(4) "Assessment" means the process used to classify the patient's presenting problems in terms of a standard 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 the department.

(5m) "First priority for services" means that an individual assessed as needing services will be referred immediately to available treatment resources and that, in the event there is a waiting list for any treatment resource, will be placed on the waiting list immediately before any person not entitled to first priority for services.

(6) "Group therapy" means treatment techniques which involve interaction between 2 or more patients and qualified staff.

(7) "Hospital services" means those services typically provided only in a hospital defined in s. 50.33 (2), Stats.

(8) "Inpatient treatment program" or "ITP" means a comprehensive, medically oriented program which provides treatment services to persons requiring 24-hour supervision for alcohol or other drug abuse problems in a hospital or a residential facility that has a physician on call 24 hours a day and has a contract or written agreement with a hospital to provide emergency medical services. In this subsection, "medically oriented" means the provision of medical direction, review or consultation to treatment staff for admissions, discharges and treatment of patients.

(9) "Intake process" means the completion of specific tasks, including a physical examination, interviews and testing, to determine a person's need for treatment and the appropriate treatment modality for that person.

(10) "Medical screening" means the examination by a physician of a potential patient, prior to the applicant's admission to an inpatient treatment program, to assess the nature of the presenting problem, the level of treatment urgency, the kind of service needed and allied health professionals needed for treatment.

(11) "Medical services" means services directed to the medical needs of a patient, including physical examination, medication, emergency medical care and 24-hour supervision by trained individuals.

(12) "Patient" or "client" means an individual who has completed the intake process and is receiving alcohol or other drug abuse treatment services.

(13) "Physically accessible" means that a place of employment or public building has the physical characteristics which allow persons with functional limitations to enter, circulate within and leave the place of employment or public building and use the public toilet facilities and passenger elevators in the place of employment or public building without assistance.

(14) "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 patient's name and address and the physician's signature.

(15) "Program" means community services and facilities for the prevention or treatment of alcoholism and drug abuse, or the rehabilitation of persons who are alcohol or drug abusers.

(16) "Program accessibility" means that a program's activities and services are equally available to all persons in need of the program's activities and services regardless of their handicapping condition or different language.

(17) "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.

(18) "Qualified staff" means staff specified under s. HSS 61.06 (1) to (14).

(19) "Rehabilitation services" means methods and techniques used to achieve maximum functioning and optimal adjustment.

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

(21) "Trained staff member" means a person trained by a physician to perform in accordance with a protocol which has been developed by a physician and who is supervised in performance of the protocol by a physician.

(22) "Treatment" means the application of psychological, educational, social, chemical, or medical techniques designed to bring about rehabilitation of an alcoholic or drug abusing person.

History: Cr. Register, February, 1982, No. 314, eff. 3-1-82; r. and recr. Register, October, 1985, No. 358, eff. 11-1-85; emerg. cr. (5m), eff. 3-30-90; cr. (5m), Register, October, 1990, No. 418, eff. 11-1-90.

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 61.63	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 cardio-pulmonary 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. HSS 124.14, 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, with first priority for services given to pregnant women who are alcohol or drug abusers.

(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; emerg. am. table 61.52, eff. 3-9-89; am. table 61.52, Register, May, 1989, No. 401, eff. 6-1-89. correction in (6) (b) (intro.) made under s. 13.93 (2m) (b) 7, Stats., Register, May, 1989, No. 401; emerg. am. (7) (b), eff. 3-30-90; am. (7) (b), Register, October, 1990, No. 418, eff. 11-1-90.

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 3 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