

Chapter HSS 61

**COMMUNITY MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
ALCOHOLISM AND OTHER DRUG ABUSE
SERVICES**

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Note: Sections HSS 61.01 to 61.26 replace PW-MH 60.10 to 60.30. Sections HSS 61.30 to 61.46 replace PW-MH 60.40 and 60.50.

General Provisions

HSS 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.

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

Note: For ease of reference, the definitions are categorized under general definitions, program element definitions and disability related definitions.

General Definitions

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

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(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 social 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) "Employee 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 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.

Program Element Definitions

(7) "Day services, medical and non-medical," means non-residential comprehensive coordinated services to enhance maturation and social development and alleviate a person's problem related to mental illness, developmental disability, alcohol or other drug abuse. Day services provide medical or non-medical service or both on a regular basis for a scheduled portion of a 24 hour day.

(a) Medical day service includes supervised personal care, treatment and psychotherapy in a medically supervised setting.

(b) Non-medical day service includes counseling, training, and recreation in a non-medically supervised setting. This would include 24 hour day camps.

(8) "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.

(9) "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. 51.42 (11) (c), Stats., and transportation, if needed, to an emergency room of a general hospital for medical treatment.

(10) "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.

(11) "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 section PW-MH 60.71, Wis. Adm. Code.

(12) "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.

(13) "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.

(14) "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.

(15) "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.

(16) "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.

(17) "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.

(18) "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.

(19) "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.

(20) "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.

Disability Related Definitions

(21) "Alcoholic" means a person who habitually lacks self-control as to the use of alcoholic beverages, or uses such beverages to the extent that health is substantially impaired or endangered or social or economic functioning is substantially disrupted.

(22) "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.

(23) "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.

(24) "Detoxification receiving center in alcohol and other drug abuse programs" means a short term facility with limited medical supervision but which has written agreements with a hospital to provide emergency medical care.

(25) "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.

(26) "Drug abuser" means a person who uses one or more drugs to the extent that the person's health is substantially impaired or social or economic functioning is substantially disrupted.

(27) "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.

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

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

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

(31) "Psychotherapy" means psychotherapy as defined in section HSS 101.03 Wis. Adm. Code.

(32) "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.

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(33) "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: Cr. Register, January, 1980, No. 289, eff. 2-1-80.

HSS 61.03 Eligibility. (1) A program or service authorized under s. 51.42/51.437 Stats. its 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. 46.03 (21), 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

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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
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 + 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, Transporta- tion, Education, Recreation, Train- ing, Treatment
3. Treatment	Inpatient, Outpatient, Day Services, Extended Care	Treatment, Counseling, Health-Rel- ated, Medical, Transportation, Edu- cation, Recreation, Training, Leisure Time Activities, Personal Care
4. Day Care	Day Services	Education, Transportation, Counsel- ing, Recreation, Training, Treat- ment, Personal Care, Health-Rel- ated, Leisure Time Activities, Medical, Evaluation
5. Training	Day Services, Sheltered Employment	Diagnosis, Education, Transporta- tion, Counseling, Recreation, Train- ing, Treatment, Personal Care, Day Care, Health-Related, Leisure Time Activities, Medical
6. Education	Day Services, Sheltered Employment	Diagnosis, Education, Transporta- tion, Counseling, Recreation, Train- ing, Treatment, Personal Care, Day Care, Health-Related, Leisure Time Activities, Medical
7. Sheltered Employment	Sheltered Employment	Counseling, Evaluation, Transporta- tion, Education, Recreation, Train- ing, Treatment, Personal Care
8. Information & Referral	Intervention	Counseling, Diagnosis, Evaluation, Health-Related, I + R, Intervention, Outreach, Public Information and Education
9. Counseling	Outpatient	Counseling, Diagnosis, Evaluation, All Services
10. Follow Along	Intervention	Counseling, Diagnosis, Evaluation, I + 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 Informa- tion and Education, Diagnosis, Eval- uation, 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
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.

HSS 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. 51.42 (4), 51.437, or 46.23, Stats. The board shall appoint a program director.

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

HSS 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.

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(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.

HSS 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.

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(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.

(14) An alcohol and other drug abuse counselor shall be certified by the Wisconsin alcoholism and drug abuse counselor certification board, inc. (this includes counselors certified as alcoholism counselors, drug counselors, or alcohol and other drug abuse counselors). Non-certified counselors may be employed on the basis of personal aptitude, training and experience if they:

(a) Complete a suitable period of orientation;

(b) Have a counselor certification development plan which is approved by the certification board; and

(c) Are provided with ongoing clinical consultation from a certified alcohol or other drug abuse counselor.

(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.

HSS 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.

HSS 61.08 Requirements for inservice and educational leave programs for personnel. Personnel policies shall incorporate provi-

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sions for inservice training and educational leave programs for program personnel.

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

HSS 61.09 Fee schedule. A board shall charge fees according to departmental rules.

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

HSS 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.

HSS 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.

HSS 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.

HSS 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.

HSS 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.

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HSS 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.

HSS 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.

HSS 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.

HSS 61.18 Research. Section 51.61 (4), Stats., shall apply to research activity.

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

HSS 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.

HSS 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 sections HSS 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 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 (2) above), 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 or 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.

HSS 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.

HSS 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.

HSS 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.

HSS 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.

HSS 61.25 Private outpatient facility. Program staff shall meet qualifications as specified in section HSS 61.06 for approval as an outpatient clinic under s. 632.89 Stats. In lieu of the requirements in PW-MH 60.65 (1), Wis. Adm. Code, a minimum of 4 hours each of psychiatry and psychology shall be provided weekly. An outpatient facility shall have demonstrated procedures for ensuring continuity of care for the client through either the facility itself or other appropriate program.

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

**Community Developmental Disabilities
Services**

HSS 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, s. 51.437 or s. 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 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:

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(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. 269, eff. 2-1-80.

HSS 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 (2) (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.

HSS 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. HSS 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 developmental 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.

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

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(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.

HSS 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.

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(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 vocational technical adult education (VTAE) 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.

HSS 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

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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.

(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.

HSS 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.

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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. HSS 61.38, training services.

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

HSS 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.

HSS 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) 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 modi-

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fyng 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.
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.

HSS 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.

HSS 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

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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 employees 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 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.

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(h) Commission on accreditation of rehabilitation facilities (CARF) accreditation for sheltered employment or work activities may substitute for all except sub. (2) (f) (g) of this section.

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

HSS 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 two 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.

HSS 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.

HSS 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 chapter H 34, Wis. Adm. Code and federal standards regulating intermediate care facilities for the mentally retarded.

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(2) PROGRAM. (a) Program requirements shall comply with appropriate sections of chapter H 34, Wis. Adm. Code 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.

HSS 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.

HSS 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.

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(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.

HSS 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 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.