

(c) *Program staffing hours.* Except as provided in par. (d), activities staff shall be employed to provide at least .46 total hours of activities staff time per resident each week:

Note: The required hours are the total time that activities staff must be on duty serving residents each week, not the time directed towards each resident.

(d) *Community activities.* The length of time for which residents are involved in community activities may be included in computing the staff time provided under this subsection.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. (2)(a), r. and recr. (2)(c), r. (2)(d) and (f), renum. (2)(e) to be (2)(d), Register, January, 1987, No. 373, eff. 2-1-87.

HSS 132.695 Special requirements for facilities serving persons who are developmentally disabled. (1) **SCOPE.** The requirements in this section apply to all facilities that serve persons who are developmentally disabled.

(2) **DEFINITIONS.** In this section:

(a) "Active treatment" means an ongoing, organized effort to help each resident attain his or her developmental capacity through the resident's regular participation, in accordance with an individualized plan, in a program of activities designed to enable the resident to attain the optimal physical, intellectual, social and vocational levels of functioning of which he or she is capable.

(b) "Interdisciplinary team" means the group of persons who are responsible for planning the program and delivering the services relevant to a developmentally disabled resident's care needs.

(c) "Qualified mental retardation professional" or "QMRP" means a person who has specialized training in mental retardation or at least one year of experience in treating or working with mentally retarded persons and is one of the following:

1. A psychologist licensed under ch. 455, Stats.;
2. A physician;
3. A social worker with a bachelor's degree in social work from a program accredited by the council on social work education or a bachelor's degree in a field other than social work, and at least 3 years of social work experience under the supervision of a qualified social worker;
4. A physical or occupational therapist who meets the requirements of s. HSS 105.27 or 105.28;
5. A speech pathologist or audiologist who meets the requirements of s. HSS 105.30 or 105.31;
6. A registered nurse;
7. A therapeutic recreation specialist who is a graduate of an accredited program or who has a bachelor's degree in a specialty area such as art, dance, music, physical education or recreation therapy; or
8. A human services professional who has a bachelor's degree in a human services field other than a field under subs. 1 to 7, such as rehabilitation counseling, special education or sociology.

(3) **ACTIVE TREATMENT PROGRAMMING.** (a) All residents who are developmentally disabled shall receive active treatment. Active treatment shall include the following:

1. The resident's regular participation, in accordance with the total plan of care, in professionally developed and supervised activities, experiences and therapies which are directed toward:

a. The acquisition of developmental, behavioral, and social skills necessary for the client's maximum possible individual independence; or

b. For dependent clients where no further positive growth is demonstrable, the prevention of regression or loss of current optimal functional status; and

2. An individual post-institutionalization plan, as part of the total plan of care, developed before discharge by a qualified mental retardation professional and other appropriate professionals. This shall include provision for appropriate services, protective supervision and other follow-up services in the resident's new environment.

(b) Active treatment does not include the maintenance of generally independent residents who are able to function with little supervision or who require few if any of the significant active treatment services described in these standards.

(4) RESIDENT CARE PLANNING. (a) *Interdisciplinary team*. 1. The interdisciplinary team shall develop the individual resident's total plan of care.

2. Membership on the team may vary based on the resident's needs as determined by the preadmission evaluation, but shall include a qualified mental retardation professional, a nurse, a social worker, a psychologist, one or more staff members directly involved in the individual's care and, when appropriate, a physician and dentist.

3. The resident and family or guardian shall be encouraged to participate as members of the team, unless the resident objects to the participation by family members.

(b) *Development and content of the total plan of care*. 1. Within 30 days following the date of admission, the interdisciplinary team, with the participation of the personnel providing resident care, shall review the preadmission evaluation and physician's plan of care and develop a total plan of care based on the resident's history and the evaluation and assessment of resident needs by all relevant disciplines, including any physician's evaluations or orders.

2. Resident and family or guardian participation shall be encouraged unless the family's participation is objected to by the resident.

3. The total plan of care shall include:

a. A list of realistic measurable goals with specific priority listing and time limits for attainment;

b. Behavioral objectives for each goal which must be attained before the goal is considered attained;

c. A written statement of the methods or strategies for delivering care, for use by the staff providing care and by the professional and special

closing and shall not interfere with exiting. Properly installed airflow curtains or fans may be used in lieu of screens.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. (2)(b), (c) and (e), (6)(c), Register, January, 1987, No. 373, eff. 2-1-87.

Subchapter VIII—Life Safety, Design and Construction

HSS 132.81 Scope and definitions. (1) **APPLICATION.** This subchapter applies to all facilities except where noted. Wherever the rules in ss. HSS 132.83 and 132.84 modify the applicable life safety code under s. HSS 132.82, these rules shall take precedence.

(2) **DEFINITIONS.** The definitions in the applicable life safety code required under s. HSS 132.82 apply to this subchapter. In addition, in this subchapter:

(a) "Life safety code" means the National Fire Protection Association's standard 101.

(b) "Period A facility" means a facility or a portion of a facility which before July 1, 1964, was either licensed as a nursing home or had the plans approved by the department; a county home or county mental hospital approved under former ch. PW 1 or ch. PW 2 before July 1, 1964, which is to be converted to nursing home use; a hospital approved under ch. H 24 [HSS 124] before July 1, 1964, which is to be converted to nursing home use; or any other recognized inpatient care facility in operation before July 1, 1964, to be converted to nursing home use.

(c) "Period B facility" means a facility or a portion of a facility the plans for which were approved by the department on or after July 1, 1964, but no later than December 1, 1974; a county home or county mental hospital approved under former ch. PW 1 or ch. PW 2, on or after July 1, 1964, but no later than December 1, 1974, which is to be converted for nursing home use; or any other recognized inpatient care facility in operation on or after July 1, 1964, but no later than December 1, 1974, which is to be converted to nursing home use.

(d) "Period C facility" means a facility, the plans for which were approved by the department after December 1, 1974, including new additions to existing licensed facilities and major remodeling and alterations.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; r. and rec. (2), Register, January, 1987, No. 373, eff. 2-1-87; reprinted to restore dropped copy in (2) (b), Register, May, 1987, No. 377.

HSS 132.82 Life safety code. (1) **1967 CODE.** Facilities with construction plans first approved by the department prior to June 1, 1976, shall meet the applicable provisions of either the 21st edition (1967) or 23rd edition (1973) of the Life Safety Code. (See Table 132.82).

(2) **1973 CODE.** Facilities with construction plans first approved by the department on or after June 1, 1976, but before November 26, 1982, shall meet the applicable provisions of the 23rd edition (1973) of the Life Safety Code. (See Table 132.82).

(3) **1981 CODE.** Facilities with construction plans first approved by the department on or after November 26, 1982, shall meet the applicable

Register, May, 1987, No. 377

provisions of the 25th edition (1981) of the Life Safety Code. (See Table 132.82).

(4) **FIRE SAFETY EVALUATION SYSTEM.** A proposed or existing facility not meeting all requirements of the applicable life safety code shall be considered in compliance if it achieves a passing score on the Fire Safety Evaluation System (FSES), developed by the United States department of commerce, national bureau of standards, to establish safety equivalencies under the life safety code.

Note: See par. 1-3118, 1973 Life Safety Code. The FSES has been adopted for purposes of certification under the Medicaid program. See the July 28, 1980, Federal Register (45 FR 50264).

Note: Copies of the 1967 and 1973 Life Safety Codes and related codes can be obtained from the National Fire Protection Association, Batterymarch Park, Quincy, MA 02269. Copies are kept on file in the offices of the bureau of quality compliance, the secretary of state, and the revisor of statutes.

(5) **APPLICABLE CODES.** The applicable provisions of the life safety codes required by subs. (1), (2) and (3) shall apply to facilities as follows:

TABLE 132.82
Life Safety Code Requirements

FACILITY TYPE AND AGE	1967 NFPA 101 LIFE SAFETY CODE		1973 NFPA 101 LIFE SAFETY CODE		1981 NFPA 101 LIFE SAFETY CODE	
	(Existing)	(New)	(Existing)	(New)	(Existing)	(New)
Skilled Care						
Plans approved prior to October 28, 1971	X		0		0	
Plans approved on or after Oct. 28, 1971, but prior to June 1, 1976		X	0		0	
Plans approved on or after June 1, 1976, but prior to Nov. 26, 1982				X	0	
Plans approved on or after November 26, 1982						X
Intermediate Care						
Plans approved prior to March 17, 1974	X		0		0	
Plans approved on or after March 17, 1974, but prior to June 1, 1976		X	0		0	
Plans approved on or after June 1, 1976, but prior to Nov. 26, 1982		X		0	0	
Plans approved on or after November 26, 1982						X

X = Standard requirements apply.

0 = Alternate requirements which may be substituted for standard requirements at the option of the facility.