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CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **99–032**

AN ORDER to create chapter HFS 41, relating to in–home mental health services for children.

Submitted by **DEPARTMENT OF HEALTH AND FAMILY SERVICES**

02–15–99 RECEIVED BY LEGISLATIVE COUNCIL.
03–15–99 REPORT SENT TO AGENCY.

RNS:PS:kjf;rv

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

   Comment Attached YES ☐ NO ☑

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

   Comment Attached YES ☑ NO ☐

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

   Comment Attached YES ☐ NO ☑

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS [s. 227.15 (2) (e)]

   Comment Attached YES ☑ NO ☐

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

   Comment Attached YES ☑ NO ☐

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL REGULATIONS [s. 227.15 (2) (g)]

   Comment Attached YES ☐ NO ☑

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

   Comment Attached YES ☐ NO ☑

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CLEARINGHOUSE RULE 99–032

Comments

[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated September 1998.]

2. Form, Style and Placement in Administrative Code

a. In s. HFS 41.03 (10) (a), "; or" should be replaced with a period.

b. In s. HFS 41.04 (3), the paragraph titles should be placed in italics and should not be underscored, pursuant to s. 1.05 (2) (d), Manual. The entire rule should be reviewed for other occurrences of this problem.

c. In s. HFS 41.09 (3) (b), the subdivision titles should be placed in single quotation marks, rather than double quotation marks, in accordance with s. 1.05 (2) (e), Manual.

4. Adequacy of References to Related Statutes, Rules and Forms

a. In s. HFS 41.04 (8) (b) 3., the statutory reference to the definition of "sexual contact" should be s. 940.225 (5) (b), Stats., and the statutory reference to the definition of "sexual intercourse" should be to s. 940.225 (5) (c), Stats.

b. In s. HFS 41.04 (8) (b) 4., should s. 940.295, Stats., relating to abuse of patients and residents, also be included? Also, it is suggested that "client" be deleted since the cited statutes do not deal exclusively with clients.

c. In s. HFS 41.04 (12) (b), it is suggested that the phrase "under sub. (9) (a)" be inserted at the end of the provision.

d. In s. HFS 41.04 (15) a more specific reference to the relevant provision or provisions of ch. HFS 12 should be provided. Also, note that "ch.", "s." or "ss." should be inserted prior to the "HFS" depending on whether the entire chapter or a particular section or sections are cited.

e. In s. HFS 41.06 (3) (b) 13., citations should be provided for the "related administrative rules" referenced in this provision.

f. In s. HFS 41.07 (3) (d) 5. b., a more specific reference to the definition of "child with exceptional educational needs" in ch. PI 11 should be provided.

g. In s. HFS 41.09 (3) (b) 2., the reference to "par. (a)" on line 2 should be changed to "subd. 1."

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. In s. HFS 41.03 (10) (b) 4., it is suggested that the word "to" on line 2 be moved to follow the word "and" on line 1.

b. In s. HFS 41.03 (13), reference is made to a child displaying a "severe emotional or behavioral impairment." That term is not defined in exactly that form. Rather, the term "severe emotional disturbance" is defined in s. HFS 41.03 (24). Is there a reason why the term "severe emotional disturbance" is not used to refer at least to a "severe emotional impairment" in sub. (13)? Also, should "severe behavioral impairment" be defined?

c. In s. HFS 41.04 (2) (b) 4., the comma on line 1 should be deleted.

d. Section HFS 41.04 (2) (c) (intro.) should be rewritten in the active voice and should indicate that the department's designated representative shall use the certification survey . . . and shall base certification decisions on a reasonable assessment of the program. The entire rule should be reviewed for provisions which need to be rewritten in the active voice to clarify who must take the specified action. [See s. 1.01 (1), Manual.]

e. In s. HFS 41.04 (7), where will the department set forth the fees for certification and renewal of certification? In an administrative rule?

f. In s. HFS 41.04 (8) (b) 2., on line 1, the word "requiring" should be changed to "who requires" and the word "has" should be inserted after the word "certificate."

g. In s. HFS 41.04 (8) (b) 2. through 5., reference is made to "a staff member" doing certain things, while subds. 6. and 9. refer to "a program staff member." If there is no difference between "staff member" and "program staff member," it is suggested that one term be used consistently, to avoid confusion.

h. Should the word "ordinance," be inserted after "statute," in s. HFS 41.04 (9) (a)?

i. The language in s. HFS 41.04 (11) (a), relating to provisional certification appears to conflict with language in sub. (10) (d). The language in sub. (10) (d) states that if the department determines that a program has one or more minor deficiencies, it shall give the program a notice of deficiency and ***may*** grant a provisional certification pursuant to sub. (11). However, sub. (11) (a) provides that if the department determines that minor deficiencies exist, it ***shall*** issue a notice of deficiency to the program and offer the program a provisional certificate. The two provisions should be reviewed and reconciled, so it is clear whether the offer of a provisional certificate in that circumstance is discretionary or mandatory.

j. In s. HFS 41.04 (12) (a), the word "organization" on line 2 should be changed to "program," for consistency with other provisions. The same comment applies to the word "organization" in sub. (13).

k. The following comments pertain to s. HFS 41.04 (15):

(1) The second occurrence of the word "program" on line 2 could be deleted.

(2) Reference is made on line 3 to "immediate termination" but there is no antecedent provision on immediate terminations. Rather, sub. (9) relates to immediate ***suspension*** of a certificate in certain circumstances. It appears that a "termination" would not be immediate under sub. (8) (b) (intro.), since there must be written notice to the program of the proposed action to terminate, suspend or refuse to renew a program's certification and a notice of opportunity for a hearing under sub. (12). Does the department intend to refer to "immediate suspension" in sub. (15)?

(3) Subsection (15) states that certain persons with direct management responsibility and persons who were knowingly involved with acts which served as a basis for immediate termination must be barred from providing service for a period of five years. This language is applied to acts which result in termination of certification under s. HFS 106.06 or acts involving an individual staff member who has terminated affiliation with a program and removed or destroyed client records. Should acts which result in termination ***under this chapter*** (that is, ch. HFS 41) also be included?

(4) How will it be determined whether the bar from providing services applies for a period not to exceed five years ***or*** (for a period) in accordance with ch. HFS 12? See also the comment under category 4. above, relating to the reference to ch. HFS 12.

l. Should "nonstatutory" be inserted before "requirement" in s. HFS 41.05 (1) (a) (intro.)?

m. In s. HFS 41.05 (1) (a) 1., it is suggested that the word "provider" on line 2 be replaced by the word "program," for consistency with language in sub. (1) (a) (intro.).

n. In s. HFS 41.06 (1) (c), the terms "child's primary care provider" and "primary caretaker" are used. Is this the same as the "primary caregiver" or "ongoing primary caretaker," defined in s. HFS 41.03 (20)? Consistent terminology should be used to avoid confusion.

o. In s. HFS 41.06 (2) (intro.), the word "action" on line 3 should be changed to "offense." Also, throughout the rule, a phrase such as "all of the following" or "any of the following" should be included in (intro.)'s. In sub. (2) (intro.), "do all of the following" should be inserted before the colon.

p. In s. HFS 41.06 (3) (a), to what does the word "gained" on line 3 refer?

q. The following comments pertain to s. HFS 41.06 (3) (b):

(1) In subd. 8., the second occurrence of "masters" on line 1 should be written "master's".

(2) In subd. 9., it is suggested that the phrase "documented as provided in subd. 4." be replaced by the phrase "as documented by the Wisconsin psychology examining board."

(3) In subd. 12., the symbol following the word "bachelor" on line 1 should be deleted and replaced by an "'s". The entire rule should be reviewed, as there are a number of other occurrences of this problem.

(4) In subd. 13., "advanced" should replace "advance."

(5) In subd. 18., to whom does the word "who" on line 2 refer?

r. In s. HFS 41.06 (4) (b) 1., the word "identified" on line 2 could be deleted.

s. In s. HFS 41.06 (7) (d) 4., what is the process for having procedures for staff supervision approved by the department? Also, it is suggested that the comma following the word "department" on line 3 be changed to "and are." Finally, the word "if" should be inserted before the third occurrence of "the" on line 3.

t. In s. HFS 41.06 (7) (e), must the clinical director provide the individual clinical supervision? Also, is this the same supervision referred to in par. (d) 1. and 2.?

u. In s. HFS 41.06 (7) (f), with which specific types of "peers" must various types of staff receive peer clinical consultation?

v. In s. HFS 41.06 (7) (j) 1. and 2., what must the documentation of supervision or consultation include?

w. In s. HFS 41.06 (8) (c) 1., the hyphen in the word "in-service" should be deleted. Also, in par. (d) 2., must the inservice training required under this subdivision cover the same items as the training required in subd. 1.?

x. In s. HFS 41.07 (1), the sentence which comprises the subsection is so long that its meaning is obscured. The material should be broken up into more than one sentence to improve readability.

y. In s. HFS 41.07 (3) (d) 5. b., the "A" on line 1 should be changed to lower case and a space should be inserted between "a" and "child."

z. In s. HFS 41.07 (5) (b), the word "childs" should be rewritten "child's."

aa. In s. HFS 41.07 (6) (d) 3., it appears that the word "restraints" on line 2 should be replaced by the word "constraints." Also, the word "childs" on line 2 should be rewritten "child's."

ab. Section HFS 41.07 (6) (f) provides that if a child and family tentatively enrolled for services are experiencing an immediate need for assistance, the program may, with the written consent of the child's parent, guardian or legal custodian and the approval of the clinical director, provide whatever treatment and support is needed to stabilize care for the child, pending completion of assessment and planning. Should a child age 14 or older also be required to give consent to these immediate services? Note that a child age 14 or older must give consent for services under several provisions of sub. (5).

ac. Section HFS 41.07 (6) (i) provides that a family with more than one child ***or*** with an adult family member with a mental disorder or a severe emotional or behavioral impairment may be enrolled for services. Use of the word "or" means that a family with just an adult family member with such a disorder or impairment could be enrolled. This appears to conflict with sub. (2), which governs eligibility for services and provides that a child and his or her family are eligible for in-home mental health services if the ***child*** meets certain specified criteria. These two provisions should be reviewed and reconciled.

ad. In s. HFS 41.08 (1) (c) (intro.), the child's parent or guardian must approve the addition of other team members. Should the parent, guardian ***or legal custodian*** be required to approve other team members? Will the lead therapist also have a say in this? On line 2, "child" should replace "child's". Also, on line 3, the word "childs" should be rewritten "child's."

ae. In s. HFS 41.08 (1) (c) 2., what is meant by a ***naturally*** occurring support person?

af. The following comments pertain to s. HFS 41.08 (4):

(1) In par. (a) 2., the health care provider must explain to the child and the child's parent, guardian or legal custodian and primary caregiver, if different, the nature and possible negative and positive effects of any proposed psychotropic medication. In contrast, sub. (4) (h) 1., states that the health care provider has to document that he or she has explained the nature, risks and benefits of the medication to the child's parent, guardian or legal custodian, and the child if the child is 14 years of age or older. These provisions should be reviewed and reconciled.

(2) Paragraph (d) provides that at the discretion of the clinical director, the primary caregiver may be trained to administer the child's psychotropic medication in the home. Why is only the primary caregiver mentioned here, rather than the child's parent, guardian or legal custodian and primary caregiver, if different, as in previous provisions?

(3) In par. (f), does the word "who" on line 2 refer to the health care provider, to the lead therapist or both?

(4) Paragraph (g) requires that the health care provider ***or*** the primary caregiver to report any changes in medication to the staff providing in-home mental health services to a family. If the rule does not specify one person as having that responsibility, it is possible that the health care provider will believe that the primary caregiver has provided the requisite information, and vice versa, which could result in the staff not receiving important information about a change in medication.

Also, par. (g) should be written in the active voice and "caregiver" should replace "care giver."

(5) In par. (h) (intro.), whose signature is required? The health care provider? The person administering the medication?

ag. In s. HFS 41.08 (6) (a), the first sentence provides that a family services plan must be reviewed by the clinical director ***or his or her designee***. The last sentence states that services may be provided pending approval but shall be suspended if the ***clinical director*** does not approve the plan. Is it the department's intent to include the phrase "or his or her designee" following "clinical director" in the last sentence? Also in this provision, the word "plans" on line 4 should be singular.

ah. The placement of and use of terminology in provisions relating to a child's "service notes" are confusing. Section HFS 41.08 (6) (b) refers to service notes included in a family's program record. Section HFS 41.08 (7) (a) contains language on "service notes," which are notes entered into the family's program record indicating the nature and duration of services, the staff person who provided services and observations of progress made toward outcomes identified in the family services plan. It is unclear why the language on service notes appears in this section, since language on service notes is also included in s. HFS 41.10, relating to client service records. It is confusing to have similar language in two places; the department should review the two provisions and determine the best location for the language. If the department wants to retain the reference to service notes in s. HFS 41.08 (6) (b), it could include a citation there to the language on service notes in s. HFS 41.10 (2). The department should determine whether the "program record" referenced in s. HFS 41.08 (6) (b) and (7) (a) is the same as the "service record" referenced in s. HFS 41.10. If so, consistent terminology should be used to avoid confusion.

ai. Section HFS 41.09 (2) requires that the family services plan identify the level of intensity and duration of treatment required by a child and family accepted into the program. Why is this language not placed with the language regarding the family services plan in s. HFS 41.08 (3)?

aj. In s. HFS 41.09 (3) (a), the word "A" on line 2 should be deleted and the defined term "direct family services" should be placed in quotation marks.

ak. In s. HFS 41.11 (2), reference is made to a client's case manager. Is the case manager the same as the "service facilitator" whose duties are set forth in s. HFS 41.06 (4) (c)? If so, the term "case manager" should not be used, to avoid confusion. If not, "case manager" should be defined and the person's duties specified.

2-11-99

PROPOSED ORDER OF THE
DEPARTMENT OF HEALTH AND FAMILY SERVICES
CREATING RULES

To create chapter HFS 41, relating to in-home mental health services for children.

Analysis Prepared by the Department of Health and Family Services

These are rules for certification of community mental health programs that provide intensive in-home mental health services for children and their families.

The Department under s. 51.42(7), Stats., certifies community mental health programs if they meet requirements set out in the Department's rules. The significance of certification is that it is a condition for receipt of state community aids funding. That means that it is a condition for county use of state community aid funds to finance a county-operated program or to purchase services from another community mental health program. Certification would also be a condition for claiming reimbursement from the Medical Assistance (MA) program for services provided to MA-eligible persons.

The Department certifies several types of community mental health programs. For each type there is a set of rules that a program must comply with to be certified and to keep its certification. Currently the types of programs are those that provide adult/child inpatient services, adult/child outpatient clinic services, adult day treatment services, child day treatment services or adult/child emergency (crisis) services. This order establishes standards for a new type of community mental health program, namely, a program that provides intensive services to children in their own homes.

These new rules cover certification procedures; qualifications of personnel; eligibility for services; intake and assessment; enrollment of a child and family; development of the family services plan; services to be available; limits on service intensity and duration; client service records; client rights and resolution of grievances; and client satisfaction indicators.

The Department's authority to create these rules is found in s. 51.42(7)(b), Stats. The rules interpret s. 51.42, Stats.

SECTION 1. Chapter HFS 41 is created to read:

CHAPTER HFS 41

IN-HOME MENTAL HEALTH SERVICES FOR CHILDREN

HFS 41.01 AUTHORITY AND PURPOSE. This chapter is promulgated under the authority of s. 51.42(7)(b), Stats., to establish standards for the operation of intensive in-home mental health service programs for children and their families, to support appropriate use of those services and to help ensure that services are readily available and are effective and that clients are protected from harm, and to establish a process for certification of those programs.

HFS 41.02 APPLICABILITY. The requirements of this chapter apply to all programs applying to the department for certification or certified by the department to provide intensive in-home mental health services for children.

HFS 41.03 DEFINITIONS. In this chapter:

(1) "Certification" means the approval granted by the department that the services provided by a program meet the requirements of this chapter.

(2) "Child" means a person under 21 years of age.

(3) "Child and family team" means a group of people assembled by a program to develop and provide for the delivery of intensive in-home services to a child and the child's family.

(4) "Client" means a person receiving mental health services from a program.

(5) "County department" means a county department of social services under s. 46.215 or 46.22, Stats., a county department of human services under s. 46.23, Stats., or a county department of community programs under s. 51.42, Stats.

(6) "Department" means the Wisconsin department of health and family services.

(7) "Division" means the department's division of supportive living.

(8) "DSM-IV" means the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, published by the American psychiatric association.

(9) "Enrolled" means a client listed by the program as receiving in-home services from the program.

(10) "Family" means:

(a) The child's parents, guardian or legal custodian and siblings, and the child's primary caregiver if the primary caregiver is not the child's parents, guardian or legal custodian; or

(b) Any of the following if necessary in order to meet the child's needs:

1. The adults and children with whom the child presently lives, or with whom the child is expected to live following resolution of problems leading to an action under ch. 48, 51 or 767,. Stats., which results in a temporary placement of the child outside the home of his or her parent, guardian or legal custodian.

2. The child's foster family.

3. Any relative or other adult who has or is providing significant amounts of direct care or supervision for the child.

4. Any other person to whom the child is strongly attached and whom the child will likely look to for support.

5. Where decisions relating to who will be the child's ongoing primary caregiver are unresolved because of family disruption or a pending court action, a person who is seeking or being considered for the role of ongoing primary caregiver.

Note: The persons to be included as members of a child's family should be determined in light of the child's cultural context, especially with regard to the inclusion of extended family members and community elders.

(11) "Family services plan" or "services plan" means a coordinated plan of support and treatment for a child and the child's family prepared by a child and family team and implemented by a program.

(12) "Guardian" means the person or agency appointed by a court under ch. 880, Stats., to act as the guardian of a child.

(13) "Intensive in-home mental health services" means a highly flexible, individualized and family-centered system of support and treatment designed to help a family in which one or more children are displaying a mental disorder or severe emotional or behavioral impairment. These services are usually provided in the home unless the child and family team documents in the treatment plan the therapeutic reasons for providing the services elsewhere.

(14) "Lead therapist" means a staff person of a program who as a member of a child and family team is responsible for supervising the delivery of intensive, in-home mental health services identified in a family services plan.

(15) "Legal custodian" means a person to whom legal custody of a child has been granted by a court in an action under ch. 48 or 767, Stats.

(16) "Major deficiency" means a determination by a representative of the department that an aspect of the operation of the program or the conduct of the program's personnel deviates from the requirements of this chapter in a way that substantially interferes with the delivery of effective treatment to clients, creates a risk of harm to clients, violates the rights of clients created by this chapter or by other state or federal law, misrepresents the nature, amount or expense of services delivered or offered or the qualifications of the personnel offering those services, or impedes effective monitoring of the program by the department.

(17) "Mental disorder" means a condition listed in the DSM-IV, or Chapter 5, "Mental Disorders," in the *International Classification of Diseases*, 9th edition, Clinical Modification, ICD-9-CM, published by the commission on professional and hospital activities.

(18) "Minor deficiency" means a determination by a representative of the department that while an aspect of the operation of a program or the conduct of the program's personnel deviates from the requirements of this chapter, the deviation does not substantially interfere with the delivery of effective treatment to clients, create a risk of harm to clients, violate the rights of clients created by this chapter or by other state or federal law, misrepresent the nature, amount or expense of services delivered or offered or the qualifications of the personnel offering those services, or impede effective monitoring of the program by the department.

(19) "Parent" means a biological parent, a husband who has consented to the artificial insemination of his wife under s. 891.40, Stats., a male who is presumed to be the father under s. 891.41, Stats., or has been adjudicated the child's father either under s.767.51, Stats., or by final order or judgment of a court of competent jurisdiction in another state, or an adoptive parent, but does not include a person whose parental rights have been terminated.

(20) "Primary caregiver" or "ongoing primary caretaker" means the person or persons who provide the majority of a child's daily support, shelter, discipline, sustenance and nurturing.

(21) "Program" means an intensive in-home mental health services program for children that is certified under this chapter or applying for certification under this chapter.

(22) "Psychotropic medication" means an antipsychotic, an antidepressant, lithium carbonate or a tranquilizer or any other drug used to treat, manage or control psychiatric symptoms or disordered behavior.

Note: Examples of drugs other than an antipsychotic or antidepressant, lithium carbonate or tranquilizer used to treat, manage or control psychiatric symptoms or disordered behavior include, but are not limited to, carbamazepine (Tegretol), which is typically used for control of seizures but may be used to treat a bi-polar disorder, and propranolol (Inderal), which is typically used to control high blood pressure but may be used to treat explosive behavior or anxiety states.

(23) "Service facilitator" means the staff person of a program who is a family's primary contact and who is responsible for assembling the child and family team, facilitating the development and implementation of the family services plan and coordinating services provided by the program with those being offered to the family by other educational, human service and mental health service providers.

(24) "Severe emotional disturbance" or "SED" means the condition of an individual who meets all the criteria under s. HFS 41.07(3).

HFS 41.04 CERTIFICATION. (1) APPLICATION. A county department or a private agency contracting with a county department seeking certification of a program under this chapter shall apply to the department for certification on a form provided by the department and shall include with the application form all other supporting materials requested by the department.

Note: For a copy of the application form, contact the Program Certification Unit, Bureau of Quality Assurance, Division of Supportive Living, P.O. Box 7851, Madison, WI, 53707.

(2) CERTIFICATION PROCESS. (a) On receipt of an application for initial certification or renewal of certification, the department shall:

1. Review the application and its supporting documents.

2. Designate a representative to conduct an on-site survey of the program, including interviewing program staff.

(b) The department's designated representative may do all of the following:

1. Interview a representative sample of clients of the program, if any, provided that the clients indicate a willingness to be contacted.

2. Review the results of any grievances filed against the program pursuant to ch. HFS 94 during the preceding period of certification.

3. Review a randomly selected, representative sample of client treatment records.

4. Review program policies and records and interview program staff to a degree sufficient to determine whether staff have knowledge of the statutes, administrative rules and standards of practice that apply to the program and its clients.

(c) The certification survey under par. (b) shall be used to determine whether the program is in compliance with the standards specified in this chapter. Certification decisions shall be based on a reasonable assessment of the program. The indicators by which compliance with the standards is determined may include any of the following:

1. Statements made by the applicant or the applicant's designated agent, authorized administrative personnel or staff members.

2. Documentary evidence provided by the applicant.

3. Answers to questions concerning the implementation of program policies and procedures, as well as examples of implementation provided to assist the department in making a judgment regarding the applicant's compliance with the standards in this chapter.

4. On-site observations by surveyors from the department.

5. Reports by clients regarding the program's operations.

6. Information from grievances filed concerning the program.

(d) The applicant shall make available for review by the designated representative of the department all documentation necessary to establish whether the program is in compliance with the standards in this chapter including but not limited to the written policies and procedures of the program, work schedules of staff, program service logs, credentials of staff and client treatment records.

(e) Department staff who review the documents under pars. (a) to (d) and interview clients under par. (b) 1. shall preserve the confidentiality of all client information obtained during the certification process, in compliance with ch. HSS 92.

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

1. Certify the program if all requirements for certification have been met.

2. Provisionally certify the program under sub. (11) if there are no major deficiencies but one or more minor deficiencies are found.

3. Deny certification if one or more major deficiencies are found.

(b) Notice of denial. 1. If an application for certification is denied, the department shall provide the applicant reasons in writing for the denial and identify the requirements for certification which the program has not met.

2. A notice of denial shall state that the applicant has a right to request a hearing on that decision under sub. (12) and a right to submit a plan under par. (c) to correct program deficiencies in order to begin or to continue operation of the program.

(c) Plan of correction. 1. Within 10 days after receiving a notice of denial under par. (b) 1., an applicant may submit to the department a plan to correct program deficiencies.

2. The plan of correction shall indicate the date on which the applicant will have remedied the deficiencies of the program. Within 60 days after that date, the department shall determine whether the corrections have been made. If the corrections have been made, the department shall certify the program.

(d) Duration of certification. The department may limit the initial certification of a program to a period of one year.

(4) CONTENT OF CERTIFICATION. Certification shall be issued only for the program named and may not be transferred or assigned to any other program. An applicant shall notify the department of a change of administration, ownership, program name, services offered, locations where services are offered or any other alterations that may affect compliance with this chapter, no later than the effective date of the change.

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

(b) The department may change the date of certification if the department has made an error in the certification process. A date of certification which is adjusted under this paragraph may not be earlier than the date the written application under sub. (1) was received by the department.

(6) RENEWAL. (a) Certification ~~is~~ valid for a period of 3 years unless ~~sooner~~ suspended or revoked or unless a shorter period of time is specified under sub. (3) (d).

(b) The department shall send written notice of expiration and an application for renewal of certification to a certified program at least 30 days prior to expiration of the certification. If the department does not receive an application for renewal of certification before the expiration date, the program's certification shall be terminated.

(7) FEE FOR CERTIFICATION. The department shall establish fees for certification and renewal of certification.

(8) ACTIONS AGAINST A CERTIFIED PROGRAM. (a) In this subsection, "suspension" means a temporary withdrawal of certification.

(b) The department may terminate, suspend, or refuse to renew a program's certification after providing the program with prior written notice of the proposed action which includes the reason for the proposed action and a notice of opportunity for a hearing under sub. (12), whenever the department finds that:

1. Any of the licenses, certificates or required local, state or federal approvals of the program have been revoked or suspended or have expired.

2. A staff member of the program requiring a professional license or certificate claimed to be licensed or certified when he or she was not, has had his or her license or certificate suspended or revoked or has allowed his or her license or certificate to expire.

3. A staff member of the program has had sexual contact as defined in s. 940.225 (5) (a) Stats., or sexual intercourse, as defined in s. 940.225 (5) (b), Stats., with a client.

4. A staff member has been convicted of client abuse under s. 940.285 or 940.29, Stats.

5. A staff member has been convicted of a criminal offense related to the provision of care, treatment or services to a person who is mentally ill, developmentally disabled, alcoholic or drug dependent; or has been convicted of a crime against a child under ch. 948, Stats.

6. A program staff member has been convicted of a criminal offense related to the provision of or claiming reimbursement for services under the medicare program under 42 CFR 405 to 424, under this state's or any other state's medicaid program under 42 CFR 430 to 456, or any other third party payer. In this subsection, "convicted" means that a judgment of conviction has been entered by a federal, state or local court, regardless of whether an appeal from that judgment is pending.

7. The program has submitted or caused to be submitted statements, for purposes of obtaining certification under this chapter, which it knew or should have known to be false.

8. The program failed to maintain compliance with one or more of the requirements set forth in this chapter.

9. A program staff member signed billing or other documents as the provider of service when the service was not provided by the staff member.

10. There is no documentary evidence in a client's treatment file that the client received services for which bills were submitted to a third party payer.

(c) Where the conduct which is the focus of concern was carried out by an individual staff member, lack of knowledge of the conduct by the program director, clinical coordinator or other supervisory staff, or the good faith response by the program when the conduct became known shall be an affirmative defense in response to an action against the program by the department.

(9) IMMEDIATE SUSPENSION. (a) Pending a hearing on the matter under sub. (12), the department may immediately suspend the certification of a program if it determines that the health or safety of a client is in imminent danger because one or more of the violations noted in sub. (8) (b) has occurred or because of a knowing failure of the program to comply with the requirements of this chapter or any other applicable local, state or federal statute, rule or regulation.

(b) The department shall provide written notice to the program of the nature of the immediate suspension, the acts or conditions on which the suspension is based, any additional remedies which the department will be seeking, and information regarding the right of the program to a hearing pursuant to sub. (12).

(10) INSPECTIONS. (a) The department may make announced and unannounced inspections of a program to verify its continuing compliance with this chapter or to investigate complaints received regarding the services provided by the program.

(b) Inspections shall minimize any disruption to the normal functioning of the program.

(c) If the department determines during an inspection that the program has one or more major deficiencies or finds that any of the conditions stated in sub. (8) (b) exist, the department shall do one of the following:

1. Bring an action under sub. (8) to suspend or terminate the certification of the program.

2. Immediately suspend the program's certification if the conditions in sub. (9) are present.

(d) If the department determines that the program has one or more minor deficiencies, a notice of deficiency shall be given to the program and a provisional certification pursuant to sub. (11) may be granted.

(e) If the department terminates or suspends the certification of a program, the department shall provide the program with written reasons for the suspension or termination and inform the program of the right to a hearing under sub. (12).

(11) PROVISIONAL CERTIFICATION. (a) If the department determines during its review of an application for initial certification or renewal of certification or during an inspection that minor deficiencies exist, the department shall issue a notice of deficiency to the program and offer the program a provisional certificate pending correction of the deficiencies.

(b) If a program wishes to continue operating after the issuance of a notice of deficiency under a provisional certification, the program shall, within 30 days of the receipt of the notice of deficiency, submit a plan of correction to the department that identifies the specific steps which will be taken to remedy the deficiencies and the timeline in which those steps will be taken.

(c) If the department approves the plan of correction, the department shall issue a provisional certificate for up to 60 days of operation.

(d) Prior to expiration of the provisional certification, the department shall conduct an on-site inspection of the program to determine whether the proposed corrections have been made.

(e) If the department determines under par. (d) that the approved plan of correction has been carried out, the department shall restore the program to full certification and withdraw the notice of deficiency.

(f) If the plan of correction has not been carried out, the department may deny the application for renewal, suspend or terminate the program's certification or allow the program one extension of no more than 30 additional days to complete the plan of correction. If after this extension the program has still not remedied the identified deficiencies, the department shall deny the application for renewal or suspend or terminate the certification.

(g) If the department denies the application for renewal or suspends or terminates the certification, it shall provide the program with a written notice of the reasons for the action and inform the program of its right to a hearing as provided under sub. (12).

(12) RIGHT TO A HEARING. (a) If the department denies, terminates, suspends or refuses to renew certification, or gives prior notice of its intent to do so, the ~~organization~~ program affected may request a hearing under s. 227.42, Stats.

(b) The request for a hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 working days after the date the notice required under sub. (3), (8), (9), (10) or (11) has been received, or the date the program's certification was immediately suspended under sub. (9)(a).

Note: The mailing address of the Division of Hearings and Appeals is P.O. Box 7875, Madison, WI, 53707-7875.

(13) REAPPLICATION. If an application for certification is denied, the ~~organization~~ program may not reapply for certification for 2 years following the date on which certification was denied.

(14) DISSEMINATION OF RESULTS. Upon completing action on an application for certification, department staff responsible for certification shall provide a summary of the results of the process to the applicant, to the subunit within the department responsible for monitoring community mental health programs and to the department under s.51.42, Stats., in the county in which the program is located.

(15) VIOLATION AND FUTURE CERTIFICATION. A person with direct management responsibility for a program and all ~~program~~ staff in a program who were knowingly involved in acts which served as a basis for immediate termination shall be barred from providing service in a certified community mental health program for a period not to exceed 5 years or in accordance with HFS 12. This applies to any of the following acts:

(a) Acts which result in termination of certification under s. HFS 106.06.

(b) Acts involving an individual staff member who has terminated affiliation with a program and removed or destroyed client records.

HFS 41.05 WAIVERS. (1) POLICY. (a) Except as provided in par. (b), the department may grant a waiver of any requirement in this chapter when the department determines that granting the waiver would not diminish the effectiveness of the services provided by the program, violate the purposes of the program or adversely affect the health, safety or welfare of clients, and that one of the following applies:

1. Strict enforcement of the requirement would result in unreasonable hardship on the provider or on a client.

2. An alternative to the requirement, including a new concept, method, procedure or technique, new equipment, new personnel qualifications or the implementation of a pilot project is in the interests of better client care or program management.

(b) The department may not grant a waiver of client confidentiality or rights under this chapter or ch. HSS 92 or HFS 94 or under other administrative rules, state statutes or federal regulations or a requirement related to criteria for receiving services under s. HFS 41.07 (2) to (5).

(2) APPLICATION. An application for a waiver under this section shall be made in writing to the department and shall specify all of the following:

(a) The requirement to be waived.

(b) The time period for which the waiver is requested.

(c) Any alternative action which the program proposes.

(d) The reason for the request.

(e) Assurances that the requested waiver would meet the requirements of sub. (1).

(3) GRANT OR DENIAL. (a) The department may require additional information from a program before acting on the program's request for a waiver.

(b) The department shall grant or deny each request for a waiver in writing. Notice of denial shall contain the reasons for denial. If a notice of a denial is not issued within 60 days after receipt of a completed request, the waiver shall be automatically approved.

(c) The department may impose any condition on the granting of a waiver which it deems necessary.

(d) The department may limit the duration of a waiver.

(e) No waiver may continue beyond the period of certification without a specific renewal of the waiver by the department.

(f) The department's decision to grant or deny a waiver shall be final.

HFS 41.06 PERSONNEL. (1) POLICIES. (a) A program shall have written policies to ensure that staff have adequate training, experience and abilities to carry out their duties.

(b) A program shall maintain written documentation of the necessary requirements for each professional position involving client contact and the specific qualifications of persons retained to fill those positions.

(c) Evidence of staff qualifications shall be available for review upon request by the child's primary care provider, by the parent, guardian or legal custodian of the child, where that person is not the primary caretaker, and by an agency with court-ordered or statutory responsibility for supervision of the delivery of services to the child and family.

(2) GENERAL QUALIFICATIONS. A program shall ensure that all staff who have client contact have the professional and interpersonal skills necessary to carry out their assigned duties and have never been convicted of an action which may place clients of the program at risk of being harmed. The program shall:

(a) Comply with ch. HFS 12, which directs the program to perform background information checks on applicants for employment and, periodically, on new employes, and not hire or retain persons who because of past actions are prohibited from working with clients, and ch. HFS 13, which directs the program to report to the department all allegations that come to the attention of the program that a staff member or contracted employe has misappropriated property of a client or has abused or neglected a client.

(b) For applicants for professional positions, obtain professional references from at least 2 people and references from previous employers or educators, where available. References shall be documented either by letter or by a record of verbal contact giving dates, person making the contact, persons contacted and content of the contact.

(3) QUALIFICATIONS OF CLINICAL STAFF. (a) In this subsection, "supervised clinical experience" means a minimum of one hour per week of face-to-face supervision by a mental health professional qualified under par. (b) 1. to 8., gained after the person receiving the supervision has received a master's degree, and this supervision involves services for clients with mental disorders or severe emotional or behavioral problems.

(b) Professional staff hired to provide intensive in-home mental health services for children shall meet the following minimum qualifications:

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

2. Psychiatric residents shall hold a doctoral degree in medicine and shall have completed 1500 hours of supervised clinical experience, the acceptable completion of which has been documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.

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

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

5. Certified independent clinical social workers shall meet the qualifications established in ch. 457, Stats., and be certified by the examining board of social workers, marriage and family therapists and professional counselors.

6. Psychiatric nurses shall be licensed under ch. 441, Stats., as a registered nurse, have completed 3000 hours of supervised clinical experience and hold a master's degree in psychiatric mental health nursing from a graduate school of nursing accredited by the national league for nursing.

7. Professional counselors and marriage and family therapists shall meet the qualifications required for providing outpatient psychotherapy services established in ch. 457, Stats., and be certified by the examining board of social workers, marriage and family therapists and professional counselors.

8. Master's level clinicians shall be persons with a masters degree and coursework in areas directly related to providing mental health services, including clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance or counseling psychology. Master's level clinicians shall have 3000 hours of supervised clinical experience or be listed in the national registry of health care providers in clinical social work, the national association of social workers register of clinical social workers, the national academy of certified mental health counselors or the national register of health service providers in psychology.

9. Post-master's level clinician interns shall have a master's degree as provided in subd. 8 and have completed 1500 hours of supervised clinical experience, documented as provided in subd. 4.

10. Physician assistants shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 8 and 14 and shall have had at least one year of experience working in a clinical mental health facility, or there shall be a specific plan for the person to acquire equivalent training and skills within 3 months after beginning employment.

11. Registered nurses shall be licensed under ch. 441, Stats., as a registered nurse and shall have had training in psychiatric nursing and at least one year of experience working in a clinical mental health facility, or there shall be a specific plan for the person to acquire equivalent training and skills within 3 months after beginning employment.

12. Occupational therapists shall have a bachelor degree and a minimum of one year of experience working in a mental health clinical setting and shall meet the requirements of s. HFS 105.28 (1).

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

14. Other qualified mental health professionals shall have at least a bachelor degree in a relevant area of education or human services and a minimum of one year of work experience providing mental health services, or work experience and training equivalent to a bachelor degree including a minimum of 4 years of work experience providing mental health services.

15. Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession, and shall have at least one year of experience working in a mental health clinical setting.

16. Certified occupational therapy assistants shall have at least one year of experience working in a mental health clinical setting and shall meet the requirements in s. HFS 105.28(2).

17. Licensed practical nurses shall hold a license under ch. 441, Stats., and have had either training in psychiatric nursing or one year of experience working in a clinical mental health setting.

18. Clinical students shall be currently enrolled in an academic institution and working toward a degree in a professional area identified in this paragraph who are providing services to the program under the supervision of a staff member who meets the qualifications under this paragraph for that professional area.

(4) REQUIRED STAFF. (a) Program administrator. A program shall have a program administrator or equivalently titled person who has overall responsibility for the operation of the program and for ensuring that the program complies with this chapter.

(b) Clinical director. 1. A program shall have a clinical director or similarly titled person who meets the qualifications identified in sub. (3) (b) 1. or 3. and is responsible for the mental health services provided by the program.

2. Either the clinical director or a person with delegated authority who is qualified under sub. (3) (b) 1. to 8. shall be available for consultation in person or by phone at all times the program is in operation.

(c) Service facilitator. A specific staff person qualified under sub. (3) (b) 1. to 15. shall be assigned to each child enrolled in the program. That staff person, called the service facilitator, shall be the family's primary contact with the program and shall be responsible for all of the following:

1. Assisting the family during intake and the assessment process.

2. Convening and coordinating the child and family team.

3. Facilitating communication among family members and agencies providing services for the child and family.

4. Convening and moderating meetings to review the family services plan.

5. Assisting the parents or other primary caregivers in obtaining additional services needed by the child and family which are not available through the program.

(d) Lead therapist. Each child and family team shall include at least one member who is qualified under sub. (3) (b) 1. to 8. and responsible for providing or supervising the provision of intensive in-home mental health services to the child and family.

(e) Combined service facilitator and lead therapist. At the discretion of the clinical director, one person on the child and family team may serve as both service facilitator under par. (c) and lead therapist under par. (d), if this will not impede the delivery of appropriate services to the child and family.

(5) SUFFICIENT STAFF. A program shall have sufficient staff qualified under sub. (3)(b) to meet the needs of all families accepted for care as identified in the family services plans developed with those families.

(6) VOLUNTEERS. A program may use volunteers to support the activities of the program. Volunteers who work directly with clients or their families shall be supervised by a program staff member qualified under sub. (3) (b) 1. to 11.

(7) CLINICAL SUPERVISION. (a) Written policy. Each program shall develop and implement a written policy for clinical supervision to ensure that:

1. The mental health services being provided by the program are appropriate and being delivered in a manner most likely to result in positive outcomes for clients.

2. The professionals delivering mental health services have the training and experience needed to carry out the roles for which they have been hired, and receive the ongoing support, supervision and consultation needed to provide effective services to clients.

3. Any supervision necessary to enable professional staff to meet requirements for credentialing or ongoing certification under ch. 455, Stats., and related administrative rules or other requirements promulgated by the state or federal government or relevant professional associations is provided in accordance with those requirements.

(b) Responsibility of clinical director. The clinical director shall be responsible for the quality of the services provided to clients, maintaining appropriate supervision of staff and making available appropriate consultation for staff.

(c) Content. Clinical supervision of individual program staff shall include observation, review of records and discussion with the staff person about the staff person's delivery of in-home services.

(d) Means of clinical supervision. Clinical supervision shall be accomplished by one or more of the following means:

1. Regular, individual sessions with staff to review cases, assess performance and give advice.

2. Regular, individual side-by-side sessions in which the supervisor is present while the staff person provides in-home services and in which the supervisor assesses, teaches and lets the staff member know how he or she is doing with the particular client.

3. Regular meetings to review and assess staff performance and provide staff direction regarding specific situations or strategies.

4. Any other professionally recognized method of supervision, such as review using videotaped sessions or peer review, if the procedures for staff supervision are approved by the department, specifically described in the written policies of the program and the names of the persons who do the supervision and the time they spend on supervision are clearly recorded in the personnel records of staff members who attend the session or review and the general record for the program.

(e) Minimum hours of supervision. Staff providing in-home services who have not had 3,000 hours of supervised clinical experience or who are not qualified under sub. (3)(b) 1. to 8. shall receive a minimum of one hour of direct, individual clinical supervision for every 30 clock hours of face-to-face mental health services provided.

(f) Minimum hours of consultation. Staff who have completed 3000 hours of supervised clinical experience and who are qualified under sub. (3) (b) 1. to 8. shall participate in a minimum of one hour of peer clinical consultation per month or for every 120 clock hours of face-to-face mental health services provided.

(g) Additional required hours of supervision or consultation. The clinical director may direct a staff person to participate in additional hours of supervision or consultation beyond the minimum identified in this subsection to ensure that clients receive appropriate mental health services.

(h) Providers of supervision and consultation. Day to day clinical supervision and consultation for individual program staff shall be provided by mental health professionals who are qualified under sub. (3) (b) 1. to 8. Consultation and supervision may be provided by appropriately qualified persons who are not staff members of the program.

(i) Limit on providing supervision and services. A mental health professional providing clinical supervision may deliver no more than a combination of 60 hours per week of face-to-face mental health services and supervision in all clinical settings. Persons who provide supervision at multiple sites shall prepare an annual summary of the supervision they have delivered, listing the persons who were supervised and the amount of supervision provided. Copies of the report shall be filed with the administrator of each facility that has staff supervised by the mental health professional.

(j) Documentation. 1. The supervisor providing clinical supervision for individual program staff shall provide signed and dated documentation of that supervision in a regularly maintained program record.

2. The peer providing peer consultation, the mental health professional receiving consultation and the supervisor of the mental health professional shall document the consultation in either a regularly maintained program record or a personal diary of the mental health professional.

(8) ORIENTATION AND IN-SERVICE TRAINING. (a) Orientation training. Each program shall develop and implement orientation training which all new staff and regularly scheduled volunteers shall complete. Orientation training shall be designed to ensure that staff and volunteers know and understand all of the following:

1. Relevant parts of this chapter.

2. The program's policies, procedures, mission and philosophy of service.

3. Job responsibilities for staff and volunteers in the program.

4. Applicable portions of chs. 48, 51, 55 and 115, Stats., and any related administrative rules.

5. Basic individual and family mental health treatment concepts applicable to providing in-home services, including methods for empowering families with children who have severe emotional or behavioral impairments.

6. The provisions of s. 51.61, Stats., and ch. HFS 94 regarding client rights.

7. The provisions of s. 51.30, Stats., and ch. HSS 92 regarding confidentiality of treatment records.

8. Techniques for assessing and responding to the needs of clients who have experienced childhood maltreatment or adult revictimization.

9. Techniques and procedures for providing non-violent situation management for people in crisis, including verbal de-escalation, methods for obtaining backup and acceptable methods for self-protection and protection of the person in crisis and others who are present during the emergency situation.

(b) Orientation training requirement. 1. Each new staff person who has not had at least one year of experience providing in-home mental health services to children and their families shall participate in a minimum of 40 hours of documented orientation training within 3 months after beginning work with the program.

2. Each new staff person who has had one year or more of experience providing in-home mental health services to children and their families shall participate in a minimum of 16 hours of documented orientation training within 3 months after beginning work with the program.

3. Each volunteer shall receive at least 16 hours of documented orientation training before working directly with clients or their families and an additional 24 hours of training documented during the next 6 months.

(c) Inservice training. Each program shall develop and implement an ongoing inservice training program for all staff which may include but is not limited to:

1. Use of staff meeting time which is set aside for in-service training.

2. Presentations by community resource staff from other agencies.

3. Attendance at conferences and workshops.

(d) Inservice training requirement. 1. Staff who provide more than 300 hours of direct in-home services annually through the program shall receive at least 8 hours of inservice training per year covering in-home services, procedures relevant to the operation of the program, required compliance with state rules and federal regulations, cultural competency in delivery of mental health services, techniques for supporting family strengths and independence and current issues in client rights and services.

2. Staff who provide up to 300 hours of service per year shall receive at least 4 hours of inservice training per year.

3. Staff who are shared with other community mental health programs may apply inservice hours received in the other programs toward the requirement under subd. 1. or 2.

(e) Training necessary to retain licensure or certification. Each professional staff person shall participate in at least the required number of hours of annual documented training necessary to retain professional licensure or certification.

(f) Records. A program shall maintain in its central administrative records updated copies of the orientation policies, evidence of current licensure and certification of professional staff and documentation of orientation training and ongoing inservice training received by program staff.

HFS 41.07 INTAKE, ENROLLMENT AND CONSENT FOR SERVICES. (1) EFFECTIVE AND APPROPRIATE COMMUNICATION. A program shall have written policies and procedures to ensure that during enrollment of a child and the child's family and when staff are explaining client rights and program operating procedures, obtaining consent for services, carrying out assessments, doing treatment planning or delivering services to a client, that these activities take place using the client's primary language or means of communication or else another language with which the person is fluent and comfortable, and where the participation or consent of a parent or a guardian is required that communication with that person also takes place in the person's primary language or means of communication or else in another language with which the person is fluent and comfortable.

(2) ELIGIBILITY FOR SERVICES. A child and his or her family are eligible for in-home mental health services if the clinical director determines, based on the documentation accompanying the referral to the program, if there was a referral, the results of the intake and assessment process under sub. (6) and the report under sub. (6)(g) that:

(a) The child has a severe emotional disturbance meeting the criteria under sub. (3) or one of the following applies.

1. The child meets all the criteria under sub. (3) for a severe emotional disturbance except that the disorder has lasted less than 6 months, but the documentation supports a conclusion that without the provision of intensive services the disorder will persist for at least 6 months longer.

2. The child meets all the criteria under sub. (3) for a severe emotional disturbance except that the child has not been involved with at least 2 of the major childrens service systems, but the documentation supports a conclusion that without the provision of intensive services that involvement is likely to happen within the next 6 months.

(b) No less intensive or restrictive service that is available to the child and family is likely to be as successful in reducing or eliminating the symptoms being exhibited by the child or in preventing the child's symptoms from increasing in severity.

(c) There is a reasonable likelihood that intensive in-home mental health services will help the family meet the challenges of care resulting from the child's condition.

(3) SED. Criteria for a finding of severe emotional disturbance are all of the following:

(a) The individual is under the age of 21.

(b) The individual has been diagnosed as having one of the following conditions listed in DSM-IV:

1. A pervasive developmental disorder.

2. Attention deficit or disruptive behavior disorder.

3. A tic disorder.

4. Stereotypic movement disorder.

5. A feeding or eating disorder of infancy or early childhood.

6. Separation anxiety disorder.

7. Selective mutism.

8. Reactive attachment disorder of infancy or early childhood.

9. A substance-related disorder.

10. Schizophrenia or other psychotic disorder.

11. A mood disorder.

12. An anxiety disorder.

13. A somataform disorder.

14. A dissociative disorder.

15. A sexual or gender identity disorder.

16. An impulse-control disorder.

17. An adjustment disorder.

18. A personality disorder.

(c) The individual has had the condition for at least 6 months and it can be expected to continue for a year or more.

(d) The individual exhibits psychotic symptoms, such as defective or lost contact with reality, often with hallucinations or delusions, or is a danger to self, others or property, or the individual is functionally impaired in at least 2 of the following ways:

1. Ability to take care of self.

2. Ability to function in the community.

3. Ability to develop and maintain social relationships.

4. Ability to function in the family.

5. Ability to function at school or work. Impairment at school is manifested by either of the following:

a. Inability to pursue educational goals in a normal time frame.

b. Meeting the definition of a child with exceptional educational needs in s. 115.76(3), Stats., and ch. PI 11.

(e) The individual is receiving services from 2 or more of the following service systems:

1. Mental health.

2. Social services.

3. Child protective services.

4. Juvenile justice.

5. Special education.

(4) ENROLLMENT CRITERIA. (a) A program may not discriminate against families seeking or referred for enrollment based solely on a family member's race, religion, color, gender, sexual orientation, marital status, ancestry, arrest and conviction record, national origin, handicap or physical condition or disability.

(b) A program may establish other selection criteria to be used when deciding which families to enroll, which may include any of the following:

1. Specific constellations of family strengths and needs for which the program is designed to provide assistance.

2. The levels of service duration and intensity the program is able to offer.

3. The range of child and family characteristics to which the program is best able to respond, given the training and experience of program staff and the resources available to the program.

4. An age range established for children who will be served by the program.

5. Funding restrictions such as availability of insurance and other third party reimbursement, financial or programmatic support for the placement from other agencies or the family's ability to pay.

(5) CONSENT FOR SERVICES. (a) In-home services may only be provided with the consent of the child's parent, guardian or legal custodian, the child if he or she is 14 years of age or older and, if the child does not live with his or her parent, guardian or legal custodian, the primary caretaker of the household where the child will be living during his or her participation in the program.

(b) The service facilitator shall explain to the child and the childs family the programs methods of operation as they affect clients, and the rights of clients.

(c) After the explanation, if the parent, guardian or legal custodian of the child who is the focus of the in-home services, the primary caretaker if the child does not live with the parent, guardian or legal custodian, and the child, if he or she is 14 years of age or older, wish to participate in the program, the program shall obtain their consent for services written in their primary language or a language with which they are fluent and comfortable, indicating that they have been informed of and understand the following:

1. The rights of the child and the childs family receiving in-home mental health services.

2. The nature of the program in which they will be participating.

3. The cost of any services which may be billed to the family.

4. How to use the program's grievance procedure.

5. The means by which families may obtain crisis services, if needed, while they are participating in the program.

(d) Once a family has been enrolled and a family services plan has been developed, all family members over the age of 14 who will be participating in the program shall sign the plan, indicating their agreement with it and willingness to participate. Other family members, children under 14 years of age, support persons for the family, and service providers from agencies that will be cooperating in the family services plan may also sign the plan to indicate their commitment to comply with its terms or provide the services indicated.

(e) Signed and current consent forms shall be maintained in the family's program record and the parent, guardian or legal custodian shall be given copies of them upon request.

(6) INTAKE AND ASSESSMENT. (a) Written policies and procedures. A program shall have written policies and procedures to govern the intake and assessment process, including:

1. The type of information to be obtained from or about a family seeking enrollment or referred for enrollment.

2. Procedures to be followed for referral to other services and programs when a decision is made not to enroll a family.

3. Procedures to be used to ensure that families with members who have special needs will receive appropriate screening, assessment and services, including but not limited to families with members who have sensory, physical, cognitive or other impairments which affect their ability to communicate with program staff.

4. Procedures to screen for the possibility that a client or family member may attempt suicide, to respond to identified risk of an attempted suicide and to deal with a situation in which an attempt at suicide has occurred or a suicide has taken place, as required in s. 51.64(2), Stats.

5. Procedures to screen for the presence or history of abuse, whether physical, sexual or psychological.

(b) Explanation provided to family. The procedures for intake and assessment shall be clearly explained to the family.

(c) Tentative enrollment. Upon referral or application for services, if the clinical director or his or her designee determines, based upon referral materials and initial interviews, that a child and family are likely to meet the criteria for enrollment, and the child's parent, guardian or legal custodian consents, the child and family may be tentatively enrolled for a period of up to 14 days in order to complete the intake, assessment and service planning process.

(d) Service facilitator assistance. 1. If a family is tentatively enrolled, a service facilitator shall be assigned to assist the family during the remainder of the process.

2. a. The facilitator shall meet with the child and family one or more times to explain the program to them and learn from them about their strengths and needs.

b. A meeting shall be scheduled at a time and place that is convenient for the child and family.

c. The service facilitator shall adjust the length and number of meetings based on the nature and immediacy of the needs of child and family, the amount of contact necessary to help the child and family feel comfortable with and able to participate in the program, and the amount of information necessary to make a final determination of the child and family's eligibility for services and to provide the basis for development of a family services plan.

d. During a meeting the service facilitator shall, with the cooperation of the family and after hearing the views of the child and family members, prepare an overview of the history and context of the family's concerns, a description of prior and current service involvement the child and family may have had, an indication of the primary needs the child and family are presently experiencing and a description of the strengths and skills the child and family will bring to the program.

3. With the consent of the child's parent, guardian or legal custodian, and within the time restraints imposed by the nature and immediacy of the needs of the child and the child's family, the service facilitator shall gather, collate and compare any past medical, educational or psychological evaluations relevant to the child's condition or needs and, if necessary, arrange for additional evaluations to clarify need for services.

4. With the consent of the child's parent, guardian or legal custodian, the service facilitator shall also obtain releases of information in order to coordinate the in-home mental health services with other services and educational programs in which the child and family are participating.

(e) Meeting with lead therapist. The program shall assign a lead therapist qualified under s. HFS 41.05(3)(b) 1. to 8. to meet with the family. The lead therapist may, with the consent of the child's parent, guardian or legal custodian, complete a clinical interview with the child and family and conduct any additional evaluations necessary in order to identify or clarify the strengths and needs of the child and family, determine their eligibility for services and provide a basis for the development of the family services plan.

(f) Immediate services. If a child and family who have been tentatively enrolled for services are experiencing an immediate need for assistance, the program may, with the written consent of the child's parent, guardian or legal custodian and the approval of the clinical director, provide whatever treatment and support is needed to stabilize care for the child, pending completion of assessment and planning.

(g) Continuing enrollment. Based upon a written summary report of the intake meetings and assessment prepared by the lead therapist, the clinical director shall determine whether or not the child and family are eligible for continued enrollment under the criteria in this chapter and the policies of the program and, if eligible, the appropriate level of intensity and duration of in-home services to be offered.

(h) Notification. The program shall inform the family and any agency which may have referred the family for services of the decision regarding continuing enrollment eligibility within 10 days after the completion of the intake and assessment process.

(i) More than one family member. A family with more than one child or with an adult family member with a mental disorder or severe emotional or behavioral impairment may be enrolled for services. The family services plan for a family with more than one family member in need of services shall have separate sections describing the treatment supports and goals for each family member.

HFS 41.08 SERVICES PLANNING AND IMPLEMENTATION. (1) CHILD AND FAMILY TEAM. (a) If a child's parent, guardian or legal custodian consents to the child's continued enrollment, the service facilitator shall appoint a child and family team to assist the service facilitator in developing a family services plan based on the strengths and needs of the child and family as identified through the intake and assessment process under s. HFS 41.07(6).

(b) 1. Except as provided in subd. 2., a child and family team shall include the child's primary caregiver, the child's parent, guardian or legal custodian, if different from the primary caregiver, the child and the lead therapist.

2. A child or other family member who is uncomfortable with team meetings or unable to fully participate in team meetings because of age or current level of impairment may choose not to attend or may be excused from attending child and family team meetings. In addition, the lead therapist may determine that participation by a child in some meetings is not appropriate or is unnecessary, due to the subject matter to be discussed or the child's vulnerability.

(c) There may be other team members, depending on the strengths and needs of the family, the family's extended relationships and other programs or activities in which the child's and family are participating. The childs parent or guardian shall approve other team members. These may include:

1. Any other adult or child living in the home with the child.

2. Any naturally occurring support person who is important to the child and family, such as an extended family member or close friend.

3. Representatives from other programs and agencies who have agreed to help implement the family services plan, such as educators, social workers, therapists and other human services professionals.

4. Other persons from the community who care about the child and family and who have agreed to help in developing the family services plan.

(d) The child and family team shall meet together one or more times to help the service facilitator develop a family services plan designed to help the family meet its needs with regard to care and support for the child or children.

(e) Team members other than those indicated in par. (b) 1. may join or leave the team depending on the current needs and situation of the child and family.

(2) INTERIM SERVICES PLAN. The service facilitator and lead therapist may establish an interim services plan to identify immediate steps which will be taken to support the child and family while the family services plan is being developed.

(3) CONTENT OF FAMILY SERVICES PLAN. The family services plan shall specify all of the following:

(a) The primary strengths and needs of the child and family.

(b) The date to begin implementing the plan.

(c) Family members, program staff and other community service providers who will be participating in the plan.

(d) The services, supports, activities, interventions and treatments which will be offered as part of the plan, the name of the person or agency responsible for providing each component and the means by which each component will be funded.

(e) The specific outcomes being sought through implementation of the plan and the criteria for ending enrollment.

(f) How the family and other service providers will be assisted by the program in managing crisis situations which may develop related to the emotional or behavioral impairments of the child.

(g) The projected duration of the plan and the anticipated level of intensity at which services will be offered to the child and family.

(h) The process for coordinating the program's services with other related services in which the child and his or her family are participating, including a list of the names and addresses of the providers of those services and any necessary releases of information to facilitate communication between providers.

(4) FAMILY SERVICES PLAN PROVIDING FOR ADMINISTRATION OF PSYCHOTROPIC MEDICATIONS. (a) Any psychotropic medication offered to a child as a part of a family services plan shall be prescribed by a health care provider certified to prescribe the medication and experienced or trained in the use of psychotropic medications with children who have severe emotional or behavioral impairments. The health care provider shall do all of the following:

1. Conduct an assessment of the child's clinical need for medication.

2. Explain to the child and the child's parent, guardian or legal custodian and primary caregiver, if different, the nature and possible negative and positive effects of any proposed medication.

3. Document the type of medication prescribed, its dosage, method of administration and any subsequent changes in medication.

4. Review and document any changes in the expression of the child's emotional or behavior impairments in response to the medication at least once every 30 days unless the health care provider prescribing the medication establishes a more frequent review period.

5. Monitor, treat and document any side effects of the medication.

(b) A registered nurse on the staff of the program may administer medication from a multi-dose container or by injection at the direction of the health care provider who prescribed the medication.

(c) Other staff may administer only single-unit oral medication doses that have been dispensed and labeled by a physician licensed under ch. 448, Stats., to practice medicine and surgery, a pharmacist licensed under ch. 450, Stats., or a registered nurse, licensed under ch. 441, Stats., at the direction of the health care provider certified to prescribe the medication.

(d) At the discretion of the clinical director, the primary caregiver may be trained to administer the child's medication in the home.

(e) Staff and the primary caregiver shall assess and document their observations of the child's behavior in response to a medication and shall monitor the child for possible side effects induced by the medication and report any observed side effects to the health care provider prescribing the medication or the registered nurse administering the medication.

(f) Persons dispensing medication shall report observations noted in par. (e) to the health care provider prescribing the medication or the lead therapist who shall document in the program records any reported or observed adverse drug reactions and any potential medication conflicts when drugs are prescribed by more than one health care provider.

(g) Any changes in medication shall be reported by the health care provider or primary care giver to staff providing in-home mental health services to the family.

(h) The program record shall document by signature and date that a psychotropic medication has been dispensed in compliance with this subsection and s. HFS 94.03, and that:

1. The health care provider has explained the nature, risks and benefits of the medication to the child's parent, guardian or legal custodian, and the child if the child is 14 years of age or older.

2. The parent, guardian or legal custodian, and the child if 14 years of age or older, understands the expected risks and benefits of the medication and consents to its administration.

3. Children under the age of 14 have received an explanation appropriate to their age and level of understanding about the prescribed medication.

(5) TIMELINE FOR COMPLETING DEVELOPMENT AND BEGINNING IMPLEMENTATION OF THE FAMILY SERVICES PLAN. A family services plan shall be developed and implementation begun within 30 days after the child's parent, guardian or legal custodian has consented to continuing enrollment in the program.

(6) APPROVAL OF FAMILY SERVICES PLAN. (a) Within 5 working days after a child and family team has prepared a family services plan, the plan shall be reviewed by the clinical director or his or her designee. The person reviewing the plan shall indicate by his or her signature whether or not the services identified in the family services plans which are to be provided directly by the program are approved and necessary for meeting the treatment goals identified for the child and family. Services may be provided pending approval but shall be suspended if the clinical director does not approve the plan.

(b) The nature and extent of participation by the child and the child's family in the development of the family services plan shall be documented in the child's service notes included in the family's program record.

(7) SERVICE NOTES. (a) The program shall establish a systematic method for maintaining records of the delivery of in-home mental health services which describe the nature and duration of the services provided by program staff, identify the staff persons who provided those services and include observations of progress made toward accomplishment of the outcomes identified in the family services plan.

(b) Service notes shall be entered into the family's program record during or as soon as possible following each family contact and shall be signed and dated by the person making the entry.

(8) REVIEW OF FAMILY SERVICES PLAN. (a) Ongoing child and family team meetings. 1. A child and family team shall establish a schedule of meetings for periodic review of the family services plan.

2. Meetings shall take place at a time and place convenient to the family and for the purpose of ensuring that the plan is being appropriately implemented and continues to meet the needs of the child and family.

3. Frequency of team meetings may vary, depending on the type of program, the length of time the team has been working together, the number of people on the team and the degree to which the plan is helping the child and family meet the needs identified in the plan, but shall occur at least every 14 days when families are receiving short-term services, as described in s. HFS 41.09(3)(b) 1., at least every 30 days for mid-range services, as described in s. HFS 41.09(3)(b) 2., and at least every 60 days for extended-care services, as described in s. HFS 41.09(3)(b) 3.

4. At meetings, the team shall review the degree to which the plan is helping the child and family meet the goals identified in the plan, attempt to manage or resolve any conflicts that have developed relating to plan implementation and determine if the plan should be modified to be more effective.

5. The service facilitator shall prepare a written report of the results of a child and family team review and, if the plan is to be modified, propose new language for review by the team members and the clinical director. The report shall include all of the following:

a. The date of the review and the names of the persons participating in it.

b. The degree to which the goals of the plan have been met.

c. Any significant changes suggested or required in the plan.

d. Any services referenced in the plan which were not provided, with an explanation for any omission.

e. The results of any additional evaluations of the child and family, including history of any prior abuse or victimization.

f. Any new external services or programs in which the child and family are participating, and the contact person for each new service or program.

6. The lead therapist shall include a service note in the report under subd. 5. indicating his or her observation of the degree to which the symptoms or effects of the child's severe emotional or behavioral impairments have been reduced or ameliorated during the period preceding the review and the needs of the child and family identified in the assessment are being met.

7. Changes in a family services plan may be implemented pending review of the changes by the clinical director under par. (b), but shall be discontinued if the clinical director does not approve the changes.

(b) Clinical review. The clinical director or his or her designee shall review the reports of the child and family team meetings under par. (a) and make a written determination regarding the appropriateness and necessity of the services being provided for the child and family. Approval or disapproval of any recommended change shall be reported back to the lead therapist and service facilitator within 7 days of the receipt of the report of a child and family team meeting.

(9) END-OF-ENROLLMENT REPORT. (a) Within 30 days after enrollment of a child and family has ended, a report prepared by the service facilitator and approved by the clinical director that summarizes the course of care shall be entered in the family's program record. The report shall include all of the following:

1. A description of the accomplishments of the child and family leading to successful completion of the program, or of the reasons leading to a decision to end services prior to reaching the goals in the family services plan.

2. A summary of the services provided to the child and family during enrollment, including any psychotropic medications provided to the child.

3. A description of the degree to which the goals identified in the family services plan have been accomplished.

4. A description of the strengths of the child and the child's family and any continuing needs at the time services were ended.

5. The names and addresses of any persons or programs that will continue to provide support or assistance to the child and family after the end of services.

6. The first and last dates of contact between program staff and the family.

(b) The end-of-enrollment report shall be dated and signed by the service facilitator, the lead therapist and the clinical director.

(10) EARLY TERMINATION OF SERVICES. (a) A family's enrollment may be terminated before the pre-established date for conclusion of mid-range services under s. HFS 41.09(3)(b), or before the goals are reached for conclusion of extended-care services under s. HFS 41.09(3)(c), for any of the following reasons:

1. The parent, guardian or legal custodian, primary caregiver or child 14 years of age or older withdraws consent for enrollment or refuses to participate further in the program.

2. The family has moved away from the geographical area served by the program.

3. The program is no longer able to provide in-home mental health services for the family due to a loss of funding or a change in the nature of the services which the organization operating the program provides.

4. The family, the child and family team and the clinical director agree that the family no longer needs in-home services.

(b) A program shall provide at least 30 days written notice to the family and to other service providers supporting the family under the family services plan before ending services under par. (a) 3.

HFS 41.09 SERVICES. (1) AVAILABILITY. (a) An in-home service program shall have a flexible operating schedule which permits it to provide services to a family at times that are convenient and appropriate to the needs and availability of family members, as identified in the family's family services plan.

(b) Each program shall provide or contract for sufficient services to meet the needs of a family enrolled for care as identified in the family's services plan, including:

1. An initial meeting with parents and other family members to determine if a family seeking or referred for enrollment is eligible for services and willing to participate in the program.

2. Orientation, assessment, planning and implementation meetings with a child and family team to identify the strengths and needs of a family accepted for enrollment and to develop a family services plan designed to build on family strengths and meet identified needs.

3. Flexible development, delivery and coordination of in-home mental health services in a manner designed to ensure that a child and family enrolled in the program receive the supports they need, in a form most likely to be beneficial for them.

4. Services to support a family experiencing a crisis related to the child's emotional or behavioral impairments. These services shall be available 24 hours per day and 7 days per week either through the program or through an arrangement with a cooperating agency or service provider.

5. Ongoing service and outcome evaluations designed to ensure that the child and childs family receive care appropriate for their current needs.

6. Assistance to help the child and family make a successful transition out of formal services at the end of enrollment by identifying and accessing natural supports within the extended family and the community.

(2) INTENSITY AND DURATION. The family services plan shall identify the level of intensity and duration of treatment required by a child and family accepted into the program. If the needs of a child and family change, the child and family team may recommend to the clinical director that the family services plan be changed to adjust the level and duration of services being provided.

(3) LIMITS ON SERVICE INTENSITY AND DURATION. (a) Definition. In this subsection, "direct family services" means in-home mental health services involving face-to-face contact between program staff and the child or family members, and not time spent by program staff providing indirect services such as interagency communication and staff training and supervision.

(b) Service limits. Based upon the strengths and needs of the child and family identified in the family services plan, in-home mental health services may be offered up to the following limits:

1. "Short-term services." If the primary goals for a child and family are likely to be substantially accomplished through a brief, concentrated period of support and treatment, the child and family may receive up to an average of 20 hours of direct family services per week for up to 90 days, with one 30 day extension if the clinical director determines in writing that the additional period of treatment is required to meet the goals of the family services plan.

2. "Mid-range services." If the strengths and needs of a child and family are such that treatment and services over a longer period of time than that provided in par. (a) are likely to be necessary in order to reach the goals in the family services plan, a family may receive up to an average of 10 hours of direct family services per week for up to 180 days, with one 90 day extension, if the clinical director determines in writing that the additional period of treatment is necessary to meet the goals of the family services plan.

3. "Extended-care services." If the identified strengths and needs of a child and family are such that, without ongoing treatment and support, there is a substantial likelihood that the child would be unable to maintain a reasonable level of functioning in his or her home and community, or that the symptoms of the child's emotional or behavioral impairment could not be managed or reduced without in-home treatment and support over an extended period of time, the child and family may receive up to an average of 5 hours per week of direct family services over each year of enrollment in the program.

4. "Transitions from one level of service to another." a. A family may move from one level of service to another during a period of enrollment based on the family's changing strengths and needs as reflected in modifications of the family services plan. However, no family may be enrolled for services under subd.1. for more than 120 days in any 2-year period or for services under subd. 2. for more than 270 days in any 3-year period without approval from the department under this subd. 4.b.

b. Requests for approval of re-enrollment of a family in short-term or mid-range services beyond the limits in this subd. 4.a. shall be made in writing on a form prescribed by the department.

Note: For a copy of the form for requesting re-enrollment approval, write the Bureau of Community Mental Health, Division of Supportive Living, P.O. Box 7851, Madison WI 53707.

HFS 41.10 CLIENT SERVICE RECORDS. (1) GENERAL. (a) Staff providing in-home services shall maintain client records in a uniform manner to clearly indicate the services provided and outcomes achieved.

(2) SERVICE NOTES. Service notes shall be prepared as soon as possible following each direct contact, shall be signed and dated by the person making the entry and shall include:

(a) The time and place of the contact and persons present during the contact.

(b) Any services provided to a family member during the contact and any steps accomplished toward the outcomes identified in the family services plan.

(c) If the contact included helping the family respond to a crisis situation, any suggestions for modifying the crisis management component of the family services plan.

(3) MAINTENANCE AND SECURITY. (a) The program administrator is responsible for the maintenance and security of client service records and family services plans.

(b) Maintenance, release, retention and disposal of records shall be carried out in compliance with ch. HSS 92.

(4) LOCATION AND FORMAT. Client records shall be kept in a central place that is not accessible to other persons receiving care through the program, shall be held in a safe and secure manner and shall be managed in accordance with standard professional practices for the maintenance of client mental health records and arranged in a format which provides for consistent recordkeeping within the program and which facilitates accurate and efficient record retrieval.

(5) CONFIDENTIALITY. Client service records shall be kept confidential and safeguarded as required under s. 51.30, Stats., and ch. HSS 92.

(6) DISPOSITION UPON PROGRAM CLOSING. An organization operating a program shall establish a plan for maintenance and disposition of client records in the event the program loses its certification or otherwise terminates operations. The plan shall include a written agreement with a health care facility or a county department to act as a repository and custodian of client records for the required retention period or until a replacement program begins operating.

HFS 41.11 CLIENT RIGHTS. (1) POLICIES AND PROCEDURES. A program shall have written policies and procedures consistent with s. 51.61, Stats., and ch. HFS 94 to protect the rights of children and families participating in the program.

(2) CASE MANAGER'S DUTIES. A client's case manager shall inform and assist the client and the client's parents or guardian in understanding and asserting their rights.

(3) CONFLICT RESOLUTION. (a) Clients and their parents shall be informed that they have the option of using either formal or informal procedures for resolving complaints and disagreements.

(b) A program shall establish a process for informal management of concerns raised by clients, family members and other agencies involved in the care and treatment of clients.

(c) A program shall establish a formal system for receiving and processing grievances which cannot be managed informally. The system shall provide for impartial review of complaints and shall include an option for mediation of disagreements.

HFS 41.12 CLIENT SATISFACTION. (1) A program shall have written policies and procedures to ensure that clients and family members, and advocates with the consent of the clients, are included in the planning, development and evaluation of the program's services and activities. As part of its process for evaluating and improving the services it provides, the program may also include a procedure for soliciting the views of community representatives, other agencies providing mental health services, other consumers of mental health services in the community and the family members of persons who use or require mental health services, so long as confidentiality regarding services for individual clients is observed.

(2) Each program shall have a process for collecting and recording indications of client satisfaction with the outcomes and quality of the services received. This may include but is not limited to the following:

(a) Brief in-person interviews with clients while services are being provided or at the time of discharge.

(b) Evaluation forms to be completed and returned by clients.

(c) Follow-up phone interviews with former clients following discharge.

(3) Information about client satisfaction shall be collected in a standardized format which allows the collation and comparison of responses and which protects the confidentiality of clients and former clients.

(4) The outcome evaluation procedure may make allowances for clients or former clients who are not willing or able to respond.

(5) Prior to renewal of certification under s. HFS 41.04(6), the program administrator shall prepare a report summarizing client and former client responses and indicating:

(a) Any changes in program policies or operations which have been made as a result of these evaluations.

(b) Any suggestions for changes in requirements under this chapter which would allow programs to better meet the needs of clients.

The rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22(2), Stats.

Wisconsin Department of Health and
Family Services,

Dated:

By: _____
Joseph Leean
Secretary

SEAL: