 days a week. In addition, a 20% factor should be used to account for patient charting, planning and other non−face to face care which is required to maintain the program.

Example of calculation for a 10 bed unit:

Nursing−RNs (7 day week)		Psychiatry−Psychiatrists (5 day week)	
1.28 hrs per day per standard		1.4 hrs per week per standard	
X 10 patients (2 shifts)		X 10 patients	
12.8 hrs		14 hrs	
÷ 8 hrs per day per staff		D 40 hrs per week per staff	
1.6 staff posts		.35 staff posts	
X 20%	1.6	X 20%	.35
.32	J.32	.07	J.07
1.92	1.92	.42	.42
X 1.59 post shift factor for		X 1.13 post shift factor	
365 day coverage		.4746 or .48 positions	
3.05 positions			

(2) PROGRAM OPERATION AND CONTENT. (a) *General consideration.* Children and adolescents shall be accepted for other than emergency inpatient treatment only if the child or adolescent requires treatment of a comprehensive and intensive nature and is likely to benefit from the program the inpatient facility has to offer or outpatient alternatives for treatment are not available. No child or adolescent shall be admitted to any inpatient facility more than 60 miles from home without permission of the department. Each inpatient service shall specify in writing its policies and procedures, including intake and admission procedures, current costs, the diagnostic, treatment and preventive services it offers and the manner in which these are regularly conducted. Intake and admission procedures must be designed and conducted to ensure as far as possible a feeling of trust on the part of the child and family. In preparation for admission, the diagnosis and evaluation as well as the development of the treatment plan shall take into consideration the age, life experience, life styles, individual needs and personality, clinical condition, special circumstances necessitating admission and special problems presented by the patient and family. Complete assessment shall include clinical consideration of each of the fundamental needs of the patient; physical, psychological, chronological and developmental level, family, education, social, environmental and recreational. In addition to establishing a diagnosis and carrying out treatment, each service must also make provision for the diagnosis and treatment of any concurrent or associated illness, injury, or handicap. When treatment is to be concluded, the responsible agency will plan with the child, parents and other significant persons or community agencies to ensure an environment that will encourage continuing growth and development.

(b) *Family participation.* Mental health inpatient service shall involve the family's participation. Information about the patient's home experiences will be obtained and the family shall be informed of the patient's problems, progress and experiences in the facility. Information regarding contacts with parents shall be made part of the clinical record. There shall be appropriate educational programs for families designed to enhance their understanding of the goals of the facility and to help them feel welcome as active and participating partners. Participation for families should be scheduled at times when they can reasonably be expected to attend. Family therapy can be included at the discretion of the therapist.

(c) *Special education program.* Each inpatient service is responsible to see that all patients shall be helped to secure a formal education. There shall be flexibility in the special education program and each program shall be tailored to each individual in order to maximize potential growth.

(d) *Vocational program.* If appropriate, plans for work experience shall be developed as part of the overall treatment plan for each adolescent, 14 years of age and older. In planning such experiences, the vocational counselor shall consider the individual's aptitudes and abilities, interests, sensorimotor coordination, and self and vocational perception. When appropriate, work experiences shall be utilized to promote structured activity, provide opportunities for accomplishment, increase the patient's self−confidence and self−esteem, and provide vocational training and preparation.

(e) *Activity therapy.* Appropriate programs of activity therapy and social activities shall be provided for all patients for daytime, evenings and weekends, (emphasis on latter 2), to meet the needs of the patient and the goals of the program. Programs shall be structured to reflect patterns and conditions of everyday life. These programs shall be planned to aid the patients in exploring the nature of their individuality and creativity, in motor, cognitive and social skills, and integrating these into a positive sense of self and to meet therapeutic goals as described.

History: Cr. Register, March, 1977, No. 255, eff. 4−1−77; renum. from PW−MH 60.71, Register, September, 1982, No. 321, eff. 10−1−82.

HFS 61.80 Children and adolescent outpatient program. (1) REQUIRED PERSONNEL. Of the treatment personnel required for any out−patient service, a minimum of 30% staff time must be devoted to children and adolescents services. If qualified children and adolescents mental health professionals are not available on a full or part−time basis, arrangements shall be made to obtain their services on a consulting basis. The staffing patterns of the facility shall be adequate for the provision of high quality of care and shall be appropriate in relationship to: characteristics of patient population; the hours and days the facility operates; chronological and developmental ages of patients; assessment,

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therapeutic and follow–up programs; intensity and kinds of treatment; nature of disorders, amount of work done with families and significant others; geographic characteristics of territory to be covered; community education and consultation programs; amount of training and research done by facility.

(2) PROGRAM OPERATION AND CONTENT. (a) *Accessibility.* Outpatient services insofar as possible should be scheduled at times that are reasonably convenient to the patients and families served, in relation to the availability of transportation and considering work or school requirements. The outpatient service shall make provision for walk–in clients, provide for home visits, if clinically indicated, offer clinical consultation to clients in day care services, head start programs, schools, youth centers, jails, alternate care facilities and other community programs. An appointment system that serves to minimize waiting time, in addition to a system for follow–up of broken appointments, should be established.

(b) *Program content.* 1. The patient shall participate in the intake process and in the decision that outpatient treatment is indicated to the extent appropriate to age, maturity and clinical condition. The patient's family, wherever possible, shall have explained to them the nature and goals of the outpatient treatment program and their expected participation and responsibilities. Insofar as possible, the family shall be informed and involved appropriately in decisions affecting the patient during intake treatment, discharge and follow–up.

2. The psychiatric outpatient service shall document about each patient: responsibility for financial support, arrangements for appropriate family participation in the treatment program when indicated; authorization and consent for emergency medical care if the patient becomes ill or has an accident while in treatment and the family cannot be reached; arrangements for transportation to and from the facility; and authorization if the patient is to go to other community areas, facilities or events as part of the outpatient program; releases for sharing of confidential materials when necessary; appropriate consents for participation in research programs.

3. Assessment shall include clinical consideration of the physical, psychological, development, chronological age, environmental, family, social, educational and recreational factors related to the child and adolescent.

4. The relationship between any adult, who has current and/or continuing responsibility for the child's and adolescent's life, and the patient shall be carefully evaluated at regular intervals.

History: Cr. Register, March, 1977, No. 255, eff. 4–1–77; renum. from PW–MH 60.72, Register, September, 1982, No. 321, eff. 10–1–82.

Subchapter V —Outpatient Psychotherapy Clinic Standards

HFS 61.91 Scope. (1) This subchapter applies to private psychotherapy clinics providing psychotherapy and related outpatient services and receiving payments through the Wisconsin Medical Assistance Program and mandatory benefits required by s. 632.89, Stats., (Insurance Code), and to clinics operated by local community boards authorized by ch. 46 or 51, Stats.

(2) This subchapter is not applicable to outpatient programs providing services to only persons with alcohol and drug abuse problems governed by ss. HFS 75.06 to 75.15.

History: Cr. Register, May, 1981, No. 305, eff. 6–1–81; am. Register, September, 1982, No. 321, eff. 10–1–82; **correction in (2) made under s. 13.93 (2m) (b) 7., Stats., Register, July, 2000, No. 535.**

HFS 61.92 Statutory authority. This subchapter is promulgated pursuant to ss. 49.45 (10), 51.04, 51.42 (5) (b) to (d), 51.42 (12), 227.11 (2) (a) and 632.89, Stats.

History: Cr. Register, May, 1981, No. 305, eff. 6–1–81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, June, 1995, No. 474.

HFS 61.93 Purpose. (1) This subchapter is established to provide uniform standards for outpatient services provided by private clinics requesting payments from the Wisconsin Medical Assistance Program and mandatory benefits required in s. 632.89 (1) (a), Stats., and clinics operated by local community boards authorized by ch. 46 or 51, Stats.

(2) The outpatient psychotherapy clinic standards have been developed to ensure that services of adequate quality are provided to Wisconsin citizens in need of treatment for mental disorders or alcohol and drug abuse problems. A continuum of treatment services shall be available to the patient, either through direct provision of services by the certified clinic or through written procedures which document how additional services from other service providers will be arranged to meet the overall treatment needs of the patient. The standards are designed to assist clinics in the organization and delivery of outpatient services.

History: Cr. Register, May, 1981, No. 305, eff. 6–1–81; am. (1), Register, September, 1982, No. 321, eff. 10–1–82; am. Register, September, 1996, No. 496, eff. 10–1–96.

HFS 61.94 Definitions. (1) "Certification" means the approval of a clinic for a specific purpose.

(2) "Clinic" means an outpatient psychotherapy clinic.

(3) "Department" means the department of health and social services.

(4) "Division" means the division of community services which is the approving agency for certification under this subchapter.

(5) "Employed" means working for a clinic and receiving compensation which is subject to state and federal income tax, or being under written contract to provide services to the clinic.

(6) "Mental disorders" means a condition listed in the Diagnostic and Statistical Manual of Mental Disorders IV (4th edition), published by the American psychiatric association or in the International Classification of Diseases, 9th edition, Clinical Modification, ICD–9–CM, Chapter 5, "Mental Disorders," published by the U.S. department of health and human services.

(7) "Outpatient psychotherapy clinic" means an outpatient treatment facility as defined in s. 632.89 (1) (a), Stats., and which meets the requirements of this rule or is eligible to request certification.

(8) "Provide" means to render or to make available for use.

(9) "Psychotherapy" has the meaning designated in s. HFS 101.03.

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

History: Cr. Register, May, 1981, No. 305, eff. 6–1–81; r. and recr. (6), Register, September, 1996, No. 489, eff. 10–1–96.

HFS 61.95 Procedures for approval. (1) PRINCIPALS GOVERNING CERTIFICATION. (a) The method by which a clinic is reviewed for approval by the department is set forth in this section. A certification survey is used to determine the extent of the compliance with all standards specified in this subchapter. Decisions shall be based on a reasonable assessment of each clinic. The extent to which compliance with standards is assessed shall include:

1. Statements of the clinic's designated agent, authorized administrator or staff member;

2. Documentary evidence provided by the clinic;

3. Answers to detailed questions concerning the implementation of procedures, or examples of implementation, that will assist the department to make a judgement of compliance with standards; and

4. Onsite observations by surveyors.

(b) The clinic shall make available for review by the designated representative of the department all documentation necessary to establish compliance with standards, including but not limited to policies and procedures of the clinic, work schedules of staff, master and individual appointment books, patient billing

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charts, credentials of staff and patient clinical records not elsewhere restricted by statute or administrative rules.

(2) APPLICATION FOR CERTIFICATION. The application for approval shall be in writing and shall contain such information as the department requires.

(3) CERTIFICATION PROCESS. The certification process shall include a review of the application and supporting documents, plus an interview and onsite observations by a designated representative of the department to determine if the requirements for certification are met.

(4) ISSUANCE OF CERTIFICATION. Within 60 days after receiving a complete application for outpatient psychotherapy clinic certification, the department shall issue the certification if all requirements for certification are met. If the application for certification is denied, the department shall give the applicant reasons, in writing, for the denial.

(5) UNANNOUNCED INSPECTIONS. (a) The department may, during the certification period, make unannounced inspections of the clinic to verify continuing compliance with this subchapter.

(b) Unannounced inspections shall be made during normal working hours of the clinic and shall not disrupt the normal functioning of the clinic.

(6) CONTENT OF CERTIFICATION. The certification shall be issued only for the location and clinic named and shall not be transferable or assignable. The department shall be notified of changes of administration, ownership, location, clinic name, or program changes which may affect clinic compliance by no later than the effective date of the change.

(7) DATE OF CERTIFICATION. (a) The date of certification shall be the date when the onsite survey determines the clinic to be in compliance with this subchapter.

(b) The date of certification may be adjusted in the case of an error by the department in the certification process.

(c) In the event of a proven departmental error, the date of certification shall not be earlier than the date the written application is submitted.

(8) RENEWAL. (a) Certification is valid for a period of one year unless revoked or suspended sooner.

(b) The applicant shall submit an application for renewal 60 days prior to the expiration date of certification on such form as the department requires. If the application is approved, certification shall be renewed for an additional one year period beginning on the expiration date of the former certificate.

(c) If the application for renewal is not filed on time, the department shall issue a notice to the clinic within 30 days prior to the expiration date of certification. If the application is not received by the department prior to the expiration a new application shall be required for recertification.

(9) RIGHT TO HEARING. In the event that the department denies, revokes, suspends, or does not renew a certificate, the clinic has a right to request an administrative hearing under s. HFS 61.98 (4).

History: Cr. Register, May, 1981, No. 305, eff. 6–1–81; r. and recr. (4), Register, October, 1985, No. 358, eff. 11–1–85.

HFS 61.96 Required personnel. (1) Staff of a certified clinic shall include:

(a) A physician who has completed a residency in psychiatry, or a licensed psychologist who is listed or eligible to be listed in the national register of health services providers in psychology; and

(b) A social worker with a masters degree from a graduate school of social work accredited by the council on social worker education or a registered nurse with a master's degree in psychiatric–mental health nursing or community mental health nursing from a graduate school of nursing accredited by the national league for nursing.

(2) Other mental health professionals with training and experience in mental health may be employed as necessary, including persons with masters degrees and course work in clinical psychology, psychology, school psychology, counseling and guidance, or counseling psychology.

(3) Mental health professionals designated in subs. (1) (b) and (2) shall have 3,000 hours of supervised experience in clinical practice, which means a minimum of one hour per week of face to face supervision during the 3,000 hour period by another mental health professional meeting the minimum qualifications, or shall be listed in the national registry of health care providers in clinical social work or national association of social workers register of clinical social workers or national academy of certified mental health counselors or the national register of health services providers in psychology.

(4) Professional staff employed in clinics operated by community boards authorized by ch. 46 or 51, Stats., shall meet qualifications specified by s. HFS 61.06 for purposes of complying with recruitment practices required by s. 230.14 (3m), Stats.

History: Cr. Register, May, 1981, No. 305, eff. 6–1–81; am. (1) and (3), cr. (4), Register, September, 1982, No. 321, eff. 10–1–82; am. (1) (b), (2) and (3), Register, April, 1984, No. 340, eff. 5–1–84.

HFS 61.97 Service requirements. (1) The clinic shall ensure continuity of care for persons with mental disorders or alcohol and drug abuse problems by rendering or arranging for the provision of the following services and documenting in writing how the services shall be provided:

(a) Diagnostic services to classify the patients presenting problem.

(b) Evaluation services to determine the extent to which the patient's problem interferes with normal functioning.

(c) Initial assessment of new patients.

(d) Outpatient services as defined in s. 632.89 (1) (d), Stats.

(e) Residential facility placement for patients in need of a supervised living environment.

(f) Partial hospitalization to provide a therapeutic milieu or other care for non–residential patients for only part of a 24–hour day.

(g) Pre–care prior to hospitalization to prepare the patient for admission.

(h) Aftercare for continuing treatment in the community to help the patient maintain and improve adjustment following a period of treatment in a facility.

(i) Emergency care for assisting patients believed to be in danger of injuring themselves or others.

(j) Rehabilitation services to achieve maximal functioning, optimal adjustment, and prevention of the patient's condition from relapsing.

(k) Habilitation services to achieve adjustment and functioning of a patient in spite of continuing existence of problems.

(L) Supportive transitional services to provide a residential treatment milieu for adjustment to community living.

(m) Professional consultation to render written advice and services to a program or another professional on request.

(2) The clinic shall provide a minimum of 2 hours each of clinical treatment by a psychiatrist or psychologist and a social worker for each 40 hours of psychotherapy provided by the clinic.

(3) Personnel employed by a clinic as defined in s. HFS 61.96 (1) (b) and (2) shall be under the supervision of a physician or licensed psychologist who meets the requirements of s. HFS 61.96 (1) (a).

(a) There shall be a minimum of 30 minutes of supervision which shall be documented by notation in the master appointment book for each 40 hours of therapy rendered by each professional staff person.

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(b) Supervision and review of patient progress shall occur at intake and at least at 30 day intervals for patients receiving 2 or more therapy sessions per week and once every 90 days for patients receiving one or less therapy sessions per week.

(4) The supervising physician or psychologist shall meet with the patient when necessary or at the request of the patient or staff person.

(5) A physician must make written referrals of patients for psychotherapy when therapy is not provided by or under the clinical supervision of a physician. The referral shall include a written order for psychotherapy and include the date, name of the physician and patient, the diagnosis and signature of the physician.

(6) Emergency therapy shall be available, for those patients who are determined to be in immediate danger of injuring themselves or other persons.

(7) The patient receiving services may not be a bed patient of the clinic rendering services.

(8) Outpatient services shall be provided at the office or branch offices recognized by the certification of the clinic except in instances where therapeutic reasons are documented to show an alternative location is necessary.

(9) Group therapy sessions should not exceed 10 patients and 2 therapists.

(10) A prospective patient shall be informed by clinic staff of the expected cost of treatment.

(11) An initial assessment must be performed by staff to establish a diagnosis on which a preliminary treatment plan is based which shall include but is not limited to:

(a) The patient's presenting problems with the onset and course of symptoms, past treatment response, and current manifestation of the presenting problems;

(b) Preliminary diagnosis;

(c) Personal and medical history.

(12) A treatment plan shall be developed with the patient upon completion of the diagnosis and evaluation.

(13) Progress notes shall be written in the patient's clinical record.

(a) The notes shall contain status and activity information about the patient that relates to the treatment plan.

(b) Progress notes are to be completed and signed by the therapist performing the therapy session.

(14) A discharge summary containing a synopsis of treatment given, progress and reasons for discharge shall be written in the patient's clinical record when services are terminated.

(15) All patient clinical information received by the clinic shall be kept in the patient's clinical record.

(a) Patient clinic records shall be stored in a safe and secure manner.

(b) Policy shall be developed to determine the disposition of patient clinical records in the event of a clinic closing.

(c) There shall be a written policy governing the disposal of patient clinical records.

(d) Patient clinical records shall be kept at least 5 years.

(e) Upon termination of a staff member the patient clinical records for which he or she is responsible shall remain in the custody of the clinic where the patient was receiving services unless the patient requests in writing that the record be transferred.

(f) Upon written request of the patient the clinic shall transfer the clinical information required for further treatment as determined by the supervising physician or psychologist.

(16) Reimbursement under the Wisconsin medical assistance program for any services listed in this section is governed by chs. HFS 101 to 106.

History: Cr. Register, May, 1981, No. 305, eff. 6–1–81; am. (1) (j) and (3), Register, September, 1982, No. 321, eff. 10–1–82; am. (1) (intro.), Register, September, 1996, No. 489, eff. 10–1–96; correction in (16) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526.

HFS 61.98 Involuntary termination, suspension or denial of certification. The department may terminate, suspend or deny certification of any clinic after prior written notice and summary of the basis for termination, suspension or denial.

(1) TERMINATION OR SUSPENSION OF CERTIFICATION WITHOUT PRIOR HEARING. Certification may be terminated or suspended without prior hearing whenever the department finds:

(a) Any of the clinic's licenses or required local, state or federal approvals have been revoked, suspended or have expired; or

(b) The health or safety of a patient is in imminent danger because of knowing failure of the clinic to comply with requirements of this rule or any other applicable local, state or federal law or regulation.

(2) TERMINATION, SUSPENSION OR DENIAL OR CERTIFICATION AFTER PRIOR NOTICE AND REQUESTED HEARING. Certification may be terminated, suspended or denied only after prior notice of proposed action and notice of opportunity for a hearing whenever the department finds:

(a) A staff member of a clinic has been convicted of a criminal offense related to the provision of or claiming reimbursement for services under Medicare (Title XVIII, Social Security Act), or under this or any other state's medical assistance program. For purposes of this section, "convicted" means that a judgment of conviction has been entered by a federal, state or local court, irrespective of whether an appeal from that judgment is pending.

(b) The clinic submitted or caused to be submitted false statements, for purposes of obtaining certification under these rules, which it knew, or should have known, to be false.

(c) The clinic failed to maintain compliance with standards for which it was certified.

(3) EXPIRATION OF CERTIFICATION. Clinics which allow certification to expire and do not initiate an application for renewal prior to the date of expiration will be terminated on the date of expiration without right to a hearing. Thereafter, a clinic must submit a new application in order to be certified.

(4) CLINIC REQUEST FOR HEARING. Any clinic which has been served notice of termination, suspension or denial of certification may submit a written request for a hearing pursuant to provisions under ch. 227, Stats., within 10 days after receipt of the notice of termination, suspension or denial of certification.

(a) Upon receipt of a timely request for hearing, the department's office of administrative hearings shall schedule and mail a notice of hearing to the division and to the clinic. Such notice shall be mailed to the parties at least 10 working days before the scheduled hearing.

(b) The failure of the clinic to submit a timely request for hearing shall constitute a default. Accordingly, the findings of the department which served as the basis for the action shall be construed as being admitted by the provider, and the administrative remedy or relief sought by the department by means of the action may be effected.

(5) VIOLATION AND FUTURE CERTIFICATION. A person with direct management responsibility for a clinic and all employes of a clinic who were knowingly involved in any of the following acts which served as a basis for termination shall be barred from employment in a certified clinic for a period of not to exceed 5 years.

(a) Acts which result in termination of certification under s. HFS 106.06.

(b) Acts which result in conviction for a criminal offense related to services provided under s. 632.89, Stats.

(6) TIME PERIOD FOR COMPLIANCE. All clinics approved as outpatient facilities pursuant to s. 632.89, Stats., must demonstrate

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compliance with this subchapter within 6 months after the effective date.

(7) FAILURE TO COMPLY. Failure to demonstrate compliance will cause termination of certification as provided in this section.

(8) STAFF QUALIFICATION GRACE PERIOD. A grace period of 3 years shall be granted for mental health professionals with bachelor degrees who have practiced in an approved outpatient facility prior to the effective date of this rule, to obtain the degree requirements set forth in s. HFS 61.96 with the following conditions:

(a) The person shall have had one year of experience as a full-time psychotherapist;

(b) The person shall have completed 150 hours of professional training in the mental health field beyond the bachelor degree;

(c) The person shall document the requirements in pars. (a) and (b) and notify the division within 90 days of the effective date of this subchapter of the intent to comply with the provisions of this section;

(d) The person shall submit annual reports of progress toward compliance to the division to demonstrate good faith effort.

History: Cr. Register, May, 1981, No. 305, eff. 6–1–81; correction in (5) (a) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 1999, No. 526.