

## 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, as used in this subchapter:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**TABLE 61.52**

**APPLICABLE GENERAL REQUIREMENTS SUBSECTIONS**

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

X=required

O=not required

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Documentary evidence provided by the clinic;

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

4. Onsite observations by surveyors.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Preliminary diagnosis;

(c) Personal and medical history.

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

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

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