

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 be accomplished through using generally accepted educational methods and materials.

(b) Continuing education is individual or group learning activities designed to meet the unique needs of board members, agency staffs, and providers in the community-based human service system. Learning ac-

tivities may also be directed towards the educational goals of related care providers such as health care, social service, public school and law enforcement personnel. The purpose may be to develop personal or occupational potential by acquiring new skills and knowledge as well as heightened sensitivity to human service needs.

(5) "Employee or position, full-time," means as defined by the employing board or agency.

(6) "Public information" means information for public consumption provided through the use of mass media methods about services, programs, and the nature of the disability for which the services and programs are provided. It consists of such activities as writing news releases, news letters, brochures, speaking to civic groups or other assemblies, and use of local radio and television programs. Public information programs should be specifically planned and designed to inform.

*Program Element Definitions*

(7) "Day services, medical and non-medical," means non-residential comprehensive coordinated services to enhance maturation and social development and alleviate a person's problem related to mental illness, developmental disability, alcohol or other drug abuse. Day services provide medical or non-medical service or both on a regular basis for a scheduled portion of a 24 hour day. er  
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(a) Medical day service includes supervised personal care, treatment and psychotherapy in a medically supervised setting.

(b) Non-medical day service includes counseling, training, and recreation in a non-medically supervised setting. This would include 24 hour day camps.

(8) "Emergency care I" means all outpatient emergencies including socio-emotional crises, attempted suicides, family crises, etc. Included is the provision of examination, in accordance with s. 51.45 (11) (c), Stats., and if needed, transportation to an emergency room of a general hospital for medical treatment.

(9) "Emergency care II" means 24 hour emergency services provided on a voluntary basis or under detention, protective custody, and confinement. Services include crisis intervention, acute or sub-acute detoxification, and services for mental health emergencies. Clients are to be assessed, monitored, and stabilized until the emergency situation is abated. Included is the provision of examination, in accordance with s. 51.42 (11) (c), Stats., and transportation, if needed, to an emergency room of a general hospital for medical treatment.

(10) "Extended care" means a treatment oriented living facility service where supervision, training, and personal care are available and access to programs and medical care is ensured during a 24 hour day. Extended care programs emphasize self care, social skills training, treatment, and recreation for dependent persons with mental disabilities and in need of extended care.

(11) "Inpatient" means a medically oriented residential service which provides continuous medical services on a 24 hour basis to enable an individual with problems related to mental illness, alcohol and other drug abuse to function without 24 hour medical support services.

(a) Children or adolescents shall not be placed in adult inpatient services for extended periods of time. Placement of an individual under 18 years of age in an adult program shall be for evaluation purposes only and shall not exceed 21 total days within a 3 month time span.

(b) Inpatient treatment of individuals under 18 years of age shall be provided in specialized inpatient programs which comply with standards specified in s. HSS 61.79.

(12) "Intervention" means activities designed to identify individuals in need of mental hygiene services, including initial assessment, to judge the presence of problems, such as mental illness, developmental disabilities, alcohol or other drug abuse. Intervention begins with assessment and includes information and referral services, drop-in service and public information service. Activities which may initiate persons into the service, such as, rendering a judgment about the appropriate source of help, referral and arranging services.

(13) "Outpatient" means a non-residential program for persons with problems relating to mental illness, developmental disabilities, alcohol or other drug abuse to ameliorate or remove a disability and restore more effective functioning and to prevent regression from present level of functioning. Outpatient service may be a single contact or a schedule of visits. Outpatient program may include, but is not limited to, evaluation, diagnosis, medical services, counseling and aftercare.

(14) "Prevention" means activities directed toward the general population, or segments of the population, which is designed to increase the level of knowledge about the nature and causes of disabilities, change attitudes and take medical and environmental steps for the purpose of aiding persons before their problems develop into disabilities needing further services. Prevention activities include education services and consultation services.

(15) "Protective services" means services directed toward preventing or remedying neglect, abuse, or exploitation of children and adults who are unable to protect their own interests.

(16) "Research and evaluation" means the studying of causes, treatments and alleviations of problems as well as the formal application of techniques to measure the effectiveness of programs through the use of recognized statistical designs and evaluation procedures.

(17) "Sheltered employment" means non-competitive employment in a workshop, at home, or in a regular work environment for persons with a physical or mental handicap. A handicapped person is defined as any person who, by reason of physical or mental defect or alcohol or drug abuse, is or may be expected to be totally or partially incapacitated for remunerative occupation.

(18) "Special living arrangements" means special services in foster family homes, foster care institutions, halfway houses, respite care, community based residential facilities, and other special living arrangements.

(19) "Systems management" means activities, both internal and external to programs, to effect efficient operation of the service delivery system.

(a) Internal program management includes administration, objective setting, planning, resource acquisition and allocation and monitoring of staff.

(b) External activities include interagency coordination, consultation, and comprehensive planning for the purpose of providing an integrated continuum of services to those needing such a system of services.

(20) "Training" means education activities for staff of program which serve or could potentially serve individuals with problems related to mental illness, developmental disabilities, alcohol and other drug abuse, concerning the nature, causes, and treatment of these disabilities for the purpose of better serving clients.

#### *Disability Related Definitions*

(21) "Alcoholic" means a person who habitually lacks self-control as to the use of alcoholic beverages, or uses such beverages to the extent that health is substantially impaired or endangered or social or economic functioning is substantially disrupted.

(22) "Autism" means a severe disorder of communication and behavior manifested during the early stages of life. The autistic child appears to suffer primarily from a pervasive impairment of cognitive or perceptual functioning, or both, the consequences of which may be manifested by limited ability to understand, communicate, learn, and participate in social relationships.

(23) "Cerebral palsy" means a term applied to a group of permanently disabling symptoms resulting from damage to the developing brain that may occur before, during, or after birth; and that results in loss or impairment of control over voluntary muscles.

(24) "Detoxification receiving center in alcohol and other drug abuse programs" means a short term facility with limited medical supervision but which has written agreements with a hospital to provide emergency medical care.

(25) "Developmental disability" means a disability attributable to mental retardation, cerebral palsy, epilepsy, autism or another neurologic condition closely related to mental retardation or requiring treatment similar to that required for mental retardation, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual. Developmental disability does not include senility, which is primarily caused by the process of aging or the infirmities of aging.

(26) "Drug abuser" means a person who uses one or more drugs to the extent that the person's health is substantially impaired or social or economic functioning is substantially disrupted.

(27) "Epilepsy" means a disorder of the brain characterized by a recurring excessive neuronal discharge, manifested by transient episodes of motor, sensory, or psychic dysfunction, with or without unconsciousness or convulsive movements. The seizure is associated with marked changes in recorded electrical brain activity.

(28) "Mental illness" means mental disease to such extent that a person so afflicted requires care and treatment for his or her own welfare, or the welfare of others, or of the community.

(a) Mental illness, for purposes of involuntary commitment, means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but does not include alcoholism.

(29) "Mental retardation" means subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.

(30) "Neurologic conditions" means disease states which require treatment similar to that required for mental retardation.

(31) "Psychotherapy" means psychotherapy as defined in s. HSS 101.03.

(32) "Special education" means any education assistance required to provide an appropriate education program for a child with exceptional educational needs and any supportive or related service.

(33) "Substantial handicap" means a level of disability of such severity that, alone or in combination with social, legal, or economic constraints, it requires the provision of specialized services over an extended period of time directed toward the individual's emotional, social, personal, physical, or economic habilitation and rehabilitation.

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

**HSS 61.03 Eligibility.** (1) A program or service authorized under s. 51.42/51.437 Stats. its required to meet these standards in order to be eligible for state grants-in-aid.

(2) A board organized under s. 51.42/51.437 or 46.23 Stats. shall submit an annual coordinated plan and budget in accordance with s. 46.03 (21), Stats. The annual coordinated plan and budget shall establish priorities and objectives for the year, intermediate range plans and budgets, and modifications of long range objectives.

(a) The coordinated plan and budget shall include plans for the provision of needed services pertaining to all program elements.

(b) The coordinated plan and budget shall include plans for the provision of all 16 elements of developmental disability services.

(c) The coordinated plan and budget shall include emphasis on special target populations mandated by the department.

(d) The disability group program elements, services and optional related services are as follows:

skills and knowledge are typically acquired during a course of study leading to a master's degree in social work. Social workers with lesser qualifications may be employed to work under the direct supervision of a qualified social worker.

(6) Registered nurses and licensed practical nurses employed to provide nursing service shall have current Wisconsin licensure and appropriate experience or further education related to the responsibility of the position.

(7) Occupational therapists, recreational therapists, music therapists, art therapists and speech and language therapists shall have skills and knowledge which are typically acquired during a course of study and clinical fieldwork training leading to a bachelor's degree in their respective profession.

(8) A teacher shall be eligible for certification by the department of public instruction for teaching the appropriate mental handicap or shall secure the temporary approval of the department of health and social services.

(9) A rehabilitation counselor shall be certified or eligible for certification by the commission on rehabilitation counselor certification.

(10) A vocational counselor shall possess or be eligible for the provisional school counselor certificate and have the skills and knowledge typically acquired during a course of study leading to a master's degree in counseling and guidance.

(11) Physical therapists shall be licensed by the Wisconsin medical examining board.

(12) The educational services director or designee shall have skills and knowledge in communications, educational methods and community organization which is typically acquired during a course of study leading to a bachelor's degree. Training or experience is acceptable if the individual is able to design and present educational programs, communicate clearly in writing and verbally, and construct a major program service through planning, organization and leadership.

(13) Clergy staff members shall have skills and knowledge typically acquired during a course leading to a college or seminary degree and ordination. The individual shall have pastoral service experience, continuing ecclesiastical endorsement by their own denomination, and at least 1 year of full time clerical pastoral education.

(14) An alcohol and other drug abuse counselor shall be certified by the Wisconsin alcoholism and drug abuse counselor certification board, inc. (this includes counselors certified as alcoholism counselors, drug counselors, or alcohol and other drug abuse counselors). Non-certified counselors may be employed on the basis of personal aptitude, training and experience if they:

(a) Complete a suitable period of orientation;

(b) Have a counselor certification development plan which is approved by the certification board; and

(c) Are provided with ongoing clinical consultation from a certified alcohol or other drug abuse counselor.

(15) Developmental disabilities or mental health technicians are paraprofessionals who shall be employed on the basis of personal aptitude. They shall have a suitable period of orientation and inservice training and shall work under the direct supervision of a professional staff member.

(16) The department may approve the employment of individuals with lesser qualifications than those stated, if the program can demonstrate and document the need to do so.

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

**HSS 61.07 Uniform cost reporting.** There shall be a uniform cost reporting system used by community programs receiving state funds. Methods of cost accounting will be prescribed by the department.

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

**HSS 61.08 Requirements for inservice and educational leave programs for personnel.** Personnel policies shall incorporate provisions for inservice training and educational leave programs for program personnel.

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

**HSS 61.09 Fee schedule.** A board shall charge fees according to departmental rules.

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

**HSS 61.10 Eligibility for service.** In accordance with Title VI and Title IX of the Civil Rights Act and the Rehabilitation Act of 1973, services shall be available and accessible and no person shall be denied service or discriminated against on the basis of sex, race, color, creed, handicap, age, location or ability to pay.

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

**HSS 61.11 Client rights.** The client rights mandated by s. 51.61 Stats. shall apply.

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

**HSS 61.12 Grievance procedure.** The grievance procedure mandated under s. 51.61 (5) Stats. shall apply.

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

**HSS 61.13 Client advocacy.** Clients shall be allowed to have an advocate present to represent their interest during any phase of the staffing, program planning, or other decision making process. This does not obligate the provider to furnish the advocate but to facilitate the advocate's participation if so requested by the client. The provider shall inform the client's advocate that assistance is available from the coordinator of client advocacy in the division of community services.

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

**HSS 61.14 Affirmative action and civil rights compliance.** (1) The board shall enunciate and annually reaffirm an explicit equal employment opportunity prohibiting discrimination in all phases of employment to be disseminated among employes and contracted agencies in order to promote acceptance and support.



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

(1) GOVERNING AUTHORITY. The governing body or authority shall:

(a) Have written documentation of its source of authority;

(b) Exercise general direction over, and establish policies concerning, the operation of the program;

(c) Appoint a director whose qualifications, authority and duties are defined in writing;

(d) Provide for community participation in the development of the program's policies;

(e) Ensure the provision of a policy manual that describes the regulations, principles and guidelines that determine the program's operation;

(f) Comply with local, state and federal laws and regulations;

(g) Comply with civil rights and client rights requirements specified in ss. HSS 61.10 to 61.13.

(2) PERSONNEL. (a) There shall be a designated director who is responsible for the program.

(b) The program shall have written personnel policies and practices which shall ensure compliance with equal employment and affirmative action requirements specified in s. HSS 61.14.

(c) In the selection of staff, consideration shall be given to the special characteristics of the program's client population, including clients with foreign language difficulties and communication handicaps.

(d) The use of volunteers is encouraged and shall comply with s. HSS 61.16.

(3) **STAFF DEVELOPMENT.** The staff development program shall include orientation for entry-level staff, on-the-job training, inservice education and opportunities for continuing job-related education.

(a) There shall be written policies and procedures that establish a staff development program.

(b) An individual shall be designated to supervise staff development activities.

(c) There shall be documentation of planned, scheduled and conducted staff development activities.

(d) There shall be periodic specialized training for the medical, nursing and allied health staff who deal directly with client and family in the latest procedures and techniques of identifying and treating chemical dependencies, emergency first aid and airway obstruction and cardio-pulmonary resuscitation (CPR).

(e) All staff having contact with clients shall receive orientation directed at developing awareness and empathy in the care of clients and assistance to client families.

(4) **CONFIDENTIALITY.** Programs conducted by boards or programs contracting with boards shall establish written policies, procedures and staff orientation to ensure compliance with provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, s. 51.30, Stats., and rules established by the department governing confidentiality of ch. 51, Stats., records.

(5) **CLIENT CASE RECORDS.** There shall be a case record for each client and a contact register for all service inquiries.

(a) The responsibility for management of records shall be assigned to a staff person who shall be responsible for the maintenance and security of client case records.

(b) Client case records shall be safeguarded as specified in s. HSS 61.23.

(c) The case record-keeping format shall provide for consistency, facilitate information retrieval and shall include the following:

1. Consent for treatment forms signed by the client;
2. Acknowledgement of program policies and procedures which is signed and dated by the client;
3. Results of all examinations, tests and other assessment information;
4. Reports from referring sources;
5. Treatment plans, except for hospital emergency services;

6. Medication records, which shall allow for ongoing monitoring of all medications administered and the detection of adverse drug reactions. All medication orders in the client case record shall specify the name of the medication, dose, route of administration, frequency of administration, person administering and name of the physician who prescribed the medication;

7. Records of referrals to outside resources;

8. Reports from outside resources, which shall include the name of the resource and the date of the report. These reports shall be signed by the person making the report or by the program staff member receiving the report;

9. Multidisciplinary case conference and consultation notes;

10. Correspondence including all letters and dated notations of telephone conversations relevant to the client's treatment;

11. Consent for disclosure of information release forms;

12. Progress notes;

13. Record of services provided which shall include summaries sufficiently detailed so that a person not familiar with the program can identify the types of services the client has received; and

14. Discharge documentation.

(6) CASE RECORDS FOR EMERGENCY PROGRAMS. (a) A case record shall be kept for every person requesting or receiving emergency services on-site or in his or her natural environment, except where the only contact made is by telephone.

(b) Records maintained on emergency cases shall comply with requirements under s. H 24.07 (1), for state approval of hospitals or include:

1. The individual's name and address, unless gathering such information is contraindicated;

2. Date of birth, sex and race or ethnic origin;

3. Time of first contact with the individual;

4. Time of the individual's arrival, means of arrival and by whom transported;

5. Presenting problem;

6. Time emergency services began;

7. History of recent drug use, if determinable;

8. Pertinent history of the problem, including details of first aid or emergency care given to the individual before he or she was seen by the emergency program;

9. Description of significant clinical and laboratory findings;

10. Results of emergency screening, diagnosis or other assessment undertaken;

11. Detailed description of services provided;

12. Progress notes;
13. Condition of the individual on discharge or transfer;
14. Final disposition, including instructions given to the individual regarding necessary follow-up care;
15. Record of services provided, which shall be signed by the physician in attendance, when medical diagnosis or treatment has been provided; and
16. Continual updates to reflect the current status of the client.

(7) **INTAKE AND ASSESSMENT.** The acceptance of a client for treatment shall be based on an intake procedure and assessment of the client.

(a) Admission shall not be denied solely on the basis of the number of previous admissions to any treatment unit, receiving unit or any other related program.

(b) Criteria for determining the eligibility of individuals for admission shall be clearly stated in writing.

(c) Assessment shall be done by members of the clinical staff and shall be clearly explained to the client and to the client's family when appropriate.

1. The assessment shall include identification of the alcohol or drug abused, frequency and duration of use, method of administration and relationship to the client's dysfunction.

2. The assessment shall include available information on the client's family, legal, social, vocational and educational history.

(d) Methods of intake shall be determined by the admission criteria and the needs of the client.

1. The program shall have written policies and procedures governing the intake process including the following:

a. The types of information to be obtained on all applicants prior to admission;

b. The procedures to be followed when accepting referrals from outside agencies;

c. The procedures to be followed for referrals when an applicant is found ineligible for admission. The reason for non-admission shall be recorded in the registration record.

2. During the intake process, unless an emergency situation is documented, each applicant shall sign an acknowledgement that he or she understands the following:

a. The general nature and purpose of the program;

b. Program regulations governing patient conduct, types of infractions which may lead to corrective action or discharge from the program and the process for review and appeal;

c. The hours during which services are available;

- d. The treatment costs which may be billed to the patient, if any;
- e. The program's procedures for follow-up after discharge.

3. Prior to formal admission to the program, unless an emergency situation is documented, the client shall sign a written consent to treatment form which describes the services to be provided.

4. Admissions under court order shall be in accordance with ss. 51.15 and 51.45 (12), Stats.

(8) **TREATMENT PLAN.** Based on the assessment made of the client's needs, a written treatment plan shall be developed and recorded in the client's case record.

(a) A preliminary treatment plan shall be developed as soon as possible, but not later than 5 working days after the client's admission.

(b) Treatment may begin before completion of the plan.

(c) The plan shall be developed with the client, and the client's participation in the development of treatment goals shall be documented.

(d) The plan shall specify the services needed to meet the client's needs and attain the agreed-upon goals.

(e) The goals shall be developed with both short and long range expectations and written in measurable terms.

(f) A treatment plan manager shall be designated to have primary responsibility for plan development and review.

(g) The plan shall describe criteria to be met for termination of treatment.

(h) Client progress and current status in meeting the goals set in the plan shall be reviewed by the client's treatment staff at regularly scheduled case conferences.

1. The date and results of the review and any changes in the treatment plan shall be written into the client's record.

2. The participants in the case conference shall be recorded in the case record.

3. The case manager shall discuss the review results with the client and document the client's acknowledgement of any changes in the plan.

(9) **PROGRESS NOTES.** (a) Progress notes shall be regularly entered into the client's case record.

(b) Progress notes shall include the following:

1. Chronological documentation of treatment given to the client which shall be directly related to the treatment plan.

2. Documentation of the client's response to and the outcome of the treatment.

a. Progress notes shall be dated and signed by the person making the entry.

b. Efforts shall be made to secure written reports of progress and other case records for clients receiving concurrent services from an outside source.

(10) DISCHARGE. (a) A discharge summary shall be entered in the client's case record within one week after termination of treatment.

(b) The discharge summary shall include:

1. A description of the reasons for discharge;
2. The individual's treatment status and condition at discharge;
3. A final evaluation of the client's progress toward the goals set forth in the treatment plan; and
4. A plan developed, in conjunction with the client, regarding care after discharge and follow-up.

(11) REFERRAL. (a) There shall be written referral policies and procedures that facilitate client referral between the program and other community service providers which include:

1. A description of the methods by which continuity of care is assured for the client.

2. A listing of resources that provide services to program clients. The listing of resources shall contain the following information:

- a. The name and location of the resource;
- b. The types of services the resource is able to provide;
- c. The individual to be contacted when making a referral to the resource; and
- d. The resource's criteria for determining an individual's eligibility for its services.

(b) All relationships with outside resources shall be approved by the director of the program.

(c) Agreements with outside resources shall specify:

1. The services the resource will provide;
2. The unit costs for these services, if applicable;
3. The duration of the agreement;
4. The maximum number of services available during the period of the agreement;
5. The procedures to be followed in making referrals to the resource;
6. The types of follow-up information that can be expected from the resource and how this information is to be communicated;
7. The commitment of the resource to abide by federal and state program standards; and
8. To what degree, if any, the program and the outside resource will share responsibility for client care.

(d) There shall be documentation of annual review and approval of the referral policies and procedures by the director.

(12) FOLLOW-UP. (a) All follow-up activities shall be with written consent of the client.

(b) A program that refers a client to an outside resource while still retaining treatment responsibilities shall regularly request information on the status and progress of the client.

(c) The program shall attempt to determine the disposition of the referral within one week from the day the referral is expected to be completed. Once the determination has been attempted, the program may consider its obligation to the client to be fulfilled.

(d) The date, method, and results of follow-up attempts shall be entered in the client's case record and shall be signed by the individual making the entry. Where follow-up information cannot be obtained, the reason for not obtaining the information shall be entered in the client's case record.

(e) If the program attempts to determine the status of a discharged client, for purposes other than determining the disposition of a referral (e.g., for research purposes), such follow-up shall be limited to direct contact with the discharged client to the extent possible.

(13) PROGRAM EVALUATION. (a) A program's evaluation plan shall include:

1. A written statement of the program's goals and objectives which relate directly to the program's clients, participants or target population.

2. Measurable criteria to be applied in determining whether or not established goals and objectives are achieved;

3. Methods for documenting achievements not related to the program's stated goals and objectives;

4. Methods for assessing the effective utilization of staff and resources toward the attainment of the goals and objectives.

(b) An annual report on the program's progress in meeting its goals and objectives shall be prepared, distributed to interested persons and made available to the department upon request.

(c) Evaluation reports shall present data and information that is readily understandable and useful for management planning and decision making.

(d) The program shall have a system for regular review which is designed to evaluate the appropriateness of admissions to the program; length of stay; treatment plans; discharge practices; and other factors which may contribute to effective use of the program's resources.

(e) The governing body or authority and the program director shall review all evaluation and review reports and make recommendations for changes in program operations accordingly.

(f) There shall be documentation of the distribution of evaluation and review reports.

(14) **UNLAWFUL ALCOHOL OR DRUG USE.** The unlawful, illicit or unauthorized use of alcohol or other drugs within the program is prohibited.

(15) **ACCREDITED PROGRAMS.** If a program holds current accreditation by the joint commission on accreditation of hospitals or commission on accreditation of rehabilitation facilities, the requirements to meet the standards of this subchapter may be waived by the department.

(16) **EMERGENCY SHELTER AND CARE.** Programs that provide 24 hour residential care shall have a written plan for the provision of shelter and care for clients in the event of an emergency that would render a facility unsuitable for habitation.

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

**HSS 61.53 Prevention program.** Prevention programs provide activities which promote the emotional, intellectual, physical, spiritual and social knowledge and living skills of individuals, strengthen positive community environments, and change those community and social conditions which influence individuals to develop alcohol and other drug abuse problems.

(1) **REQUIRED PERSONNEL.** (a) If professionals are employed, they shall be qualified pursuant to s. HSS 61.06 and in addition shall have training in the area of alcohol and other drug abuse prevention.

(b) Paraprofessional personnel shall be experienced or trained in the area of alcohol and other drug abuse prevention.

(c) Staff without previous experience in alcohol and other drug abuse prevention shall receive inservice training and shall be supervised closely in their work by experienced staff members until such time as the director deems them satisfactorily trained to be able to fulfill their duties.

(d) Prevention program staff shall have knowledge and experience in 3 or more of the following areas:

1. Community development and organization;
2. Child and adult education;
3. Public education and use of media;
4. Group process and group facilitation;
5. Alternatives programming;
6. Networking with community agencies;
7. Social and public policy change; and
8. Program planning and evaluation.

(2) **PROGRAM OPERATION.** (a) Programs shall provide services in three or more of the following areas:

1. Community development and organization;
2. Child and adult education;
3. Public information;
4. Alternatives programming; and



(c) There shall be a designated staff person on the premises at all times to be responsible for program operation but that person may also have additional responsibilities.

(d) A vocational rehabilitation 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.

(2) PROGRAM CONTENT. (a) A medical assessment to identify health problems and screen for communicable diseases shall be conducted by a registered nurse or a physician within 90 days prior to admission or 3 working days after admission.

1. Followup health assessments shall be done annually unless the client is being seen regularly by a physician.

2. The program shall arrange for services for clients with medical needs unless otherwise arranged for by the client.

(b) An intake history shall be completed within 3 working days and the assessment and intake shall be completed within 4 working days of admission to the program.

1. Additional psychological tests shall be provided as needed.

2. A description of dysfunctional substance use shall be documented in the case record.

(c) An integrated program of individually designed activities and services shall be provided.

(d) Services shall be planned and delivered in a manner that achieves the maximum level of independent functioning for the client.

(e) The primary counselor shall review and revise the treatment plan when the treatment needs substantially change or at 30 day intervals.

(3) PROGRAM OPERATION. (a) The hours of program operation shall be 24 hours a day, 7 days a week.

(b) Three meals a day shall be provided.

(c) Services not provided by the residential program shall be provided by referral to an appropriate agency.

1. There shall be a written agreement with a licensed hospital for provision of emergency and inpatient medical services, as needed.

2. There shall be written agreements with other support service providers in the community.

(d) A staff person shall be trained in life-sustaining techniques and emergency first aid.

(e) There shall be a written policy on urinalysis, as appropriate, 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 the client.

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

*emergency*  
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*3/9/89*

**HSS 61.61 Day services program — non-medical.** Day service programs, non-medical, are non-residential, comprehensive, coordinated activities to enhance motivation and social development and to ameliorate or remove a person's problem related to alcohol or other drug abuse or both. Services are provided for a scheduled portion of a 24 hour day and for a scheduled number of days per week. Services include but are not limited to counseling, treatment, training and recreation in a non-medically supervised setting.

(1) **REQUIRED PERSONNEL.** (a) There shall be a treatment team which includes qualified mental health, vocational rehabilitation and alcohol and other drug abuse professionals.

(b) Social work, educational, legal and vocational services shall be provided as needed.

(c) At least one alcohol and drug abuse counselor shall be employed.

(2) **HOURS OF PROGRAM OPERATION.** (a) Services shall be provided at least 3 days a week.

(b) Services shall be available at least 24 hours a week.

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

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

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

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

(d) Efforts toward fostering client participation in educational or job training programs, or to obtain gainful employment, shall be specified in the case record.

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

(f) 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.

(g) 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;

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

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

Register, June, 1986, No. 366

HSS 61.62 Day services program — medical. Day service programs, medical, are non-residential, comprehensive, coordinated activities to enhance motivation and social development and to ameliorate or remove a person's problem related to alcohol or other drug abuse or both. Services are provided for a scheduled portion of a 24-hour day and a scheduled number of days per week. Services include counseling, medical treatment, training and recreation in a medically supervised setting.

(1) **REQUIRED PERSONNEL.** (a) There shall be a designated medical director, licensed in the jurisdiction of the program, who shall be responsible for medical review and shall make recommendations for medical treatment of all clients.

(b) At least one alcohol and other drug abuse counselor shall be employed.

(c) There shall be a treatment team which includes qualified mental health, vocational rehabilitation and alcohol and other drug abuse professionals.

(d) The medical director, other designated physician or psychiatrist shall see each client receiving medication at least once every 4 weeks and shall record the results of the client contact in the case record.

(e) Social work, educational, legal and vocational services shall be provided as needed.

(2) **HOURS OF PROGRAM OPERATION.** (a) Services shall be provided at least 3 days a week.

(b) Services shall be available at least 24 hours a week.

(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;
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: