Chapter HSS 61

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

Subchapter I

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.

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

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

Next page is numbered 131

(2) PROGRAM. (a) Program requirements shall comply with appropriate sections of ch. 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.

(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.

Subchapter III

Community Alcohol and Other Drug Abuse Programs

HSS 61.50 Introduction. (1) SCOPE. The standards contained herein apply to all alcohol and drug abuse programs receiving funds from the department or through contracts with boards organized under ch. 46 or 51, Stats., drug treatment programs approved by the state methadone authority, programs funded through the single state agency for drug abuse and the state alcoholism authority for alcoholism and programs operated by other private agencies that may request certification.

(2) STATUTORY AUTHORITY. This subchapter is promulgated pursuant to s. 51.42 (12), Stats., which directs the secretary to adopt rules to govern the administrative structure necessary for providing alcohol and drug abuse services. Additional statutory directives are found in ss. 51.45 (8) and 140.81 (2) (c), Stats.

(3) PURPOSE. These rules are established to provide uniform standards for programs providing services under ss. 51.42 and 51.45 Stats. The program standards establish a minimum level of services for Wisconsin citizens. A continuum of services shall be available either through direct provision by certified facilities or through agreements which document the availability of services from other providers to meet the needs of clients and the community.

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

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

(1) "Aftercare" means that stage of treatment in which the client no longer requires regularly scheduled treatment and is free to use services on an as-needed basis.

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

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

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

(5) "Certification" means the approval of a program by a duly authorized agency for a specific purpose.

(6) "Client" means an individual who has completed the intake process and is receiving alcohol or other drug abuse services and means the same as patient, resident, consumer and recipient of alcohol or other drug abuse treatment services.

(7) "Employe assistance program" means a mechanism for identification, motivation, and referral of employed persons whose job performance is being repeatedly impaired by such unresolved personal problems as medical, family, marital, financial, legal, emotional and alcohol or other drug dependency or abuse problems.

(8) "Group therapy" means the application of therapeutic techniques which involve interaction between members of a group consisting of 2 or more persons.

(9) "Mental health professional" means those individuals with training and experience in the field of mental health as specified in s. HSS 61.06 (1) to (14).

(10) "Prescription" means a written order by a physician for treatment for a particular person which includes the date of the order, the name and address of the physician, the client's name and address, the nature of the recommended treatment based on the diagnostic exam and the physician's signature.

(11) "Program" has the meaning designated in s. 51.42 (2) (a), Stats.

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

(13) "Rehabilitation services" means those methods and techniques used to achieve maximum function, optimal adjustment, and prevent relapses of the client's condition.

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

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

HSS 61.52 General requirements. This section establishes general requirements which apply to the programs detailed in the sections to follow. Not all general requirements apply to all programs. Table 61.52 indicates the general requirement subsections which apply to specific programs.

TABLE 61.52

APPLICABLE GENERAL REQUIREMENTS SUBSECTIONS

Program	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
HSS 61.53	X	X	X	X	O	O	O	O	O	O	O	O	X	O	X	O
HSS 61.54	X	X	X	X	O	O	X	O	O	O	X	X	X	O	X	O
HSS 61.55	O	O	X	X	O	X	X	O	O	O	O	O	O	X	X	X
HSS 61.56	X	X	X	X	O	X	X	X	X	X	X	X	X	X	X	X
HSS 61.57	X	X	X	X	O	X	X	O	O	O	X	X	X	X	X	O
HSS 61.58	X	X	X	X	X	O	O	X	X	X	X	X	X	X	X	X
HSS 61.59	X	X	X	X	X	O	X	X	X	X	X	X	X	X	X	O
HSS 61.60	X	X	X	X	X	O	X	X	X	X	X	X	X	X	X	X
HSS 61.61	X	X	X	X	X	O	X	X	X	X	X	X	X	X	X	O
HSS 61.62	X	X	X	X	X	O	X	X	X	X	X	X	X	X	X	O
HSS 61.63	O	O	X	X	X	O	X	X	X	X	X	X	X	X	X	X
HSS 61.64	X	X	X	X	X	O	X	X	X	X	X	X	X	X	X	O
HSS 61.65	X	X	X	X	X	O	X	X	X	X	X	X	X	X	X	O
HSS 61.66	X	X	X	X	X	O	X	X	X	X	X	X	X	X	X	X
HSS 61.67	X	X	X	X	X	O	X	X	X	X	X	X	X	X	X	X
HSS 61.68	Determined on a case by case basis.															

X=required

O=not required

(1) GOVERNING AUTHORITY. The governing body or authority shall:

(a) Have written documentation of its source of authority;

(b) Exercise general direction over, and establish policies concerning, the operation of the program;

(c) Appoint a director whose qualifications, authority and duties are defined in writing;

(d) Provide for community participation in the development of the program's policies;

(e) Ensure the provision of a policy manual that describes the regulations, principles and guidelines that determine the program's operation;

(f) Comply with local, state and federal laws and regulations;

(g) Comply with civil rights and client rights requirements specified in ss. HSS 61.10 to 61.13.

(2) PERSONNEL. (a) There shall be a designated director who is responsible for the program.

(b) The program shall have written personnel policies and practices which shall ensure compliance with equal employment and affirmative action requirements specified in s. HSS 61.14.

(c) In the selection of staff, consideration shall be given to the special characteristics of the program's client population, including clients with foreign language difficulties and communication handicaps.

(d) The use of volunteers is encouraged and shall comply with s. HSS 61.16.

(3) STAFF DEVELOPMENT. The staff development program shall include orientation for entry-level staff, on-the-job training, inservice education and opportunities for continuing job-related education.

(a) There shall be written policies and procedures that establish a staff development program.

(b) An individual shall be designated to supervise staff development activities.

(c) There shall be documentation of planned, scheduled and conducted staff development activities.

(d) There shall be periodic specialized training for the medical, nursing and allied health staff who deal directly with client and family in the latest procedures and techniques of identifying and treating chemical dependencies, emergency first aid and airway obstruction and cardiopulmonary resuscitation (CPR).

(e) All staff having contact with clients shall receive orientation directed at developing awareness and empathy in the care of clients and assistance to client families.

(4) CONFIDENTIALITY. Programs conducted by boards or programs contracting with boards shall establish written policies, procedures and staff orientation to ensure compliance with provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, s. 51.30, Stats., and rules established by the department governing confidentiality of ch. 51, Stats., records.

(5) CLIENT CASE RECORDS. There shall be a case record for each client and a contact register for all service inquiries.

(a) The responsibility for management of records shall be assigned to a staff person who shall be responsible for the maintenance and security of client case records.

(b) Client case records shall be safeguarded as specified in s. HSS 61.23.

(c) The case record-keeping format shall provide for consistency, facilitate information retrieval and shall include the following:

1. Consent for treatment forms signed by the client;

2. Acknowledgement of program policies and procedures which is signed and dated by the client;

3. Results of all examinations, tests and other assessment information;

4. Reports from referring sources;

5. Treatment plans, except for hospital emergency services;

6. Medication records, which shall allow for ongoing monitoring of all medications administered and the detection of adverse drug reactions. All medication orders in the client case record shall specify the name of the medication, dose, route of administration, frequency of administration, person administering and name of the physician who prescribed the medication;

7. Records of referrals to outside resources;

8. Reports from outside resources, which shall include the name of the resource and the date of the report. These reports shall be signed by the person making the report or by the program staff member receiving the report;

9. Multidisciplinary case conference and consultation notes;

10. Correspondence including all letters and dated notations of telephone conversations relevant to the client's treatment;

11. Consent for disclosure of information release forms;

12. Progress notes;

13. Record of services provided which shall include summaries sufficiently detailed so that a person not familiar with the program can identify the types of services the client has received; and

14. Discharge documentation.

(6) CASE RECORDS FOR EMERGENCY PROGRAMS. (a) A case record shall be kept for every person requesting or receiving emergency services onsite or in his or her natural environment, except where the only contact made is by telephone.

(b) Records maintained on emergency cases shall comply with requirements under s. H 24.07 (1), Wis. Adm. Code, for state approval of hospitals or include:

1. The individual's name and address, unless gathering such information is contraindicated;

2. Date of birth, sex and race or ethnic origin;

3. Time of first contact with the individual;

4. Time of the individual's arrival, means of arrival and by whom transported;

5. Presenting problem;

6. Time emergency services began;

7. History of recent drug use, if determinable;

8. Pertinent history of the problem, including details of first aid or emergency care given to the individual before he or she was seen by the emergency program;

9. Description of significant clinical and laboratory findings;

10. Results of emergency screening, diagnosis or other assessment undertaken;

11. Detailed description of services provided;

12. Progress notes;

13. Condition of the individual on discharge or transfer;

14. Final disposition, including instructions given to the individual regarding necessary follow-up care;

15. Record of services provided, which shall be signed by the physician in attendance, when medical diagnosis or treatment has been provided; and

16. Continual updates to reflect the current status of the client.

(7) INTAKE AND ASSESSMENT. The acceptance of a client for treatment shall be based on an intake procedure and assessment of the client.

(a) Admission shall not be denied solely on the basis of the number of previous admissions to any treatment unit, receiving unit or any other related program.

(b) Criteria for determining the eligibility of individuals for admission shall be clearly stated in writing.

(c) Assessment shall be done by members of the clinical staff and shall be clearly explained to the client and to the client's family when appropriate.

1. The assessment shall include identification of the alcohol or drug abused, frequency and duration of use, method of administration and relationship to the client's dysfunction.

2. The assessment shall include available information on the client's family, legal, social, vocational and educational history.

(d) Methods of intake shall be determined by the admission criteria and the needs of the client.

1. The program shall have written policies and procedures governing the intake process including the following:

a. The types of information to be obtained on all applicants prior to admission;

b. The procedures to be followed when accepting referrals from outside agencies;

c. The procedures to be followed for referrals when an applicant is found ineligible for admission. The reason for non-admission shall be recorded in the registration record.

2. During the intake process, unless an emergency situation is documented, each applicant shall sign an acknowledgement that he or she understands the following:

a. The general nature and purpose of the program;

b. Program regulations governing patient conduct, types of infractions which may lead to corrective action or discharge from the program and the process for review and appeal;

c. The hours during which services are available;

d. The treatment costs which may be billed to the patient, if any;

e. The program's procedures for follow-up after discharge.

3. Prior to formal admission to the program, unless an emergency situation is documented, the client shall sign a written consent to treatment form which describes the services to be provided.

4. Admissions under court order shall be in accordance with ss. 51.15 and 51.45 (12), Stats.

(8) TREATMENT PLAN. Based on the assessment made of the client's needs, a written treatment plan shall be developed and recorded in the client's case record.

(a) A preliminary treatment plan shall be developed as soon as possible, but not later than 5 working days after the client's admission.

(b) Treatment may begin before completion of the plan.

(c) The plan shall be developed with the client, and the client's participation in the development of treatment goals shall be documented.

(d) The plan shall specify the services needed to meet the client's needs and attain the agreed-upon goals.

(e) The goals shall be developed with both short and long range expectations and written in measurable terms.

(f) A treatment plan manager shall be designated to have primary responsibility for plan development and review.

(g) The plan shall describe criteria to be met for termination of treatment.

(h) Client progress and current status in meeting the goals set in the plan shall be reviewed by the client's treatment staff at regularly scheduled case conferences.

1. The date and results of the review and any changes in the treatment plan shall be written into the client's record.

2. The participants in the case conference shall be recorded in the case record.

3. The case manager shall discuss the review results with the client and document the client's acknowledgement of any changes in the plan.

(9) PROGRESS NOTES. (a) Progress notes shall be regularly entered into the client's case record.

(b) Progress notes shall include the following:

1. Chronological documentation of treatment given to the client which shall be directly related to the treatment plan.

2. Documentation of the client's response to and the outcome of the treatment.

a. Progress notes shall be dated and signed by the person making the entry.

b. Efforts shall be made to secure written reports of progress and other case records for clients receiving concurrent services from an outside source.

(10) DISCHARGE. (a) A discharge summary shall be entered in the client's case record within one week after termination of treatment.

(b) The discharge summary shall include:

1. A description of the reasons for discharge;

2. The individual's treatment status and condition at discharge;

3. A final evaluation of the client's progress toward the goals set forth in the treatment plan; and

4. A plan developed, in conjunction with the client, regarding care after discharge and follow-up.

(11) REFERRAL. (a) There shall be written referral policies and procedures that facilitate client referral between the program and other community service providers which include:

1. A description of the methods by which continuity of care is assured for the client.

2. A listing of resources that provide services to program clients. The listing of resources shall contain the following information:

a. The name and location of the resource;

b. The types of services the resource is able to provide;

c. The individual to be contacted when making a referral to the resource; and

d. The resource's criteria for determining an individual's eligibility for its services.

(b) All relationships with outside resources shall be approved by the director of the program.

(c) Agreements with outside resources shall specify:

1. The services the resource will provide;

2. The unit costs for these services, if applicable;

3. The duration of the agreement;

4. The maximum number of services available during the period of the agreement;

5. The procedures to be followed in making referrals to the resource;

6. The types of follow-up information that can be expected from the resource and how this information is to be communicated;

7. The commitment of the resource to abide by federal and state program standards; and

8. To what degree, if any, the program and the outside resource will share responsibility for client care.

(d) There shall be documentation of annual review and approval of the referral policies and procedures by the director.

(12) FOLLOW-UP. (a) All follow-up activities shall be with written consent of the client.

(b) A program that refers a client to an outside resource while still retaining treatment responsibilities shall regularly request information on the status and progress of the client.

(c) The program shall attempt to determine the disposition of the referral within one week from the day the referral is expected to be completed. Once the determination has been attempted, the program may consider its obligation to the client to be fulfilled.

(d) The date, method, and results of follow-up attempts shall be entered in the client's case record and shall be signed by the individual making the entry. Where follow-up information cannot be obtained, the reason for not obtaining the information shall be entered in the client's case record.

(e) If the program attempts to determine the status of a discharged client, for purposes other than determining the disposition of a referral (e.g., for research purposes), such follow-up shall be limited to direct contact with the discharged client to the extent possible.

(13) PROGRAM EVALUATION. (a) A program's evaluation plan shall include:

1. A written statment of the program's goals and objectives which relate directly to the program's clients, participants or target population.

2. Measurable criteria to be applied in determining whether or not established goals and objectives are achieved;

3. Methods for documenting achievements not related to the program's stated goals and objectives;

4. Methods for assessing the effective utilization of staff and resources toward the attainment of the goals and objectives.

(b) An annual report on the program's progress in meeting its goals and objectives shall be prepared, distributed to interested persons and made available to the department upon request.

(c) Evaluation reports shall present data and information that is readily understandable and useful for management planning and decision making.

(d) The program shall have a system for regular review which is designed to evaluate the appropriateness of admissions to the program; length of stay; treatment plans; discharge practices; and other factors which may contribute to effective use of the program's resources.

(e) The governing body or authority and the program director shall review all evaluation and review reports and make recommendations for changes in program operations accordingly.

(f) There shall be documentation of the distribution of evaluation and review reports.

(14) UNLAWFUL ALCOHOL OR DRUG USE. The unlawful, illicit or unauthorized use of alcohol or other drugs within the program is prohibited.

(15) ACCREDITED PROGRAMS. If a program holds current accreditation by the joint commission on accreditation of hospitals or commission on accreditation of rehabilitation facilities, the requirements to meet the standards of this subchapter may be waived by the department.

(16) EMERGENCY SHELTER AND CARE. Programs that provide 24 hour residential care shall have a written plan for the provision of shelter and care for clients in the event of an emergency that would render a facility unsuitable for habitation.

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

HSS 61.53 Prevention program. Prevention programs provide activities which promote the emotional, intellectual, physical, spiritual and social knowledge and living skills of individuals, strengthen positive community environments, and change those community and social conditions which influence individuals to develop alcohol and other drug abuse problems.

(1) REQUIRED PERSONNEL. (a) If professionals are employed, they shall be qualified pursuant to s. HSS 61.06 and in addition shall have training in the area of alcohol and other drug abuse prevention.

(b) Paraprofessional personnel shall be experienced or trained in the area of alcohol and other drug abuse prevention.

(c) Staff without previous experience in alcohol and other drug abuse prevention shall receive inservice training and shall be supervised closely in their work by experienced staff members until such time as the director deems them satisfactorily trained to be able to fulfill their duties.

(d) Prevention program staff shall have knowledge and experience in three or more of the following areas:

1. Community development and organization;

2. Child and adult education;

3. Public education and use of media;

4. Group process and group facilitation;

5. Alternatives programming;

6. Networking with community agencies;

7. Social and public policy change; and

8. Program planning and evaluation.

(2) PROGRAM OPERATION. (a) Programs shall provide services in three or more of the following areas:

1. Community development and organization;

2. Child and adult education;

3. Public information;

4. Alternatives programming; and

5. Social policy change.

(b) A prevention program shall have written operational goals and objectives and shall specify the methods by which they will be achieved.

(c) Target populations shall be clearly defined.

(d) Programs shall provide written documentation of interagency coordination which refers to other human service agencies, organizations or programs which share similar goals.

(e) Programs shall maintain records on the number of individuals served in each prevention session.

(3) PREVENTION ACTIVITY EVALUATION. Programs shall have a structured evaluation process to facilitate a program's ability to provide effective prevention activities.

(a) Consumer feedback information shall be evaluated continually and compared with the program's goals and objectives to ensure programmatic consistency.

(b) Every program shall have a written policy and defined process to provide individuals with the opportunity to express opinions regarding ongoing services, staff and the methods by which individual prevention activities are offered.

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

HSS 61.54 Intervention program. Intervention programs provide services and activities designed to identify individuals in need of alcohol and other drug abuse services, including initial assessment, information and referral, drop-in and public information.

(1) REQUIRED PERSONNEL. (a) Staff with prior training and experience in alcohol and drug problem assessment shall be employed.

(b) Social workers, physicians, psychologists and psychiatrists shall be available for referral as needed.

(2) PROGRAM OPERATION. (a) An initial assessment shall be completed by qualified staff on all clients to determine the presence of alcohol or other drug abuse problems.

(b) Information shall be provided about alcohol and other drug abuse to assist clients in decision making.

(c) Assistance shall be provided to individuals regarding sources of help, referrals and arrangements for services.

(d) Programs shall develop a system of referral which includes a current listing of all agencies, organizations, individuals to whom referrals may be made and a brief description of the range of services available from each referral resource.

(e) There shall be a written plan for follow-up which shall include qualified service organization agreements with treatment agencies to determine follow-through on referrals for service.

(f) Operating hours of the program shall be scheduled to allow access at reasonable times and shall be so documented.

(g) The program shall provide reasonable access for walk-in or drop-in clients.

(h) Information shall be provided to ensure public awareness of program operation, location, purpose, and accessibility.

(i) There shall be a written plan for provision of intervention services outside regular office hours and office location.

(j) There shall be a written agreement for provision of 24-hour telephone coverage, 7 days a week, to provide crisis counseling, alcohol and drug information, referral to service agencies and related information.

1. Additional telephone line coverage of 24 hours or less shall be provided as needed.

2. Staff without previous experience in providing these services shall complete 40 hours of inservice training prior to assuming job responsibilities.

(k) Records shall be maintained to document the services provided.

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

HSS 61.55 Emergency care-inpatient program. An emergency care-inpatient program provides 24-hour hospital emergency room services to persons admitted on a voluntary basis or under detention and protective custody. Services include crisis intervention and acute or subacute detoxification. Clients are assessed, monitored and stabilized until the emergency situation is abated.

(1) REQUIRED PERSONNEL. (a) Staffing patterns shall be consistent with s. H 24.14 (1) (c), Wis. Adm. Code.

(b) An alcohol and drug abuse counselor shall be available on a 24-hour basis.

(2) PROGRAM OPERATION. (a) Hospitals shall have a written agreement with specialized inpatient, outpatient and aftercare treatment systems to provide care beyond emergency treatment.

(b) Provision shall be made for the management of belligerent and disturbed clients, including transfer of clients if necessary.

(c) A discharge plan shall provide for escort and transportation to other service or treatment programs, as necessary to assure a continuum of care.

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

HSS 61.56 Detoxification receiving center program. A detoxification receiving center program provides services to clients incapacitated by alcohol or drugs and in need of assessment, monitoring and stabilization. The client may be admitted until the incapacitation has abated or may be referred to an emergency medical facility. Included is the provision of examination in accordance with s. 51.45 (11) (c) Stats., and transportation, if needed, to an emergency room of a general hospital for medical treatment.

(1) REQUIRED PERSONNEL. (a) An alcohol and drug abuse counselor shall be available 24 hours per day, 7 days a week, with a minimum ratio of one counselor per 15 clients.

(b) One registered nurse shall serve as nursing director for purposes of accountability. A registered nurse shall be on duty 24 hours per day.

(c) A physician shall be available on a 24-hour basis.

(2) PROGRAM OPERATION. (a) The medical status of a client shall be reviewed by a physician as soon as practical after admission and a record of the medical status shall be maintained.

(b) Provisions shall be made for the management of belligerent and disturbed clients, including transfer of clients if necessary.

(c) Each center shall have a written agreement with a hospital to provide emergency medical services for clients and shall provide escort and transportation to the hospital. Escort and transportation for return to the center shall also be provided as necessary.

(d) A discharge plan shall provide for escort and transportation to other service or treatment programs as necessary to assure a continuum of care.

(e) The center shall have a treatment room with a nursing supply area.

1. First aid supplies shall be maintained in a place readily available to all personnel responsible for the well-being of clients.

2. Separate locked cabinets within the area shall be made available for drugs and similar supplies.

(f) Each program shall develop and implement a plan for ongoing internal evaluation of the effectiveness of the program.

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

HSS 61.57 Emergency care-outpatient program. An emergency care-outpatient program encompasses all outpatient emergencies related to alcohol and other drug abuse including but not limited to socio-emotional crises, attempted suicides and family crises. Also included is the provision for 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.

(1) REQUIRED PERSONNEL. (a) Staff shall be available who are capable of providing coverage for the emergency phone service and for providing on-site crisis intervention.

(b) Staffing plans shall document consideration of the following:

1. The nature of previously observed and anticipated emergencies and the probability of such emergencies as related to geographical, seasonal, temporal, and demographic factors;

2. The adequacy of the emergency communication system used by the program when consultation is required;

3. The types of emergency services that are to be provided;

4. The skills of staff members in providing emergency services;

5. The difficulty inherent in contacting staff members; and

6. The estimated travel time for a staff member to arrive at the emergency care facility or at the location of the emergency.

(2) PROGRAM OPERATION. (a) An outpatient emergency program shall provide emergency telephone coverage 24 hours per day, 7 days per week.

1. The telephone number of the program shall be well-publicized.

2. A log shall be kept of all emergency calls, as well as calls requesting treatment information. The log shall describe:

a. The nature of the call;

b. Caller identification information, if available;

c. Time and date of call;

d. Recommendations made; and

e. Other action taken.

(b) There shall be written procedures that ensure prompt evaluation of both the physiological and psychological status of individuals so rapid determination can be made of the nature and urgency of the problem and of the type of treatment required.

(c) There shall be written procedures for dealing with anticipated medical and psychiatric complications of alcohol and other drug abuse emergencies.

(d) The program shall either be able to provide medical support for alcohol or drug related emergencies on-site or have the capability of

transporting individuals to a local hospital or other recognized medical facility.

(e) When the outpatient emergency program is not located within a general hospital, it shall enter into a formal agreement with a local hospital to receive referrals from the emergency program on a 24-hour basis and to provide services with the same standards of care prevailing for emergency cases treated in the hospital that are not alcohol and drug related.

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

HSS 61.58 Social setting detoxification program. A social setting detoxification program provides treatment-oriented service which does not include direct medical services. This non-medically oriented program observes and monitors intoxicated individuals who are ambulatory and not in need of major emergency medical or psychological care. The services are provided in a supportive setting and include observation, nourishment and emotional support.

(1) REQUIRED PERSONNEL. (a) At least one trained staff person shall be on duty 24 hours per day, 7 days a week, with a minimum ratio of one staff for every 8 clients present.

(b) An alcohol and drug abuse counselor shall be available 24 hours per day, 7 days a week.

(c) A physician shall be available on a 24-hour basis.

(2) PROGRAM OPERATION. (a) An individual shall be medically screened prior to admission to a non-medical detoxification program.

(b) No individual shall be admitted:

1. Whose behavior is dangerous to staff or other clients;

2. Who requires professional nursing care;

3. Who is incapacitated by alcohol and needs protective custody as required under s. 51.45 (11), Stats.;

4. Who requires restraints;

5. Who requires medical care; or

6. Who requires medication normally utilized for the detoxification process.

(c) The client shall be observed and his or her condition recorded by trained staff at intervals no greater than every 30 minutes during the first 12 hours after admission.

(d) There shall be written agreement with a general hospital for the provision of emergency medical treatment of clients. Escort and transportation shall be provided to the client requiring emergency medical treatment.

(e) There shall be a written policy and procedure developed, in consultation with a physician, which provides for emergency treatment as necessary.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) An integrated program of individually designed activities and services shall be provided.

(d) Services shall be planned and delivered in a manner that achieves the maximum level of independent functioning for the client.

(e) The primary counselor shall review and revise the treatment plan when the treatment needs substantially change or at 30 day intervals.

(3) PROGRAM OPERATION. (a) The hours of program operation shall be 24 hours a day, 7 days a week.

(b) Three meals a day shall be provided.

(c) Services not provided by the residential program shall be provided by referral to an appropriate agency.

1. There shall be a written agreement with a licensed hospital for provision of emergency and inpatient medical services, as needed.

2. There shall be written agreements with other support service providers in the community.

(d) A staff person shall be trained in life-sustaining techniques and emergency first aid.

(e) There shall be a written policy on urinalysis, as appropriate, which shall include:

1. Procedures for collection and analysis of samples, and

2. A description of how urinalysis reports are used in the treatment of the client.

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

HSS 61.61 Day services program — non-medical. Day service programs, non-medical, are non-residential, comprehensive, coordinated activities to enhance motivation and social development and to ameliorate or remove a person's problem related to alcohol or other drug abuse or both. Services are provided for a scheduled portion of a 24 hour day and for a scheduled number of days per week. Services include but are not limited to counseling, treatment, training and recreation in a non-medically supervised setting.

(1) REQUIRED PERSONNEL. (a) There shall be a treatment team which includes qualified mental health, vocational rehabilitation and alcohol and other drug abuse professionals.

(b) Social work, educational, legal and vocational services shall be provided as needed.

(c) At least one alcohol and drug abuse counselor shall be employed.

(2) HOURS OF PROGRAM OPERATION. (a) Services shall be provided at least 3 days a week.

(b) Services shall be available at least 24 hours a week.

(c) Additional times shall be scheduled to accommodate individual needs of the clients.

(3) PROGRAM OPERATION. (a) An intake history and assessment shall be completed within 2 working days of a client's admission to the program.

(b) Psychological testing and evaluation shall be provided as needed.

(c) Regularly scheduled counseling shall be provided for each client.

(d) Efforts toward fostering client participation in educational or job training programs, or to obtain gainful employment, shall be specified in the case record.

(e) The treatment plan shall be reviewed and revised as needed at least every 30 days.

(f) Services not provided by the day services program shall be provided by referral to an appropriate agency. There shall be a written agreement with a licensed hospital in the community to provide emergency, inpatient, and ambulatory medical services, when needed.

(g) If drug abusers are involved in the program, there shall be a written policy on urinalysis which shall include:

1. Procedures for collection and analysis of samples;

2. A description of how urinalysis reports are used in the treatment of the client.

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

HSS 61.62 Day services program — medical. Day service programs, medical, are non-residential, comprehensive, coordinated activities to enhance motivation and social development and to ameliorate or remove a person's problem related to alcohol or other drug abuse or both. Services are provided for a scheduled portion of a 24-hour day and a scheduled number of days per week. Services include counseling, medical treatment, training and recreation in a medically supervised setting.

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

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

(c) There shall be a treatment team which includes qualified mental health, vocational rehabilitation and alcohol and other drug abuse professionals.

(d) The medical director, other designated physician or psychiatrist shall see each client receiving medication at least once every 4 weeks and shall record the results of the client contact in the case record.

(e) Social work, educational, legal and vocational services shall be provided as needed.

(2) HOURS OF PROGRAM OPERATION. (a) Services shall be provided at least 3 days a week.

(b) Services shall be available at least 24 hours a week.

(c) Additional times shall be scheduled to accommodate the individual needs of the clients.

(3) PROGRAM OPERATION. (a) An intake history shall be completed within 2 working days of a client's admission to the program.

(b) A diagnostic evaluation shall be completed which includes the following:

1. A medical evaluation; and

2. A physical examination and medical history, signed by the medical director, and provided within 21 days of intake.

(c) Psychological testing and evaluation shall be provided as needed.

(d) Regularly scheduled counseling shall be provided for each client.

(e) Efforts toward fostering client participation in educational or job training programs, or toward obtaining gainful client employment shall be documented in the case record.

(f) The treatment plan shall be reviewed and revised as needed at least every 30 days.

(g) Services not provided by the day services program shall be provided by referral to an appropriate agency. There shall be a written agreement with a licensed hospital in the community to provide emergency, inpatient and ambulatory medical services when needed.

(h) If drug abusers are involved in the program, there shall be a written policy on urinalysis which shall include:

1. Procedures for collection and analysis of samples; and

2. A description of how urinalysis reports are used in the treatment of this client.

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

HSS 61.63 Inpatient rehabilitation program. An inpatient rehabilitation program is a comprehensive medically oriented residential program which provides continuous medical services to persons who require 24-hour supervision for alcohol or drug problems in a hospital, residential or other suitably equipped facility.

(1) REQUIRED PERSONNEL. (a) All medical treatment shall be under the supervision of a physician who shall act as consultant to the multidisciplinary team.

(b) A treatment team comprised of available staff shall be responsible for providing problem-oriented treatment.

(c) Twenty-four hour care shall be provided.

(d) A consulting psychiatrist or clinical psychologist or both and an alcohol and drug abuse counselor shall be available as needed.

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

(2) PROGRAM OPERATION. (a) Written admission policies and procedures shall be established.

(b) Records shall be kept on each client's course of treatment and shall be maintained in accordance with s. H 24.07 (1), Wis. Adm. Code.

(c) Length of stay shall be determined by the attending physician with advice from the multi-disciplinary team.

(d) A discharge plan shall provide for escort and transportation to other service or treatment programs as necessary to assure a continuum of care.

(e) Working agreements shall be formulated with social service agencies for aftercare services as necessary.

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

HSS 61.64 Sheltered employment program. Sheltered employment programs provide vocational, evaluation and training services and [for] competitive employment up to 8 hours a day for persons with alcohol and other drug abuse problems. Sheltered employment programs provide for remunerative employment for performance of productive work for those individuals who experience difficulty in being readily absorbed into the labor market. Activities include work evaluation, work adjustment training, occupational skill training and paid part-time employment.

(1) REQUIRED PERSONNEL. (a) The size, scope and structure of the program shall determine the professional, technical and other supportive staff essential for its operation.

1. The director shall have experience and knowledge of problems of alcohol and drug abuse, industrial or business administration and programming for alcohol and drug dependent individuals.

2. Staff trained in alcohol and drug abuse shall be employed on a ratio of one per 20 clients.

3. There shall be a contract procurement specialist who shall have training and experience in bidding, pricing, time study and marketing.

4. There shall be a placement specialist who shall have knowledge and experience in personnel practices in industry or business and an understanding of management and labor relations.

(2) PROGRAM OPERATION. (a) A comprehensive assessment shall be made by a professional rehabilitation specialist or team with clearly defined findings and recommendations for each alcohol and other drug abuse client.

(b) There shall be a program plan specifying individualized work objectives designed and directed toward maximizing each client's capabilities and, when possible, reintegration into the labor market.

1. The plan and objectives shall be based on the documented evaluation of work potential.

2. The plan and objectives shall be established in cooperation with the client and documented in the record.

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

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

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

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

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

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

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

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

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

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

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

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

(f) Documentation of need for the program;

(g) The criteria for client admission; and

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

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

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

2. Laboratory work;

3. Review of annual physical evaluation and laboratory work;

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

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

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

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

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

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

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

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

5. Copies of signed physician's orders;

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

7. Documentation of an annual case review; and

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

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

(4) PROGRAM REPORTING. By January 31 of each year, each program not reporting on the client data acquisition process shall submit a report to the department on the preceding calendar year's activities which shall include but is not limited to the following information:

(a) The number of clients screened for admission to the program;

(b) The number of clients admitted to the program;

(c) The number of clients discharged from the program and the reason for discharge (i.e., successfully completed treatment, left against staff advice, incarcerated, death, transferred to another program); and

(d) Identification of all chemotherapeutic agents as listed in ss. 161.14, 161.16 and 161.18, Stats., in addition to methadone, used in treatment by the program.

(5) PROCEDURES FOR EXEMPTIONS. (a) All programs requesting programmatic or clinical exemptions from federal regulations or this section shall submit individual requests to the department that contain the following:

1. The name and address of the program;

2. The name, address and telephone number of the person making the request;

3. A statement of the nature of the exemption requested and period of time for which it is requested;

4. A statement of the reason for the exemption; and

5. A description of how the exemption will be monitored.

(b) Requests for clinical exemptions shall in addition include the following:

1. The client's number in the program;

2. The client's total length of time in treatment;

3. The client's length of time in the most recent treatment episode;

4. A report of the client's urinalysis results;

5. The client's age;

6. A description of the client's employment, training, educational, or homemaker status;

7. A description of the client's current legal status, such as being court-referred or on probation or parole; and

8. A description of the hardship imposed by the regulation or rule from which the exemption is requested.

(6) PROGRAM APPROVAL. Approval of methadone programs require both approval by the controlled substances board for the use of methadone and approval by the department of the program.

(7) REVIEW AND INSPECTION. (a) Review and inspection of treatment programs utilizing methadone as an adjunct therapy for narcotic addic-

tion shall be conducted by the department to ensure compliance with federal regulations and Wisconsin administrative rules.

(b) The program shall make available to a designated department reviewer or inspector all materials requested to determine compliance with required federal regulations and Wisconsin administrative rules.

(c) The program shall permit a designated department reviewer or inspector to observe program operations.

(d) On-site inspections or reviews by the department may be made without advance notice at reasonable times.

(e) Program review and inspection site visits may include but not be limited to the following:

1. Review of case records;

2. Review of medication and physician orders;

3. On-site facility inspection;

4. Observation of dispensing procedures;

5. Observation and inspection of security precautions; and

6. Interviews with staff and clients.

(8) DISCONTINUING OR SUBSTANTIALLY CHANGING THE TREATMENT PROGRAM. (a) Written notice of intent to close a treatment program shall be provided to the department at least 90 days in advance of the projected date of closure and shall include a narrative description of the circumstances leading to the action, a written plan addressing the means by which client needs will be met and a statement indicating whether there is an ongoing continuous need for the services being terminated.

(b) Written notice of any substantial programmatic change shall be provided to the department at least 30 days in advance of the implementation of such change and shall include a narrative description of the proposed change, justification for the change and projected impact of the change.

(9) PROGRAM PROCEDURES AND POLICIES. (a) Each program shall have written procedures and policies to ensure consistent program administration which include but are not limited to the following:

1. A description of the intake process;

2. A description of the treatment process;

3. A description of the expectations the program has of the client;

4. A description of any privileges or penalties instituted by the program;

5. A description of the program's use of urinalysis;

6. The process for instituting a grievance or appeal of a decision affecting the client; and

7. Other information felt useful to the client.

(b) All staff shall be oriented to all program policies and procedures to ensure consistency within the program.

(c) Each program shall have a written plan for the care and treatment of clients in the event of any emergency affecting clinical operations that would preclude the clients' regularly scheduled attendance at the program facility and shall include but not be limited to the following:

1. A definition of conditions to be considered as an emergency by the program;

2. A procedure for determing that an emergency exists;

3. A procedure for declaring that an emergency exists;

4. The identification of alternative approved dispensing sites;

5. Written agreements with alternative approved dispensing sites defining the procedures that shall be followed in the event that an emergency is declared by the program; and

6. A procedure for documenting the emergency action taken in each appropriate client's case record.

(10) USE OF URINALYSIS. Urinalysis shall be conducted in accordance with all related rules, regulations or criteria imposed by a federal or state agency.

(a) The procedure for collection of urine samples shall take into account both the dignity of the client and the need for security.

(b) Urinalysis reports shall be made available to the clinical staff to permit their meaningful use in the treatment process.

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

HSS 61.66 Extended care program — non-medical. An extended care program, non-medical, provides non-medically oriented supportive services to clients in a residential setting to maintain, improve or enhance the client's ability to achieve maximum independent functioning in the community. The services provided include personal health and hygiene, community socialization, housekeeping, financial and personal business management.

(1) REQUIRED PERSONNEL. (a) There shall be an alcohol and drug abuse counselor available for every 15 clients.

(b) There shall be a formal agreement for emergency medical services.

(2) PROGRAM OPERATION. (a) There shall be a written program statement which shall include but is not limited to the following elements:

1. Program resident capacity;

2. Type and physical condition of residents;

3. Admission policy;

a. Target groups served;

b. Limitations on admission; and

c. Documented procedures for screening for communicable disease; and

4. Program goals and services defined and justified in terms of residential needs, including:

a. Staff assignments to accomplish program goals; and

b. Description of community.

(b) There shall be documentation of annual review, updating and approval of the organization plan, service philosophy and objectives by the governing body, director and representatives of the administrative and direct service staffs.

(c) There shall be documentation verifying that each administrator and treatment staff member has reviewed a copy of the written plan.

(d) The treatment staff shall prepare a written individualized treatment plan designed to establish continuing contact for the support of each client referred from prior treatment.

1. There shall be documentation verifying that the plan is jointly formulated by prior treatment providers, supportive service personnel and the client and family, if feasible.

2. The treatment plan shall have provisions for periodic review and updating.

(e) There shall be documentation of annual review and approval of the referral policies and procedures by the executive director and program administrator.

(f) There shall be arrangements for emergency transportation, when needed, to transport clients to emergency care services.

(g) A case history shall be maintained on each client.

(h) The program shall provide services necessary to promote self-care by the clients which shall include:

1. Planned activities of daily living; and

2. Planned development of social skills to promote personal adjustment to society upon discharge.

(i) There shall be a planned recreation program which shall include:

1. Emphasis on recreation skills in independent living situations; and

2. Use of both internal and community recreational resources.

(j) Prevocational and vocational training and activities shall be available to the client. This service shall be provided internally or by contract with a sheltered work program.

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

HSS 61.67 Extended care program — medical. An extended care program, medical, is a treatment-oriented living facility program where supervision and personal care are available and access to nursing 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.

(1) REQUIRED PERSONNEL. (a) A licensed physician shall be available.

(b) A full-time registered nurse shall be employed.

(c) An alcohol and drug counselor shall be available.

(d) There shall be staff present on a 24-hour basis.

(2) PROGRAM OPERATION. (a) At least the following health services shall be available to all clients:

1. There shall be 24-hour nursing services with immediate supervision of the facility's health services by a registered nurse employed full-time in the facility and on duty during the day shift;

2. There shall be continuing supervision by a physician who sees clients as needed and, in no case, less often than quarterly;

3. Arrangements shall be made for services of a physician in the event of an emergency; and

(b) There shall be individual health records for each client including:

1. A record of physician's findings and recommendations in the preadmission evaluation of the client's condition and subsequent reevaluations, orders and recommendations of the physician for care of the client; and

2. A record of all symptoms and other indications of illness or injury observed by the staff or reported by other sources, including the date, time and action taken.

(c) There shall be a written program statement which shall include the following elements:

1. Resident capacity;

2. Type and physical condition of residents;

3. Admission policy, including:

a. Target group served;

b. Limitations on admissions; and

c. Documented procedures for screening for communicable disease; and

4. Program goals and services defined and justified in terms of residents' needs, and staff assignments to accomplish program goals.

(d) There shall be documentation of annual review, updating, and approval of the organization plan, service philosophy and objectives by the governing body, director and representatives of the administrative and direct service staffs.

(e) There shall be documentation verifying that each administrator and treatment staff member has reviewed a copy of the written plan.

(f) The treatment staff shall prepare a written, individualized treatment plan designed to establish continuing contact for the support of each client referred from prior treatment.

1. There shall be documentation verifying that the plan is jointly formulated by prior treatment providers, supportive service personnel, the client and family, if feasible.

2. The treatment plan shall have provisions for periodic review and updating.

(g) There shall be documentation of annual review and approval of the referral policies and procedures by the executive director and appropriate administrator.

(h) There shall be arrangements for emergency transportation when needed to transport clients to emergency care services.

(i) A case history shall be maintained on each client.

(j) The program shall provide services necessary to promote self care of the clients which shall include:

1. Planned activities of daily living; and

2. Planned development of social skills to promote personal adjustment to society upon discharge.

(k) There shall be a planned recreation program which shall include:

1. Emphasis on recreation skills in independent living situations; and

2. Use of both internal and community recreational resources.

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

HSS 61.68 Standards for other non-specified programs. Any program with treatment environments or modalities not previously described that intends to provide screening, intervention or treatment services to alcohol or drug abusing clients, or both, shall submit a narrative description to the department's program certification unit.

(1) NARRATIVE DESCRIPTION. The narrative shall include the following items for review and conditional approval prior to implementation of the services:

(a) Description of the services to be provided;

(b) Description of the staff positions to be involved in the delivery of services;

(c) Description of the environment or facility through which the services will be offered;

(d) Description of the records which will be kept on each client;

(e) Description of the referral activities and resources anticipated;

(f) Rationale as to the anticipated effectiveness of the proposed approach;

(g) Description of the anticipated funding sources;

(h) Description of the proposed program evaluation procedures to be employed;

(i) Description and comments of other area agencies and programs that have been consulted in regard to the impact, need and usefulness of the proposed services;

(j) Assurance of compliance with all federal, state and local licenses, codes, restrictions, etc.; and

(k) Assurance of compliance with confidentiality regulations.

(2) RENEWAL OF CONDITIONAL APPROVAL. Conditional approval shall be renewed at least annually on a timetable to be determined by the program certification unit. The program certification unit shall also specify what reports shall be submitted and the timetable for such reports as may be required.

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

Subchapter V

Outpatient Psychotherapy Clinic Standards

HSS 61.91 Scope. (1) This subchapter applies to psychotherapy clinics providing psychotherapy and related outpatient services and receiving payments through the Wisconsin Medical Assistance Program and mandatory benefits required by s. 632.89, Stats., (Insurance Code).

(2) This subchapter is not applicable to outpatient programs providing services to only persons with alcohol and drug abuse problems governed by s. PW-MH 61.03, Wis. Adm. Code, or clinics operated by local community boards authorized by ch. 46 or 51, Stats.

History: Cr. Register, May, 1981, No. 305, eff. 6-1-81.

HSS 61.92 Statutory authority. This subchapter is promulgated pursuant to ss. 49.45 (10), 51.04, 51.42 (5) (b) to (d), 51.42 (12), 227.014 and 632.89, Stats.

History: Cr. Register, May, 1981, No. 305, eff. 6-1-81.

HSS 61.93 Purpose. (1) This subchapter is established to provide uniform standards for outpatient services provided by clinics requesting payments from the Wisconsin Medical Assistance Program and mandatory benefits required in s. 632.89 (1) (a), Stats.

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

History: Cr. Register, May, 1981, No. 305, eff. 6-1-81.

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

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

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

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

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

(6) "Nervous or mental disorders" for the purpose of reimbursement under the provisions of this rule means a condition listed in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-III) or the International Classification of Disease (ICD-9-CM) within a classification category and code as follows:

(a) 291 — Alcohol psychoses,

(b) 292 — Drug psychoses,

(c) 295 — Schizophrenic psychoses,

(d) 296 — Affective psychoses,

(e) 297 — Paranoid states,

(f) 298 — Other non-organic psychoses,

(g) 300 — Neurotic disorders,

(h) 301 — Personality disorders,

(i) 302 — Sexual deviations and disorders,

(j) 306 — Physical conditions arising from mental factors,

(k) 307 — Special symptoms or syndromes not elsewhere classified,

(l) 308 — Acute reaction to stress,

(m) 313 — Disturbance of emotions specific to children and adolescence,

(n) 314 — Hyperkinetic syndrome of childhood,

(o) 315 — Specific delays in development.

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

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

(9) "Psychotherapy" has the meaning designated in s. HSS 101.03, Wis. Adm. Code.

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

History: Cr. Register, May, 1981, No. 305, eff. 6-1-81.

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

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

2. Documentary evidence provided by the clinic;

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

4. Onsite observations by surveyors.

(b) The clinic shall make available for review by the designated representative of the department all documentation necessary to establish compliance with standards, including but not limited to policies and procedures of the clinic, work schedules of staff, master and individual appointment books, patient billing charts, credentials of staff and patient clinical records not elsewhere restricted by statute or administrative rules.

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

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

(4) ISSUANCE OF CERTIFICATION. The department shall issue a certification if all requirements for certification are met.

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

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

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

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

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

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

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

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

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

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

History: Cr. Register, May, 1981, No. 305, eff. 6-1-81.

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

(a) A physician who has completed a residency in psychiatry, or

(b) A licensed psychologist who is listed or eligible to be listed in the National Register of Health Services Providers in Psychology, and

(c) A social worker with a masters degree from a graduate school of social work accredited by the Council on Social Worker Education.

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

(3) Mental health professionals designated in subs. (1) (c) and (2) shall have 3,000 hours of supervised experience in clinical practice, which is a minimum of one hour per week of face to face supervision during the 3,000 hour period by another mental health professional meeting the minimum qualifications, or is listed in the National Registry of Health Care Providers in Clinical Social Work or National Association of Social Workers Register of Clinical Social Workers or National Academy of Certified Mental Health Counselors or the National Register of Health Services Providers in Psychology.

History: Cr. Register, May, 1981, No. 305, eff. 6-1-81.

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

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

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

(c) Initial assessment of new patients.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) A physician must make written referrals of patients for psychotherapy when therapy is not provided by or under the clinical supervision of a physician. The referral shall include a written order for psycho-

therapy and include the date, name of the physician and patient, the diagnosis and signature of the physician.

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

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

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

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

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

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

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

(b) Preliminary diagnosis;

(c) Personal and medical history.

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

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

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

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

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

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

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

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

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

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

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

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

(16) Reimbursement under the Wisconsin Medical Assistance Program for any services listed in this section is governed by chs. HSS 101 to 106, Wis. Adm. Code.

History: Cr. Register, May, 1981, No. 305, eff. 6-1-81.

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

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

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

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

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

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

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

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

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

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

Stats., within 10 days after receipt of the notice of termination, suspension or denial of certification.

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

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

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

(a) Acts which result in termination of certification under s. HSS 106.06, Wis. Adm. Code.

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

(6) TIME PERIOD FOR COMPLIANCE. All clinics approved as outpatient facilities pursuant to s. 632.89, Stats., must demonstrate compliance with this subchapter within 6 months after the effective date.

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

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

(a) The person shall have had one year of experience as a fulltime psychotherapist;

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

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

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

History: Cr. Register, May, 1981, No. 305, eff. 6-1-81.