

Chapter HSS 61

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

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Subchapter I

General Provisions

HSS 61.01 Introduction. These are standards for a minimum level of services. They are intended to establish a basis to assure adequate services provided by 51.42/51.437 boards and services provided by agencies under contract with the boards.

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

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

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

General Definitions

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

(2) "Consultation" means providing assistance to a wide variety of local agencies and individuals. It includes indirect case consultation: the responding to specific requests of consultees to help resolve an individual case management problem or to improve the work function of the consultee. It includes problem related consultation: the providing of assistance to other human service agencies for educational purposes rather than individual case resolution. Consultation includes administrative and program consultation: the providing of assistance to local programs and government agencies in incorporating specific mental health, developmental disabilities and alcohol and other drug abuse principles into their programs.

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

(4) "Education" means the provision of planned, structured learning experiences about a disability, its prevention, and work skills in the field. Education programs should be specifically designed to increase knowledge and to change attitudes and behavior. It includes public education and continuing education.

(a) Public education is the provision of planned learning experiences for specific lay or consumer groups and the general public. The learning experiences may be characterized by careful organization that includes development of appropriate goals and objectives. Public education may

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

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

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

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

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

(5) "Certification" means the approval of a program by the department.

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

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

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

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

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

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

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

(13) "Physically accessible" means that a place of employment or public building has the physical characteristics which allow persons with functional limitations to enter, circulate within and leave the place of

employment or public building and use the public toilet facilities and passenger elevators in the place of employment or public building without assistance.

(14) "Prescription" means a written order by a physician for treatment for a particular person which includes the date of the order, the name and address of the physician, the patient's name and address and the physician's signature.

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

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

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

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

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

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

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

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

History: Cr. Register, February, 1982, No. 314, eff. 3-1-82; r. and rec. Register, October, 1985, No. 358, eff. 11-1-85.

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

TABLE 61.52

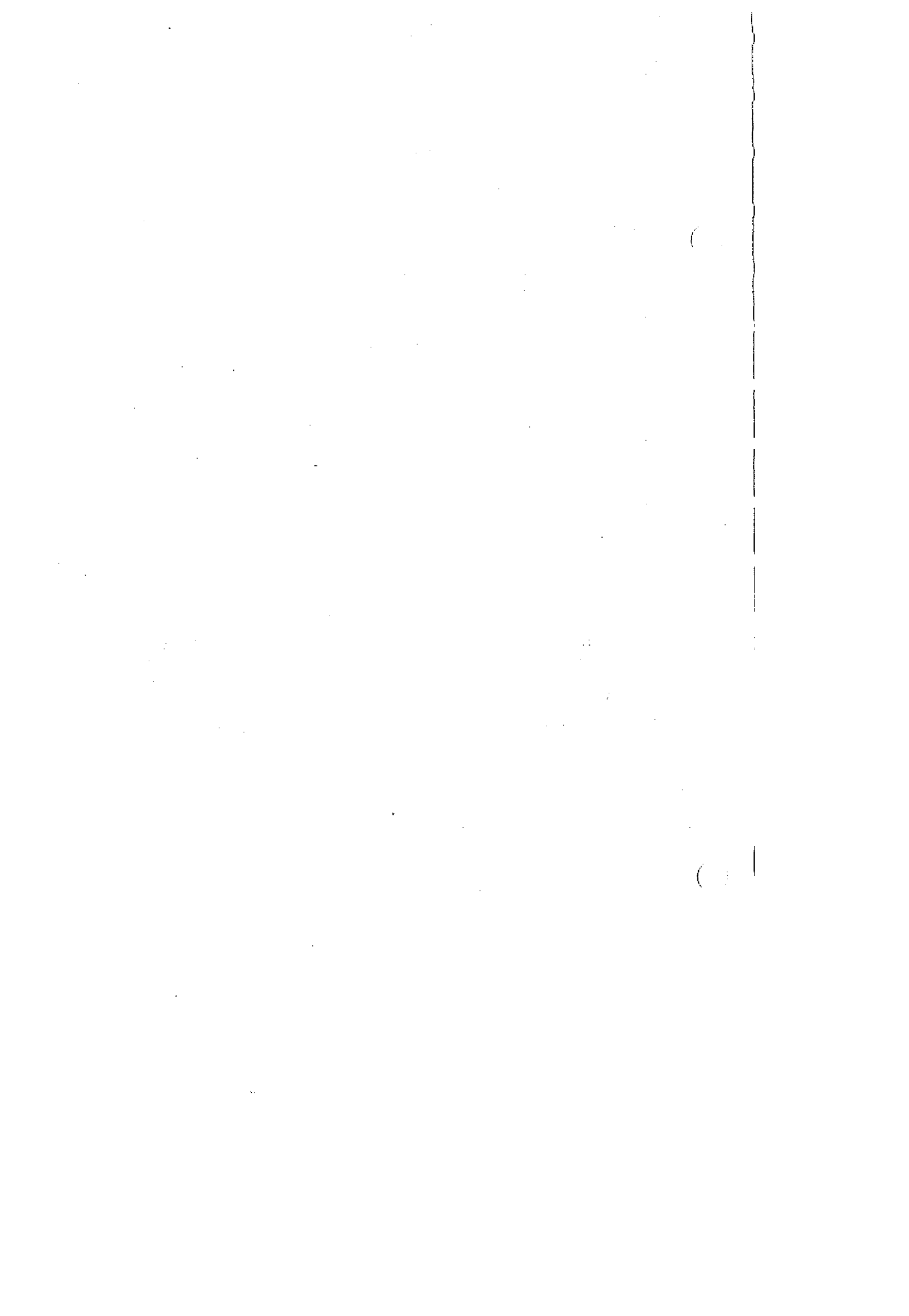
APPLICABLE GENERAL REQUIREMENTS SUBSECTIONS

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

X=required

O=not required

- (1) GOVERNING AUTHORITY. The governing body or authority shall:
- (a) Have written documentation of its source of authority;
 - (b) Exercise general direction over, and establish policies concerning, the operation of the program;
 - (c) Appoint a director whose qualifications, authority and duties are defined in writing;
 - (d) Provide for community participation in the development of the program's policies;



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

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

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

1. A medical evaluation; and

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

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

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

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

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

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

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

1. Procedures for collection and analysis of samples; and

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

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

HSS 61.63 Inpatient treatment program. (1) ORGANIZATIONAL REQUIREMENTS. (a) Before operating or expanding an inpatient treatment program (ITP), a facility shall:

1. Submit written justification to the department, documenting the need for additional ITP treatment resources in the geographic area in which the program will operate or is operating;

2. Notify the board in the area in which the program will operate or is operating and the area health systems agency (HSA) of the intention to operate or expand the program;

3. Be approved, if a hospital, for establishment of a new inpatient program or expansion of an existing program under ch. 150, Stats., and ch. HSS 123; and

4. Be licensed under ch. HSS 3 as a community-based residential facility or approved under ch. H 24 [HSS 124] as a hospital.

(b) When a facility applies to the department for ITP certification it shall designate beds for the ITP as follows:

1. The number of ITP beds shall be specified;

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2. A minimum of 15 beds shall be designated as ITP beds except for programs operated by hospitals approved under ch. H 24 [HSS 124] prior to the effective date of this chapter; and

3. Designated ITP beds may not be used for other purposes except on an emergency basis.

(c) Unless rates are established by the hospital rate-setting commission under ch. 54, Stats., and chs. HRSC 1 to 4, a facility operating an ITP shall establish rates based on an average annual occupancy standard for designated beds of at least 80%.

(d) Programs shall have 12 months from the effective date of this section or 12 months from the date of certification to attain the designated bed occupancy standard of 80%. Certification shall not be renewed for programs that do not maintain 80% bed occupancy.

(2) **ADMISSION.** (a) Admission of a person to an ITP shall be based on a medical screening by a physician. The physician's written approval for admission shall be a permanent document in the patient's case record.

(b) A person may be admitted to an ITP operated in a facility licensed as a community-based residential facility under ch. HSS 3 only when the medical screening indicates that the patient does not require hospital services. A person with an acute psychiatric condition requiring 24-hour medical supervision may be admitted only to an ITP in a hospital.

(c) All persons admitted to ITP care shall exhibit the following:

1. A need for a controlled environment;
2. A need for 24-hour monitoring of behavior; and
3. Alcohol abuse, drug abuse or multiple drug abuse.

(3) **ACCESSIBILITY OF SERVICES.** (a) The services and facility shall be in compliance with s. 504 of the Rehabilitation Act of 1973, 29 USC 760.

(b) The program shall ensure that its services are physically accessible and that there is program accessibility in accordance with the specific category under which the facility is licensed.

(c) A program is not required to make structural changes in existing buildings when other methods are available to ensure that the program is accessible.

(4) **REQUIRED PERSONNEL.** (a) The program shall have a physician licensed by the state in which the program operates to serve as medical director with responsibility for medical screening and supervision of the medical services for all patients.

(b) The program shall have at least one full-time certified alcohol and drug counselor for every 10 patients or a fraction thereof.

(c) The program shall have a consulting psychiatrist and a consulting licensed psychologist available as needed, with written agreements to that effect.

(d) Staff with training and experience in alcohol and drug abuse rehabilitation and treatment shall be available as needed to provide vocational, social work and family counseling services.

(e) The department's division of vocational rehabilitation counselors shall be utilized, when available, for vocational counseling, vocational training and job placement.

(f) The use of volunteers shall be in accordance with s. HSS 61.16.

(g) A designated trained staff member shall be on the premises at all times and shall be responsible for the operation of the ITP. That person may work in the capacity of a staff member under par. (a), (b), (c) or (d) in addition to being in charge of the program.

(5) **PSYCHOSOCIAL TREATMENT.** (a) The ITP shall have a written statement describing its treatment philosophy and the objectives used in providing care and treatment for alcohol and drug abuse problems.

(b) An alcohol and drug abuse counselor or other qualified staff shall provide a minimum of 15 hours a week of therapy for each patient, including individual therapy, group therapy, family therapy and couples therapy, and the program shall ensure that:

1. Each patient receives at least one hour a week of individual therapy;
2. The ITP's treatment schedule is communicated in writing and by any other means necessary for patients with communication difficulties; and
3. The staff member makes referrals to other treatment staff if the patient is not making sufficient progress because of problems in the relationship between the patient and the staff member.

(c) Educational sessions shall be provided to teach the patient about the disease of alcohol or other drug abuse, its progression, and its impact on physical health, psychological functioning, social adaptation, learning ability and job performance.

(d) Community resources and services shall be used, as needed, to provide supportive therapy, recreation and information.

(e) Activities related to alternatives to drinking or drug use, such as recreation, reading, hobbies or sports, shall be scheduled for a minimum of 20 hours per week.

(f) ITP discharge planning shall include encouraging the patient to get involved in self-help groups and encouraging the patient's use of after-care.

History: Cr. Register, February, 1982, No. 314, eff. 3-1-82; r. and recr. Register, October, 1985, No. 358, eff. 11-1-85.

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

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

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

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

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

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

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

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

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

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

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

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

(9) "Psychotherapy" has the meaning designated in s. HSS 101.03.

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

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

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

1. Statements of the clinic's designated agent, authorized administrator or staff member;
2. Documentary evidence provided by the clinic;
3. Answers to detailed questions concerning the implementation of procedures, or examples of implementation, that will assist the department to make a judgement of compliance with standards; and
4. Onsite observations by surveyors.

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

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

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

(4) **ISSUANCE OF CERTIFICATION.** Within 60 days after receiving a complete application for outpatient psychotherapy clinic certification, the department shall issue the certification if all requirements for certification are met. If the application for certification is denied, the department shall give the applicant reasons, in writing, for the denial.

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

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

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

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

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

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

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

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

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

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

History: Cr. Register, May, 1981, No. 305, eff. 6-1-81; r. and recr. (4), Register, October, 1985, No. 358, eff. 11-1-85.

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

(a) A physician who has completed a residency in psychiatry, or a licensed psychologist who is listed or eligible to be listed in the national register of health services providers in psychology; and

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

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

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(3) Mental health professionals designated in subs. (1) (b) and (2) shall have 3,000 hours of supervised experience in clinical practice, which means a minimum of one hour per week of face to face supervision during the 3,000 hour period by another mental health professional meeting the minimum qualifications, or shall be listed in the national registry of health care providers in clinical social work or national association of social workers register of clinical social workers or national academy of certified mental health counselors or the national register of health services providers in psychology.

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

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

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

- (a) Diagnostic services to classify the patients's presenting problem.
- (b) Evaluation services to determine the extent to which the patient's problem interferes with normal functioning.
- (c) Initial assessment of new patients.
- (d) Outpatient services as defined in s. 632.89 (1) (d), Stats.
- (e) Residential facility placement for patients in need of a supervised living environment.
- (f) Partial hospitalization to provide a therapeutic milieu or other care for non-residential patients for only part of a 24-hour day.
- (g) Pre-care prior to hospitalization to prepare the patient for admission.
- (h) Aftercare for continuing treatment in the community to help the patient maintain and improve adjustment following a period of treatment in a facility.
- (i) Emergency care for assisting patients believed to be in danger of injuring themselves or others.
- (j) Rehabilitation services to achieve maximal functioning, optimal adjustment, and prevention of the patient's condition from relapsing.
- (k) Habilitation services to achieve adjustment and functioning of a patient in spite of continuing existence of problems.
- (l) Supportive transitional services to provide a residential treatment milieu for adjustment to community living.
- (m) Professional consultation to render written advice and services to a program or another professional on request.

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Preliminary diagnosis;

(c) Personal and medical history.

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

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

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