

(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.

(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 a licensed psychologist who is listed or eligible to be listed in the national register of health services providers in psychology; and

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

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

(3) Mental health professionals designated in subs. (1) (b) and (2) shall have 3,000 hours of supervised experience in clinical practice, which means a minimum of one hour per week of face to face supervision during

the 3,000 hour period by another mental health professional meeting the minimum qualifications, or shall be listed in the national registry of health care providers in clinical social work or national association of social workers register of clinical social workers or national academy of certified mental health counselors or the national register of health services providers in psychology.

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

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

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 provision 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, optimal adjustment, and prevention of the patient's condition from relapsing.
- (k) Habilitation services to achieve adjustment and functioning of a patient in spite of continuing existence of problems.
- (l) Supportive transitional services to provide a residential treatment milieu for adjustment to community living.
- (m) Professional consultation to render written advice and services to a program or another professional on request.

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Preliminary diagnosis;

(c) Personal and medical history.

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

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

HEALTH AND SOCIAL SERVICES

208-1
HSS 61

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