

## Chapter DHS 36

### COMPREHENSIVE COMMUNITY SERVICES FOR PERSONS WITH MENTAL DISORDERS AND SUBSTANCE–USE DISORDERS

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**Note:** Chapter HFS 36 was created as an emergency rule effective July 1, 2004. Chapter HFS 36 was renumbered to chapter DHS 36 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635. Chapter DHS 36 was reprinted Register December 2010 No. 660 to reflect Note revisions.

#### Subchapter I — General Provisions

**DHS 36.01 Authority and purpose.** This chapter is promulgated under the authority of ss. 49.45 (30e) (b) and 51.42 (7) (b), Stats., to establish the scope of psychosocial service programs, standards for certification and criteria for determining the need for psychosocial rehabilitation services, and other conditions of coverage of community based psychosocial services under the medical assistance program pursuant to ss. 49.45 (30e) and 49.46 (2) (b) 6. Lm., Stats.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04.

**DHS 36.02 Applicability. (1)** This chapter applies to the department and to county departments and tribes that apply for certification or are certified to provide comprehensive community services under ss. 49.45 (30e) and 51.42 (7) (b), Stats.

**(2)** Programs operating under this chapter shall do business as comprehensive community services programs.

**(3)** This chapter regulates only comprehensive community services programs. This chapter is not intended to regulate other mental health or substance–use disorder programs.

**(4)** Persons covered under the comprehensive–community services programs include children and adults, including elders, with mental disorders or substance–use disorders.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04.

**DHS 36.03 Definitions.** In this chapter:

**(1)** “Adult” means an individual 18 years of age or older.

**(2)** “Assessment” means the process used to identify the strengths, needs and desired outcomes of a consumer and to evaluate progress toward desired outcomes.

**(3)** “Certification” means the approval by the department of a comprehensive community services program.

**(4)** “Comprehensive community services program” or “CCS” has the same meaning as “community–based psychosocial service program” under s. 49.45 (30e), Stats., namely a county–wide or tribal community–based psychosocial rehabilitation program that is operated by a county department or tribe to provide or arrange for the provision of psychosocial rehabilitation services.

**(5)** “Coordination committee” means a group of individuals appointed by the county department or tribal government to

advise and assist the county department or tribal government in the development and quality improvement of psychosocial rehabilitation services.

**(6)** “Comprehensive community services plan” means the plan developed under s. DHS 36.07.

**(7)** “Consumer” means an individual who has been determined to need psychosocial rehabilitation services.

**Note:** Family members of the consumer or the consumer’s primary caregivers also are considered to be consumers, and therefore, may receive services related to the consumer’s disorder.

**(8)** “Co–occurring disorder” means any combination of a substance–use disorder and a mental disorder identified in the Diagnostic and Statistical Manual of Mental Disorder — Fourth Edition — Text Revision (DSM–IV–TR) published by the American Psychiatric Association.

**(9)** “County department” means a county department of human services under s. 46.23, Stats., or a county department of community programs established under s. 51.42, Stats., to administer community mental health and alcohol and drug abuse programs on a single–county or multi–county basis.

**(10)** “Department” means the Wisconsin department of health services.

**(10m)** “Elder” means a person who is age 60 or older.

**(10r)** “Face to face” means engaging in contact with the recipient via in person, real–time interactive audio–visual telehealth, or real–time interactive audio–only telehealth.

**(11)** “Family member,” means a parent, legal custodian, sibling, spouse, child, or primary caregiver of a consumer.

**(11m)** “Functionally equivalent” means a service provided via telehealth where the transmission of information is of sufficient quality as to be the same level of service as an in–person visit. Transmission of voices, images, data, or video must be clear and understandable.

**(12)** “Legal custodian” means an individual to whom legal custody of a minor has been granted by a court in an action under ch. 48 or 767, Stats.

**(13)** “Legal representative” means any of the following:

(a) A guardian as defined under s. 54.01 (10), Stats.

(b) A health care agent as defined in s. 155.01 (4), Stats., if the principal has a finding of incapacity pursuant to s. 155.05 (2), Stats.

**(14)** “Medical assistance” means the assistance program under 42 USC 1396 and ss. 49.43 to 49.475 and 49.49 to 49.497, Stats.

**(15)** “Mental disorder” means a diagnosis meeting the criteria in the Diagnostic and Statistical Manual of Mental Disorders — Fourth Edition — Text Revision (DSM–IV–TR) excluding the categories of dementia, substance–related disorders, and developmental disability as defined in 42 CFR 435.1009.

**Note:** DSM–IV–TR is published by the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, Washington, DC, American Psychiatric Association, 2000. DSM–IV–TR may be ordered through <http://www.amazon.com/Diagnostic-Statistical-Disorders-Revision-DSM-IV-TR/dp/0890420254> or other sources. The current version of the Diagnostic and Statistical Manual of Mental Disorders, DSM 5 is published by the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Washington, DC, American Psychiatric Association, 2013. The DSM 5 may be ordered through <http://www.appi.org/Pages/DSM.aspx> or other sources.

**(16)** “Mental health professional” means a staff member who is qualified under s. DHS 36.10 (2) (g) 1. to 8.

**(17)** “Minor” means an individual under the age of 18 years.

**(18)** “Natural supports” means a friend, or other person available in the community who may assist consumers seeking stability and independence.

**(19)** “Outreach” means identifying and contacting individuals with mental disorders or substance–use disorders to directly engage and link with individuals who need psychosocial rehabilitation services or other mental health or substance–use disorder services, and making referral agreements with psychiatric inpatient units, residential treatment facilities, outpatient treatment clinics and other community treatment and service providers as appropriate.

**(20)** “Parent” means a biological parent; an adoptive parent; a husband who has consented to the artificial insemination of his wife under s. 891.40, Stats.; a male who is presumed to be the father under s. 891.41, Stats.; or a male who has been adjudicated the child’s father either under s. 767.89, Stats., or by final order or judgment of a court of competent jurisdiction in another state. “Parent” does not include individuals whose parental rights have been terminated.

**(21)** “Primary care giver” means an individual who provides a majority of a consumer’s day–to–day support, shelter, sustenance or nurturing.

**(22)** “Psychosocial rehabilitation services” has the same meaning as “psychosocial services” under s. 49.45 (30e), Stats., namely the medical and remedial services and supportive activities provided to or arranged for a consumer by a comprehensive community services program authorized by a mental health professional to assist individuals with mental disorders or substance–use disorders to achieve the individual’s highest possible level of independent functioning, stability and independence and to facilitate recovery.

**(23)** “Recovery” means the process of a person’s growth and improvement, despite a history of mental or substance use disorder in attitudes, values, feelings, goals, skills and behavior and is measured by a decrease in dysfunctional symptoms and an increase in maintaining the person’s highest level of health, wellness, stability, self–determination and self–sufficiency.

**(24)** “Recovery team” means the group of individuals who are identified to participate in an assessment of the needs of the consumer, service planning and delivery, and evaluation of desired outcomes.

**(25)** “Service facilitation” means any activity that ensures the consumer receives assessment services, service planning, service delivery and supportive activities in an appropriate and timely manner.

**(26)** “Service facilitator” means a staff member who is qualified under s. DHS 36.10 (2) (g) 1. to 21. and who has the overall responsibility for service facilitation.

**(27)** “Service plan” means a written plan of psychosocial services to be provided or arranged for a consumer that is based on an individualized assessment of the consumer.

**(28)** “Service provider” means an agency or individual that provides one or more mental health or substance–use treatment or services.

**(28m)** “Signature” or “signed” means a signature that meets the requirements in s. 990.01 (38), Stats.

**(29)** “Staff member” means a person employed by a county department, tribe, or contracted agency.

**(30)** “Substance abuse professional” means a person who meets the requirements of s. DHS 75.02 (84), a physician knowledgeable in addiction treatment, or a psychologist knowledgeable in psychopharmacology and addiction treatment.

**(31)** “Substance–use disorder” means a condition related to the use of alcohol or a drug of abuse listed in the DSM IV–TR.

**(32)** “Supportive activities” means actions and events that help address the needs and recovery goals of a consumer.

**(32m)** (a) “Telehealth” means the use of telecommunications technology by a certified provider to deliver services allowable under this chapter, s. DHS 107.02 (5), and ss. 49.45 (61) and 49.46 (2) (b) 21. to 23., Stats., including assessment, diagnosis, consultation, treatment, or transfer of medically relevant data in a functionally equivalent manner as that of an in–person contact.

(b) “Telehealth” may include real–time interactive audio–only communication.

(c) “Telehealth” does not include communication between a certified provider and a recipient that consists solely of an electronic mail, text, or facsimile transmission.

**(33)** “Tribe” means a federally recognized American Indian tribe or band.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04; corrections in (10), (13) (a), (20) and (30) made under s. 13.92 (4) (b) 6. and 7., Stats., Register November 2008 No. 635; CR 20–067: am. (10m), r. (11m) Register December 2021 No. 792, eff. 1–1–22; CR 23–053: cr. (10r), (11m), (28m), (32m) Register September 2023 No. 813, eff. 10–1–23.

## Subchapter II — Certification

**DHS 36.04 Certification requirements. (1)** APPLICATION. (a) A county department or tribe seeking to operate a certified comprehensive community services program shall apply to the department for certification on an application form provided by the department.

**Note:** An application for certification may be obtained by writing to the Behavioral Health Certification Section, Division of Quality Assurance, P.O. Box 2969, Madison, WI 53701–2969.

**(2)** APPLICATION MATERIALS. The application shall be accompanied by all of the following:

(a) Required fees.

(b) A copy of the comprehensive community services plan developed under s. DHS 36.07.

(c) A copy of the personnel policies and procedures developed under s. DHS 36.10 and operational policies developed.

(d) A copy of any previously approved waiver or variance and information on the current status.

(e) Any other information required by the department.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04.

**DHS 36.05 Certification process. (1)** In this section: (a) “Deficiency” means the failure to meet a requirement of this chapter.

(b) “Major deficiency” means a determination by the department that an aspect of the CCS program or the conduct of its personnel does any of the following:

1. The psychosocial rehabilitation services substantially fail to meet the requirements of this chapter.

2. Creates a risk of harm to a consumer or violates a consumer right created by this chapter or other state or federal statutes or rules, which may include any one of the following of the following:

a. A staff member has had sexual contact or intercourse, as defined in s. 940.225 (5) (b) or (c), Stats., with a consumer.

b. A staff member of the CCS has been convicted of consumer abuse under s. 940.285, 940.29 or 940.295, Stats.

c. The health or safety of a consumer is in imminent danger because of a failure of the CCS or a CCS staff member to comply with requirements of this chapter or any other applicable local, state or federal statute or regulation.

3. The CCS has submitted, or caused to be submitted, one or more statements for purposes of obtaining certification under this chapter which the CCS knew or should have known to be false.

4. A license, certification or required local, state or federal approval of the CCS has been revoked or suspended or has expired.

5. A staff member has signed a billing statement or other document that represents the CCS staff member as the provider of service when the staff member did not provide the service.

6. A staff member impedes or has impeded monitoring of the program by the department.

7. An action or inaction by a staff member constitutes grounds for involuntary termination or suspension from program participation under s. DHS 106.06.

**(2) INITIAL APPLICATION.** Upon receipt of a complete application for initial certification, the department shall review the application and accompanying materials required under s. DHS 36.04 (2). The department's designated representative responding to a request for an initial certification shall review CCS personnel policies and procedures and operational policies, and the community services plan developed under s. DHS 36.07.

**(4) TRANSFERABILITY OF CERTIFICATION.** Certification may only be issued to the CCS specified in the application. A CCS may not transfer or assign its certification to another entity. An applicant or certified CCS shall notify the department of any change in administration, location, name, offered services or any other change that may affect compliance with this chapter no later than the effective date of the change.

**(5) EFFECTIVE DATE OF CERTIFICATION.** (a) The date of certification shall be the date that the department determines that an applicant is in compliance with this chapter.

(b) The department may change the date of certification if the department has made an error in the certification process. A date of certification that is adjusted under this paragraph may not be earlier than the date the department receives a written application under sub. (2) or (3).

**(6) FEES FOR CERTIFICATION.** Fees for certification shall be established by the department.

**(7) ISSUANCE OF CERTIFICATION.** (a) *Action on application.* Within 60 days after receiving a completed application for initial certification or for renewal of certification, the department shall do one of the following:

1. Approve the CCS if no deficiencies are found and all of the requirements for certification are met.

3. Deny certification under sub. (9), if the department finds one or more major deficiencies.

**(9) DENIAL OF CERTIFICATION.** A denial of certification shall be in writing and shall contain the reason for the denial and notice of opportunity for a hearing under s. DHS 36.06 (3).

**(10) DURATION OF CERTIFICATION.** A certification remains valid until one of the following occur:

(a) The certification remains valid until it is revoked or suspended by the department in accordance with s. DHS 36.06 (1).

(b) The certification becomes invalid due to non-submission of the biennial report or non-payment of biennial fees in accordance with sub. (11).

**(11) BIENNIAL REPORT AND FEES.** (a) Every 24 months, on a date determined by the department, the program shall submit a

biennial report on the form provided by the department and shall submit payment of certification continuation fees under s. 51.04, Stats.

(b) The department will send the certification continuation materials to the provider, which the provider is expected to complete and submit to the department according to instructions provided.

(c) A certification will be suspended or terminated if biennial reports and fees are not submitted prior to the end of the biennial cycle.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04; corrections in (1) (b) 7. and (3) (f) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; CR 22–078: r. (3), (7) (a) 2., (b), (8), cr. (10), (11) Register July 2023 No. 811, eff. 8–1–23.

**DHS 36.06 Enforcement actions. (1) REVOCATION AND SUSPENSION.** The department may revoke or suspend certification at any time upon written notice to the CCS. The notice shall state the reason for the action and inform the CCS of the opportunity for a hearing under sub. (3).

**(2) INSPECTIONS.** (a) The department may make announced and unannounced inspections of a certified CCS to verify compliance with this chapter, to investigate complaints received regarding the services provided by the CCS, or as part of an investigation into the cause of death of a consumer.

(b) In making inspections, the department shall seek to minimize any disruption to the normal functioning of the CCS.

(c) Any authorized officer, employee or agent of the department shall have access to all CCS documents, open and closed consumer records, staff members and consumers at any time to ensure compliance with the requirements of this chapter and other applicable federal and state statutes and regulations.

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

(b) A request for hearing shall be submitted in writing to the department of administration's division of administrative hearings within 30 days after the date of the notice of the department's action.

**Note:** A request for hearing may be delivered in person or mailed to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53707–7875. An appeal may be sent by fax to the Division's facsimile transmission number at (608) 264–9885.

**(4) ACTIONS BARRING SERVICE IN A CCS.** Any person having direct management responsibility for a CCS who was involved in any one of the following may not provide service in or for a certified CCS for a period not to exceed 5 years:

(a) An act that results in termination of a health care provider certification under s. DHS 106.06.

(b) An act that results in conviction for a criminal offense related to services provided under s. 632.89, Stats., whether or not the conviction is under appeal.

(c) An act involving a staff member who removes or destroys consumer service records.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04; correction in (4) (a) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

**DHS 36.065 Waivers and variances. (1) DEFINITIONS.** As used in this section:

(a) "Waiver" means the grant of an exemption from a non-statutory requirement of this chapter.

(b) "Variance" means the granting of an alternate requirement in place of a non-statutory requirement of this chapter.

(2) **WAIVERS OR VARIANCES.** (a) An application for a waiver or a variance may be made at any time. Each request shall be made in writing to the department and shall include all of the following:

1. Identification of the rule provision from which the waiver or variance is requested.
2. The time period for which the waiver or variance is requested.
3. If the request is for a variance, the specific alternative action that the CCS proposes.
4. The reasons for the request.
5. Supporting justification.
6. Any other information requested by the department.

**Note:** An application for a waiver or variance should be addressed to the Behavioral Health Certification Section, Division of Quality Assurance, P.O. Box 2969, Madison, WI 53701–2969.

(b) A waiver or variance may be granted if the department finds that the waiver or variance will not adversely affect the health, safety, or welfare of any consumer and any one of the following applies:

1. Strict enforcement of a requirement would result in unreasonable hardship on the CCS or on a consumer.
2. An alternative to a rule, including new concepts, methods, procedures, techniques, equipment, personnel qualifications, or the conducting of pilot projects is in the interest of better care or management.

(c) A determination on a request for a waiver or variance shall be made to the CCS in writing. If the decision is to deny the waiver or variance, the reason for the denial shall be included in the notice.

(d) The terms of a variance may be modified upon agreement between the department and the CCS. The department may impose any condition on a waiver or variance which the department deems necessary.

(e) The department may limit the duration of any waiver or variance.

(f) The department may revoke a waiver or variance if any one of the following occurs:

1. The waiver or variance adversely affects the health, safety or welfare of a consumer.
2. The CCS has failed to comply with the variance as granted.
3. The CCS notifies the department that it wishes to relinquish the waiver or variance.
4. There is a change in applicable law.
5. For any other reason necessary to protect the health, safety, and welfare of a consumer.

**History:** CR 04–025; cr. Register October 2004 No. 586, eff. 11–1–04.

### **Subchapter III — Comprehensive Community Services Program**

**DHS 36.07 Comprehensive community services plan.** Each CCS program shall have a written plan that shall include all of the following:

(1) A description of the organizational structure. The description shall include all of the following:

- (a) Responsibilities of the staff members assigned to the functions described in s. DHS 36.10 (2) (e).
- (b) Policies and procedures to implement a quality improvement plan consistent with the requirements in s. DHS 36.08.
- (c) Policies and procedures to establish a coordination committee and work with a coordination committee consistent with the requirements in s. DHS 36.09.
- (d) Criteria for recruiting and contracting with providers of psychosocial rehabilitation services.
- (e) Policies and procedures for updating and revising the CCS plan to ensure that it accurately identifies current services provided and any changes in policies and procedures of the CCS.

(2) A written summary detailing the recommendations of the coordination committee made under s. DHS 36.09 (3) (a) and a written response by the CCS to the coordination committee’s recommendations.

(3) A description of the currently available mental health, substance–use disorder, crisis services, and other services in the county or tribe and how the CCS will interface and enhance these services. The description shall include policies and procedures for developing and implementing collaborative arrangements and interagency agreements addressing all of the following:

(a) Processes necessary to include the CCS in planning to support consumers who are discharged from a non–CCS program or facilities that include inpatient psychiatric or substance–use treatment, a nursing home, residential care center, day treatment provider, jail or prison.

(b) The role of the CCS when an emergency protective placement is being sought under s. 55.135, Stats., and when protective services or elder abuse investigations are involved.

(c) The role of the CCS when the CCS provides services in conjunction with any other care coordination service including protective services, integrated services projects, and schools.

(d) The role of the CCS when a consumer is living in the community under a ch. 51, Stats., commitment.

(e) Establishing contracts and agreements with community agencies providing psychosocial rehabilitation services.

(f) Establishing contracts when a needed service is not available in the existing array of services.

(g) Arrangements with the county or tribal emergency services program to ensure identification and referral of CCS consumers who are in crisis.

(4) (a) A description of an array of psychosocial rehabilitation services and service providers to be available through the CCS. The services and service providers shall be determined by all of the following:

1. Identifying anticipated service needs of potential consumers, including minors and the elderly, that are based upon the assessment domains identified in s. DHS 36.16 (4).

2. Identifying treatment interventions to address the needs identified in subd. 1. Treatment interventions for minors and elderly consumers shall be identified separately from other consumers.

(b) The description in par. (a) shall include the methods that the CCS will use to identify and contract with service providers.

(5) Policies and procedures developed for each of the following:

(a) Consumer records that meet the requirements in s. DHS 36.18.

(b) Confidentiality requirements of this chapter.

(c) The timely exchange of information between the CCS and contracted agencies necessary for service coordination.

(d) Consumer rights that meet the requirements of s. DHS 36.19.

(e) Monitoring compliance with this chapter and applicable state and federal law.

(f) Receiving and making referrals.

(g) Communication to the consumer of services offered by the CCS, costs to the consumer, grievance procedure, and requirements for informed consent for medication and treatment.

(h) Ensuring that a consumer’s cultural heritage and primary language are considered as primary factors when developing the consumer’s service plan and that activities and services are accessible in a language in which the consumer is fluent.

(i) Providing orientation and training that meets the requirements in s. DHS 36.12.

(j) Outreach services.

(k) Application and screening.

- (L) Recovery team development and facilitation.
- (m) Assessment.
- (n) Service planning.
- (o) Service coordination, referrals, and collaboration.
- (p) Advocacy for the consumer.
- (q) Support and mentoring for the consumer.
- (r) Discharge planning and facilitation.
- (s) Monitoring and documentation.
- (t) Policy on telehealth, including when telehealth can be used and by whom, patient privacy and information security considerations, and the right to decline services provided via telehealth.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04; correction in (3) (b) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; CR 23–053: cr. (5) (t) Register September 2023 No. 813, eff. 10–1–23.

**DHS 36.08 Quality improvement.** (1) The CCS shall develop and implement a quality improvement plan to assess consumer satisfaction and progress toward desired outcomes identified through the assessment process.

(2) (a) The plan shall include procedures for protecting the confidentiality of persons providing opinions and include a description of the methods the CCS will use to measure consumer opinion on the services offered by the CCS, assessment, service planning, service delivery, and service facilitation activities.

(b) The plan shall also include a description of the methods the CCS will use to evaluate the effectiveness of changes in the CCS program based on results of the consumer satisfaction survey, recommendations for program improvement by the coordination committee, and other relevant information.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04.

**DHS 36.09 CCS coordination committee.** (1) (a) The CCS shall appoint a coordination committee that includes representatives from various county or tribal departments, including individuals who are responsible for mental health and substance abuse services, service providers, community mental health and substance abuse advocates, consumers, family members and interested citizens.

(b) An existing committee within the county or tribe may serve as the coordinating committee if it has the membership required and agrees to undertake the responsibilities in sub. (3).

(2) At least one–third of the total membership of the coordination committee shall be consumers. No more than one–third of the total membership of the coordination committee may be county employees or providers of mental health or substance abuse services.

(3) The coordinating committee shall do all of the following:

(a) Review and make recommendations regarding the initial and any revised CCS plan required under s. DHS 36.07, the CCS quality improvement plan, personnel policies, and other policies, practices, or information that the committee deems relevant to determining the quality of the CCS program and protection of consumer rights.

(b) Maintain written minutes of meetings and a membership list.

(c) Meet at least quarterly.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04.

## Subchapter IV — Personnel

**DHS 36.10 Personnel policies.** (1) **DEFINITIONS.** In this section, “supervised clinical experience” means a minimum of one hour of supervision per week by one or more staff members who meet the qualifications under sub. (2) (g) 1. to 8.

(2) **POLICIES.** The CCS shall have and implement written personnel policies and procedures that ensure all of the following:

(a) *Discrimination prohibited.* Employment practices of the CCS or any agency contracting or subcontracting with the CCS do

not discriminate against any staff member or applicant for employment based on the individual’s age, race, religion, color, sexual orientation, national origin, disability, ancestry, marital status, pregnancy or childbirth, or arrest or conviction record.

(b) *Credentials.* Staff members have the professional certification, training, experience and abilities to carry out prescribed duties.

(c) *Background checks and misconduct reporting and investigation.* CCS and contracting agency compliance with the caregiver background check and misconduct reporting requirements in s. 50.065, Stats., and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13.

**Note:** Forms for conducting a caregiver background check including the background information disclosure form may be obtained from the Department’s website at <http://www.dhs.wisconsin.gov/forms/DQAnum.asp> or by writing or telephoning the Department at Office of Caregiver Quality, P.O. Box 2969, Madison, WI 53701–2969, (608) 261–8319.

(d) *Staff records.* Staff member records are maintained and include all of the following:

1. References for job applicants obtained from at least 2 people, including previous employers, educators or post–secondary educational institutions attended if available, and documented either by letter or verification of verbal contact with the reference, dates of contact, person making the contact, individuals contacted and nature and content of the contact.

2. Confirmation of an applicant’s current professional license or certification, if that license or certification is necessary for the staff member’s prescribed duties or position.

3. The results of the caregiver background check conducted in compliance with par. (c), including a completed background information disclosure form for every background check conducted, and the results of any subsequent investigation related to the information obtained from the background check.

(e) *Staff functions.* The CCS has the appropriate number of staff to operate the CCS in accordance with the CCS plan, this chapter, and applicable state and federal law. One or more staff members shall be designated to perform all of the following functions:

1. Mental health professional and substance abuse professional functions. The responsibilities of a mental health professional and a substance abuse professional shall include the responsibilities required under ss. DHS 36.16 (2) and (7) and 36.17 (5) (b) 4. Only a mental health professional may fulfill the responsibilities under s. DHS 36.15.

2. Administrator functions. A staff member designated to perform these functions shall have the qualifications listed under par. (g) 1. to 14. whose responsibilities shall include overall responsibility for the CCS, including compliance with this chapter and other applicable state and federal regulations and developing and implementing policies and procedures.

3. Service director functions. A staff member designated to perform these functions shall have the qualifications listed under par. (g) 1. to 8. whose responsibilities shall include responsibility for the quality of the services provided to consumers and day–to day consultation to CCS staff.

4. Service facilitation functions. A staff member designated to perform these functions shall have the qualifications listed under par. (g) 1. to 21., whose responsibilities shall include ensuring that the service plan and service delivery for each consumer is integrated, coordinated and monitored, and is designed to support the consumer in a manner that helps the consumer to achieve the highest possible level of independent functioning. The responsibilities of a service facilitator shall include the responsibilities required under ss. DHS 36.16 (2) and 36.19.

(f) *Supervision and clinical collaboration.* Supervision and clinical collaboration of staff shall meet the requirements in s. DHS 36.11.

(g) *Minimum qualifications.* Each staff member shall have the interpersonal skills training and experience needed to perform the

staff member's assigned functions and each staff member who provides psychosocial rehabilitation services shall meet the following minimum qualifications:

1. Psychiatrists shall be physicians licensed under ch. 448, Stats., to practice medicine and surgery and shall have completed 3 years of residency training in psychiatry, child or adolescent psychiatry, or geriatric psychiatry in a program approved by the accreditation council for graduate medical education and be either board-certified or eligible for certification by the American board of psychiatry and neurology.

2. Physicians shall be persons licensed under ch. 448, Stats., to practice medicine and surgery who have knowledge and experience related to mental disorders of adults or children; or, who are certified in addiction medicine by the American society of addiction medicine, certified in addiction psychiatry by the American board of psychiatry and neurology or otherwise knowledgeable in the practice of addiction medicine.

3. Psychiatric residents shall hold a doctoral degree in medicine as a medical doctor or doctor of osteopathy and shall have successfully completed 1500 hours of supervised clinical experience as documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.

4. Psychologists shall be licensed under ch. 455, Stats., and shall be listed or meet the requirements for listing with the national register of health service providers in psychology or have a minimum of one year of supervised post-doctoral clinical experience related directly to the assessment and treatment of individuals with mental disorders or substance-use disorders.

5. Licensed independent clinical social workers shall meet the qualifications established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders.

6. Professional counselors and marriage and family therapists shall meet the qualifications required established in ch. 457, Stats., and be licensed by the examining board of social workers, marriage and family therapists and professional counselors with 3000 hours of supervised clinical experience where the majority of clients are children or adults with mental disorders or substance-use disorders.

7. Adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing shall be board certified by the American Nurses Credentialing Center, hold a current license as a registered nurse under ch. 441, Stats., have completed 3000 hours of supervised clinical experience; hold a master's degree from a national league for nursing accredited graduate school of nursing; have the ability to apply theoretical principles of advanced practice psychiatric mental health nursing practice consistent with American Nurses Association scope and standards for advanced psychiatric nursing practice in mental health nursing from a graduate school of nursing accredited by the national league for nursing.

8. a. Advanced practice nurse prescribers shall be adult psychiatric and mental health nurse practitioners, family psychiatric and mental health nurse practitioners or clinical specialists in adult psychiatric and mental health nursing who are board certified by the American Nurses Credentialing Center; hold a current license as a registered nurse under ch. 441, Stats.; have completed 1500 hours of supervised clinical experience in a mental health environment; have completed 650 hours of supervised prescribing experience with clients with mental illness and the ability to apply relevant theoretical principles of advance psychiatric or mental health nursing practice; and hold a master's degree in mental health nursing from a graduate school of nursing from an approved college or university.

b. Advanced practice nurses are not qualified to provide psychotherapy unless they also have completed 3000 hours of supervised clinical psychotherapy experience.

9. Certified social workers, certified advance practice social workers and certified independent social workers shall meet the qualifications established in ch. 457, Stats., and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists and professional counselors.

10. Psychology residents shall hold a doctoral degree in psychology meeting the requirements of s. 455.04 (1) (c), Stats., and shall have successfully completed 1500 hours of supervised clinical experience as documented by the Wisconsin psychology examining board.

11. Physician assistants shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 8 and 14.

12. Registered nurses shall be licensed under ch. 441, Stats.,

13. Occupational therapists shall be licensed and shall meet the requirements of s. 448.963 (2), Stats.

14. Master's level clinicians shall have a master's degree and coursework in areas directly related to providing mental health services including master's in clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance, counseling psychology or social work.

15. Other professionals shall have at least a bachelor's degree in a relevant area of education or human services.

16. Alcohol and drug abuse counselors shall be certified by the department of safety and professional services.

**Note:** Persons previously referred to as "alcohol and drug abuse counselors" are referred to as "substance abuse professionals" in department of safety and professional service rules.

17. Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession.

18. Certified occupational therapy assistants shall be licensed and meet the requirements of s. 448.963 (3), Stats.

19. Licensed practical nurses shall be licensed under ch. 441, Stats.

20. A peer specialist, meaning a staff person who is at least 18 years old, shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, consumer confidentiality, a demonstrated aptitude for working with peers, and a self-identified mental disorder or substance use disorder.

21. A rehabilitation worker, meaning a staff person working under the direction of a licensed mental health professional or substance abuse professional in the implementation of rehabilitative mental health, substance use disorder services as identified in the consumer's individual treatment plan who is at least 18 years old shall have successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer-centered individual treatment planning, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.

22. Clinical students shall be currently enrolled in an accredited academic institution and working toward a degree in a professional area identified in this subsection and providing services to the CCS under the supervision of a staff member who meets the qualifications under this subsection for that staff member's professional area.

**(3) VOLUNTEERS.** A CCS may use volunteers to support the activities of staff members. Before a volunteer may work inde-

pendently with a consumer or family member, the CCS shall conduct a background check on the volunteer. Each volunteer shall be supervised by a staff member qualified under sub. (2) (g) 1. to 17. and receive orientation and training under the requirements of s. DHS 36.12.

**(4) DOCUMENTATION OF QUALIFICATIONS.** Documentation of staff qualifications shall be available for review by consumers and parents or legal representatives of consumers if parental or legal representative consent to treatment is required.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04; correction in (2) (g) 16. made under s. 13.92 (4) (b) 6., Stats., Register February 2014 No. 698.

### DHS 36.11 Supervision and clinical collaboration.

**(1)** (a) Each staff member shall be supervised and provided with the consultation needed to perform assigned functions and meet the credential requirements of this chapter and other state and federal laws and professional associations.

(b) Supervision may include clinical collaboration. Clinical collaboration may be an option for supervision only among staff qualified under s. DHS 36.10 (2) (g) 1. to 8. Supervision and clinical collaboration shall be accomplished by one or more of the following:

1. Individual sessions with the staff member case review, to assess performance and provide feedback.

2. Individual session in which the supervisor is present while the staff member provides assessments, service planning meetings or psychosocial rehabilitation services and in which the supervisor assesses, teaches and gives advice regarding the staff member's performance.

3. Group meetings to review and assess staff performance and provide the staff member advice or direction regarding specific situations or strategies.

4. Any other form of professionally recognized method of supervision designed to provide sufficient guidance to assure the delivery of effective services to consumers by the staff member.

**(2)** Each staff member qualified under s. DHS 36.10 (2) (g) 9. to 22. shall receive, from a staff member qualified under s. DHS 36.10 (2) (g) 1. to 8., day-to-day supervision and consultation and at least one hour of supervision per week or for every 30 clock hours of face-to-face psychosocial rehabilitation services or service facilitation they provide. Day-to day consultation shall be available during CCS hours of operation.

**(3)** Each staff member qualified under s. DHS 36.10 (2) (g) 1. to 8. shall participate in at least one hour of either supervision or clinical collaboration per month or for every 120-clock hours of face-to-face psychosocial rehabilitation or service facilitation they provide.

**(4)** Clinical supervision and clinical collaboration records shall be dated and documented with a signature of the person providing supervision or clinical collaboration in one or more of the following:

(a) The master log.

(b) Supervisory records.

(c) Staff record of each staff member who attends the session or review.

(d) Consumer records.

**(5)** The service director may direct a staff person to participate in additional hours of supervision or clinical collaboration beyond the minimum identified in this subsection in order to ensure that consumers of the program receive appropriate psychosocial rehabilitation services.

**(6)** A staff member qualified under s. DHS 36.10 (2) (g) 1. to 8. who provides supervision or clinical collaboration may not deliver more than 60 hours per week of face-to-face psychosocial rehabilitation services, clinical services and supervision or clinical collaboration in any combination of clinical settings.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04; CR 23–053: am. (1) (b) 2. Register September 2023 No. 813, eff. 10–1–23.

**DHS 36.12 Orientation and training. (1) ORIENTATION AND ONGOING TRAINING.** (a) *Orientation program.* The CCS shall develop and implement an orientation program that includes all of the following:

1. At least 40 hours of documented orientation training within 3 months of beginning employment for each staff member who has less than 6 months experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.

2. At least 20 hours of documented orientation training within 3 months of beginning employment with the CCS for each staff member who has 6 months or more experience providing psychosocial rehabilitation services to children or adults with mental disorders or substance-use disorders.

3. At least 40 hours of documented orientation training for each regularly scheduled volunteer before allowing the volunteer to work independently with consumers or family members.

(b) *Orientation training.* Orientation training shall include and staff members shall be able to apply all of the following:

1. Parts of this chapter pertinent to the services they provide.

2. Policies and procedures pertinent to the services they provide.

3. Job responsibilities for staff members and volunteers.

4. Applicable parts of chs. 48, 51 and 55, Stats., and any related administrative rules.

5. The basic provisions of civil rights laws including the Americans with disabilities act of 1990 and the civil rights act of 1964 as the laws apply to staff providing services to individuals with disabilities.

6. Current standards regarding documentation and the provisions of HIPAA, s. 51.30, Stats., ch. DHS 92 and, if applicable, 42 CFR Part 2 regarding confidentiality of treatment records.

7. The provisions of s. 51.61, Stats., and ch. DHS 94 regarding patient rights.

8. Current knowledge about mental disorders, substance-use disorders and co-occurring disabilities and treatment methods.

8m. Recovery concepts and principles which ensure that services and supports promote consumer hope, healing, empowerment and connection to others and to the community; and are provided in a manner that is respectful, culturally appropriate, collaborative between consumer and service providers, based on consumer choice and goals and protective of consumer rights.

9. Current principles and procedures for providing services to children and adults with mental disorders, substance-use disorders and co-occurring disorders. Areas addressed shall include recovery-oriented assessment and services, principles of relapse prevention, psychosocial rehabilitation services, age-appropriate assessments and services for individuals across the lifespan, trauma assessment and treatment approaches, including symptom self-management, the relationship between trauma and mental and substance abuse disorders, and culturally and linguistically appropriate services.

10. Techniques and procedures for providing non-violent crisis management for consumers, including verbal de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the consumer and others in emergency situations, suicide assessment, prevention and management.

11. Training that is specific to the position for which each employee is hired.

**Note:** Service facilitators, for example, need a thorough understanding of facilitation and conflict resolution techniques, resources for meeting basic needs, any eligibility requirements of potential resource providers and procedures for accessing these resources. Mental health professionals and substance abuse professionals will need training regarding the scope of their authority to authorize services and procedures to be followed in the authorization process.

(c) *Ongoing training program.* The CCS shall ensure that each staff member receives at least 8 hours of inservice training a year

that shall be designed to increase the knowledge and skills received by staff members in the orientation training provided under par. (b). Staff shared with other community mental health or substance abuse programs may apply documented in–service hours received in those programs toward this requirement if that training meets the requirements under this chapter. Ongoing in–service training shall include one or more of the following:

1. Time set aside for in–service training, including discussion and presentation of current principles and methods of providing psychosocial rehabilitation services.
2. Presentations by community resource staff from other agencies, including consumer operated services.
3. Conferences or workshops.

(d) *Training records.* Updated, written copies of the orientation and ongoing training programs and documentation of the orientation and ongoing training received by staff members and volunteers shall be maintained as part of the central administrative records of the CCS.

**History:** CR 04–025; cr. Register October 2004 No. 586, eff. 11–1–04; corrections in (1) (b) 6. and 7. made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

## Subchapter V — Consumer Services

### DHS 36.13 Consumer application. (1) APPLICATION.

Any person seeking services under this chapter shall complete an application for services. Upon receipt of an application the CCS shall determine the applicant’s need for psychosocial rehabilitation services pursuant to s. DHS 36.14.

(1m) **ADMISSION AGREEMENT.** An admission agreement that includes all of the following shall be signed by applicant at the time of application to the CCS:

(a) The nature of the CCS in which the consumer will be participating, including the hours of operation and how to obtain crisis services during hours in which the CCS does not operate, and staff member titles and responsibilities.

(b) The consumer rights under s. DHS 36.19.

(c) An acknowledgement of receipt and understanding of the information received in pars. (a) and (b).

(2) **SERVICES PENDING DETERMINATION OF THE NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES.** Pending determination of the need for psychosocial rehabilitation services, the CCS shall identify any immediate needs of the consumer. The applicant may be provided with psychosocial rehabilitation services and supportive activities, including identifying recovery team members under s. DHS 36.16 (7) to meet those needs only after the occurrence of all of the following:

(a) A mental health professional has authorized services as evidenced by the signature of the mental health professional as required in s. DHS 36.15.

(b) The assessment of initial needs and the authorization for services have been documented.

(c) An admission agreement is signed by the applicant.

(3) **DETERMINATION OF THE NEED FOR PSYCHOSOCIAL REHABILITATION SERVICES.** The need for psychosocial rehabilitation services shall be determined pursuant to s. DHS 36.14.

(4) **DISCRIMINATION PROHIBITED.** The CCS shall ensure that no consumer is denied benefits or services or is subjected to discrimination on the basis of age, race or ethnicity, religion, color, sexual orientation, marital status, arrest or conviction record, ancestry, national origin, disability, gender, sexual orientation or physical condition.

**History:** CR 04–025; cr. Register October 2004 No. 586, eff. 11–1–04.

**DHS 36.14 Criteria for determining the need for psychosocial rehabilitation services.** Psychosocial rehabilitation services shall be available to individuals who are determined to require more than outpatient counseling but less than the services provided by a community support program under s. 51.421,

Stats., and ch. DHS 63, as a result of a department–approved functional screen and meet all of the following criteria:

(1) Has a diagnosis of a mental disorder or a substance use disorder.

(2) Has a functional impairment that interferes with or limits one or more major life activities and results in needs for services that are described as ongoing, comprehensive and either high–intensity or low–intensity. Determination of a qualifying functional impairment is dependent upon whether the applicant meets one of the following descriptions:

(a) ‘Group 1’. Persons in this group include children and adults in need of ongoing, high–intensity, comprehensive services who have diagnoses of a major mental disorder or substance–use disorder, and substantial needs for psychiatric, substance abuse, or addiction treatment.

(b) ‘Group 2’. Persons in this group include children and adults in need of ongoing, low–intensity comprehensive services who have a diagnosed mental or substance–use disorder. These individuals generally function in a fairly independent and stable manner but may occasionally experience acute psychiatric crises.

**Note:** Appropriate identification of mental health or substance–use related problems for this group is critical, especially because they are often first seen in non–mental health or substance–use treatment settings, e.g., primary care sector, school system, law enforcement, child welfare, aging services, domestic violence shelters, etc.

(3) (a) If the department–approved functional screen cannot be completed at the time of the consumer’s application, the CCS shall conduct an assessment of the applicant’s needs pursuant to s. DHS 36.16 (3) and (4). An assessment conducted under s. DHS 36.16 (3) and (4) may be abbreviated if any one of the conditions under s. DHS 36.16 (5) applies.

(b) If an applicant is determined to not need psychosocial rehabilitation services, no additional psychosocial rehabilitation services may be provided to the applicant by the CCS program. The applicant shall be given written notice of the determination and referred to a non–CCS program. The applicant may submit a written request for a review of the determination to the department.

**Note:** A written request for a review of the determination of need for psychosocial rehabilitation services should be addressed to the Bureau of Mental Health and Substance Abuse Services, 1 W. Wilson Street, Room 433, PO Box 7851, Madison, WI 53707–7851.

(c) If an applicant is determined to need psychosocial rehabilitation services, a comprehensive assessment shall be conducted under s. DHS 36.16 (3) and (4) unless the following conditions are present:

1. A comprehensive assessment was conducted and completed under par. (a).

2. The consumer qualifies for an abbreviated assessment under s. DHS 36.16 (5).

**History:** CR 04–025; cr. Register October 2004 No. 586, eff. 11–1–04; correction in (intro.) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

**DHS 36.15 Authorization of services. (1)** Before a service is provided to an applicant under s. DHS 36.13 (2) or 36.17, a mental health professional shall do all of the following:

(a) Review and attest to the applicant’s need for psychosocial rehabilitation services and medical and supportive activities to address the desired recovery goals.

(b) Assure that a statement authorizing the proposed psychosocial rehabilitation services under the standards set forth in par. (a) is provided and filed in the consumer service record.

(2) If the applicant has or may have a substance–use disorder, a substance abuse professional shall also sign the authorization for services.

**History:** CR 04–025; cr. Register October 2004 No. 586, eff. 11–1–04.

**DHS 36.16 Assessment process. (1) POLICIES AND PROCEDURES.** The CCS shall implement policies and procedures that address the requirements under this section.

(2) **FACILITATION.** All of the following shall occur concerning the assessment:



(a) The assessment process and the assessment summary required under sub. (6) shall be completed within 30 days of receipt of an application for services. The assessment process shall be explained to the consumer and, if appropriate, a legal representative or family member.

(b) The assessment process shall be facilitated by a service facilitator.

(c) Substance use diagnoses shall be established by a substance abuse professional. An assessment of the consumer's substance use, strengths and treatment needs also shall be conducted by a substance abuse professional.

(d) The assessment process shall incorporate, to the greatest extent possible, the consumer's unique perspective and own words about how he or she views his or her recovery, experience, challenges, strengths, resources and needs in each of the domains included in the assessment process.

**(3) ASSESSMENT CRITERIA.** The assessment shall be comprehensive and accurate. The assessment shall be conducted within the context of the domains listed in sub. (4), and any other domains identified by the CCS, and shall be consistent with all of the following:

(a) Be based upon known facts and recent information and evaluations and include assessment for co-existing mental health disorders, substance-use disorders, physical or mental impairments and medical problems.

(b) Be updated as new information becomes available.

(c) Address the strengths, needs, recovery goals, priorities, preferences, values and lifestyle of the consumer.

(d) Address age and developmental factors that influence appropriate outcomes, goals and methods for addressing them.

(e) Identify the cultural and environmental supports as they affect identified goals and desired outcomes and preferred methods for achieving the identified goals.

(f) Identify the consumer's recovery goals and understanding of options for treatment, psychosocial rehabilitation services and self-help programs to address those goals.

**(4) ASSESSMENT DOMAINS.** The assessment process shall address all of the following domains of functioning:

(a) Life satisfaction.

(b) Basic needs.

(c) Social network and family involvement. In this paragraph "family involvement" means the activities of a family member to support a consumer receiving psychosocial rehabilitation services. Except where rights of visitation have been terminated, the family of a minor shall always be included. The family of an adult consumer may be involved only when the adult has given written permission.

(d) Community living skills.

(e) Housing issues.

(f) Employment.

(g) Education.

(h) Finances and benefits.

(i) Mental health

(j) Physical health.

(k) Substance use.

(L) Trauma and significant life stressors.

(m) Medications.

(n) Crisis prevention and management.

(o) Legal status.

(p) Any other domain identified by the CCS.

**(5) ABBREVIATED ASSESSMENT.** (a) The assessment in sub. (3) may be abbreviated if the consumer has signed an admission agreement and one of the following circumstances apply:

1. The consumer's health or symptoms are such that only limited information can be obtained immediately.

2. The consumer chooses not to provide information necessary to complete a comprehensive assessment at the time of application.

3. The consumer is immediately interested in receiving only specified services that require limited information.

(b) An assessment conducted under this subsection shall meet the requirements under sub. (3) to the extent possible within the context that precluded a comprehensive assessment.

(c) The assessment summary required to be completed under sub. (6) shall include the specific reason for abbreviating the assessment.

(d) An abbreviated assessment shall be valid for up to 3 months from the date of the application. Upon the expiration date, a comprehensive assessment shall be conducted to continue psychosocial rehabilitation services. If a comprehensive assessment cannot be conducted when the abbreviated assessment expires, the applicant shall be given notice of a determination that the consumer does not need psychosocial rehabilitation services pursuant to the requirements of s. DHS 36.14 (3) (b).

**(6) ASSESSMENT SUMMARY.** The assessment shall be documented in an assessment summary that shall be prepared by a member of the recovery team and shall include all of the following:

(a) The period of time within which the assessment was conducted. Each meeting date shall be included.

(b) The information on which outcomes and service recommendations are based.

(c) Desired outcomes and measurable goals desired by the consumer.

(d) The names and relationship to the consumer of all individuals who participated in the assessment process.

(e) Significant differences of opinion, if any, which are not resolved among members of the recovery team.

(f) Signatures of persons present at meetings being summarized.

**(7) RECOVERY TEAM.** (a) The consumer shall be asked to participate in identifying members of the recovery team.

(am) The recovery team shall include all of the following:

1. The consumer.

2. A service facilitator.

3. A mental health professional or substance abuse professional. If the consumer has or is believed to have a co-occurring condition, the recovery team shall consult with an individual who has the qualifications of a mental health professional and substance abuse professional or shall include both a mental health professional and substance abuse professional or a person who has the qualifications of both a mental health professional and substance abuse professional on the recovery team.

4. Service providers, family members, natural supports and advocates shall be included on the recovery team, with the consumer's consent, unless their participation is unobtainable or inappropriate.

5. If the consumer is a minor or is incompetent or incapacitated, a parent or legal representative of the consumer, as applicable, shall be included on the recovery team.

(b) 1. The recovery team shall participate in the assessment process and in service planning. The role of each team member shall be guided by the nature of team member's relationship to the consumer and the scope of the team member's practice.

2. Team members shall provide information, evaluate input from various sources, and make collaborative recommendations regarding outcomes, psychosocial rehabilitation services and sup-

portive activities. This partnership shall be built upon the cultural norms of the consumer.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04.

**DHS 36.17 Service planning and delivery processes.** (1) **POLICIES AND PROCEDURES.** The CCS shall implement policies and procedures that address the requirements under this section.

(2) **FACILITATION OF SERVICE PLANNING.** (a) A written service plan shall be based upon the assessment and completed within 30 days of the consumer’s application for services. The service plan shall include a description of all of the following:

(b) The service planning process shall be explained to the consumer and, if appropriate, a legal representative or family member.

(c) The service planning process shall be facilitated by the service facilitator in collaboration with the consumer and recovery team.

(d) Service planning shall address the needs and recovery goals identified in the assessment.

(2m) **SERVICE PLAN DOCUMENTATION.** (a) The service plan shall include a description of all of the following:

1. The service facilitation activities, that will be provided to the consumer or on the consumer’s behalf.

2. The psychosocial rehabilitation and treatment services, to be provided to or arranged for the consumer, including the schedules and frequency of services provided.

3. The service providers and natural supports who are or will be responsible for providing the consumer’s treatment, rehabilitation, or support services and the payment source for each.

4. Measurable goals and type and frequency of data collection that will be used to measure progress toward desired outcomes.

(b) An attendance roster shall include recovery team members in attendance at each service planning meeting. The roster shall include the date of the meeting and the name of each person attending the meeting. Each original, updated, and partially completed service plan shall be maintained in the consumer’s service record as required in s. DHS 36.18.

(c) The completed service plan shall be signed by the consumer, a mental health or substance abuse professional and the service facilitator.

(d) Documentation of the service plan shall be available to all members of the recovery team.

(3) **SERVICE PLAN REVIEW.** The service plan for each consumer shall be reviewed and updated as the needs of the consumer change or at least every 6 months. A service plan that is based on an abbreviated assessment shall be reviewed and updated upon the expiration of the abbreviated assessment or before that time if the needs of the consumer change. The review shall include an assessment of the progress toward goals and consumer satisfaction with services.

(4) **SERVICE DELIVERY.** (a) Psychosocial rehabilitation and treatment services shall be provided in the most natural and least restrictive manner and most integrated settings practicable consistent with current legal standards, be delivered with reasonable promptness, and build upon the natural supports available in the community.

(b) Services shall be provided with sufficient frequency to support achievement of goals identified in the service plan.

(c) Documentation of the services shall be included in the service record of the consumer under the requirements in s. DHS 36.18.

(5) **DISCHARGE.** (a) Discharge from the CCS shall be based on the discharge criteria in the service plan of the consumer unless any one of the following applies:

1. The consumer no longer wants psychosocial rehabilitation services.

2. The whereabouts of the consumer are unknown for at least 3 months despite diligent efforts to locate the consumer.

3. The consumer refuses services from the CCS for at least 3 months despite diligent outreach efforts to engage the consumer.

4. The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living.

5. The consumer is deceased.

6. Psychosocial rehabilitation services are no longer needed.

(am) When a consumer is discharged from the CCS program, the consumer shall be given written notice of the discharge. The notice shall include all of the following:

1. A copy of the discharge summary developed under par. (b).

2. Written procedures on how to re-apply for CCS services.

3. If a consumer is involuntarily discharged from the CCS program and the consumer receives Medical Assistance, the fair hearing procedures prescribed in s. DHS 104.01 (5). For all other consumers, information on how the consumer can submit a written request for a review of the discharge to the department.

**Note:** A written request for review of the determination of need for psychosocial rehabilitation services should be addressed to the Bureau of Prevention, Treatment and Recovery, 1 W. Wilson Street, Room 850, P.O. Box 7851, Madison, WI 53707–7851.

(b) The CCS shall develop a written discharge summary for each consumer discharged from psychosocial rehabilitation services. The discharge summary shall include all of the following:

1. The reasons for discharge.

2. The consumer’s status and condition at discharge including the consumer’s progress toward the outcomes specified in the service plan.

3. Documentation of the circumstances, as determined by the consumer and recovery team, that would suggest a renewed need for psychosocial rehabilitation services.

4. For a planned discharge, the signature of the consumer, the service facilitator, and mental health professional or substance abuse professional. With the consumer’s consent, this summary shall be shared with providers who will be providing subsequent services.

**History:** CR 04–025: cr. Register October 2004 No. 586, eff. 11–1–04; correction in (5) (am) 3. made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; CR 23–053: am. (2m) (b) Register September 2023 No. 813, eff. 10–1–23.

**DHS 36.18 Consumer service records.** (1) Each consumer service record shall be maintained pursuant to the confidentiality requirements under HIPAA, s. 51.30, Stats., ch. DHS 92 and, if applicable, 42 CFR Part 2. Electronic records and electronic signatures shall meet the HIPAA requirements in 45 CFR 164, Subpart C.

(2) The CCS shall maintain in a central location a service record for each consumer. Each record shall include sufficient information to demonstrate that the CCS has an accurate understanding of the consumer, the consumer’s needs, desired outcomes and progress toward goals. Entries shall be legible, dated and signed.

(3) Each consumer record shall be organized in a consistent format and include a legend to explain any symbol or abbreviation used. All of the following information shall be included in the consumer’s record:

(a) Results of the assessment completed under s. DHS 36.16, including the assessment summary.

(b) Initial and updated service plans, including attendance rosters from service planning sessions.

(c) Authorization of services statements.

(d) Any request by the consumer for a change in services or service provider and the response by the CCS to such a request.

(e) Service delivery information, including all of the following:

1. Service facilitation notes and progress notes.

2. Records of referrals of the consumer to outside resources.

3. Descriptions of significant events that are related to the consumer's service plan and contribute to an overall understanding of the consumer's ongoing level and quality of functioning.

4. Evidence of the consumer's progress, including response to services, changes in condition and changes in services provided.

5. Observation of changes in activity level or in physical, cognitive or emotional status and details of any related referrals.

6. Case conference and consultation notes.

7. Service provider notes in accordance with standard professional documentation practices.

8. Reports of treatment, or other activities from outside resources that may be influential in the CCS's service planning.

(f) A list of current prescription medication and regularly taken over the counter medications. Documentation of each prescribed medication shall include all of the following:

1. Name of the medication and dosage.

2. Route of administration.

3. Frequency.

4. Duration, including the date the medication is to be stopped.

5. Intended purpose.

6. Name of the prescriber. The signature of prescriber is also required if the CCS prescribes medication as a service.

7. Activities related to the monitoring of medication including monitoring for desired responses and possible adverse drug reactions, as well as an assessment of the consumer's ability to self-administer medication.

7m. Medications may be administered only by a physician, nurse, a practitioner, a person who has completed training in a drug administration course approved by the department, or by the consumer.

8. If a CCS staff member administers medications, each medication administered shall be documented on the consumer's individual medication administration record (MAR) including, the time the medication was administered and by whom and observa-

tion of adverse drug reactions, including a description of the adverse drug reaction, the time of the observation and the date and time the prescriber of the medication was notified. If a medication was missed or refused by the consumer, the record shall explicitly state the time that it was scheduled and the reason it was missed or refused.

(g) Signed consent forms for disclosure of information and for medication administration and treatment.

(h) Legal documents addressing commitment, guardianship, and advance directives.

(i) Discharge summary and any related information.

(j) Any other information that is appropriate for the consumer service record.

**History:** CR 04-025: cr. Register October 2004 No. 586, eff. 11-1-04; correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

**DHS 36.19 Consumer rights. (1)** The CCS shall comply with the patient rights and grievance resolution procedures in s. 51.61, Stats., and ch. DHS 94, and all of the following:

(a) Choice in the selection of recovery team members, services, and service providers.

(b) The right to specific, complete and accurate information about proposed services.

(c) For Medical Assistance consumers, the fair hearing process under s. DHS 104.01 (5). For all other consumers how to request a review of a CCS determination by the department.

**Note:** A written request for review of the determination of need for psychosocial rehabilitation services should be addressed to the Bureau of Prevention, Treatment and Recovery, 1 W. Wilson Street, Room 850, P.O. Box 7851, Madison, WI 53707-7851.

**(1m)** Consumers shall not be required to use telehealth to receive services and an in-person option must be available. Providers are not required to provide services via telehealth to an individual or a program.

**(2)** The service facilitator shall ensure that the consumer understands the options of using the formal and informal grievance resolution process in s. DHS 94.40 (4) and (5).

**History:** CR 04-025: cr. Register October 2004 No. 586, eff. 11-1-04; corrections made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; **CR 23-053: cr. (1m) Register September 2023 No. 813, eff. 10-1-23.**