

DHS 75 Webinar Residential Services Providers

April 12, 2023



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Agenda

- Division of Medicaid Services Updates
Public health emergency ends May 11, 2023
- Division of Quality Assurance Updates
- Division of Care and Treatment Updates
 - Review of the March 16 webinar
 - DHS 75.53 and DHS 75.54
 - Assessment, treatment plans, and discharge
 - Outcome monitoring and quality improvement plan

Division of Medicaid Services Updates

Public Health Emergency Ends May 11, 2023

The [Telehealth Expansion and Related Resources for Providers](#) page includes these sections:

- Permanent telehealth policy - Effective on first day of first month after public health emergency ends.
- Continuation of federal public health emergency - These policies end on the date the public health emergency expires:
 - Remote supervision of personal care workers by registered nurses
 - Federal HIPAA flexibilities
 - Telephone daily dosing contacts for providers in an opioid treatment program.

Division of Quality Assurance Updates

Division of Care and Treatment Services Updates

Review

- Personnel requirements-trainings
- Subchapter 4: general requirements for service staff

Requirements for Each Residential Level of Care

Subchapter IV: Treatment service general requirements
DHS 75.16 to DHS 75.25

Subchapter V: Residential services facility requirements
DHS 75.26 to DHS 75.46

Hospitals under DHS 124 not required to meet the requirements of this subchapter

Service requirements for residential treatment and withdrawal management levels of care

subchapters I and II apply

Subchapter VI: Service descriptions for

DHS 75.53 – Transitional residential treatment service

DHS 75.54 – Medically monitored residential treatment service

DHS 75.55 – Medically managed inpatient treatment service

DHS 75.56 – Adult residential integrated behavioral health stabilization service

DHS 75.57 – Residential withdrawal management service

DHS 75.58 – Residential intoxication monitoring service

Subchapter VI: Additional requirements by levels of care
DHS 75.48(2) and DHS 75.48(3)

Service requirements by level of care tables

Subchapter 1: General Provisions

DHS 75.03 definitions

(48) “**Knowledgeable in addiction treatment**” means a clinical staff who possesses postsecondary coursework, continuing education coursework, or supervised professional experience to establish their training and competence in all of the following domains:

- (a) Understanding addiction.
- (b) Knowledge of addiction treatment and interventions.
- (c) Considerations for special populations in substance use treatment.
- (d) Assessment of substance use disorders.
- (e) Pharmacology for addiction treatment.
- (f) Assessing and responding to safety risks employing harm-reduction strategies in addiction treatment.

Subchapter 4: Treatment

Service General Requirements

DHS 75.18 General requirements for service staff

(4) PRESCRIBERS. A service may have prescribers that provide medical services and clinical consultation services. **The service shall ensure appropriate training and oversight of prescribers.**

(5) NURSES. A service may have nurses that provide nursing services to support mental health and substance use treatment. **The service shall ensure appropriate training and oversight of nursing staff.**

Subchapter 4: Treatment Service General Requirements

- Assessment and management of suicidal individuals.
- Safety planning for behavioral health emergencies.
- Assessment and treatment planning for co-occur disorders.
- Staff training to ensure compliance with applicable confidentiality provisions of 42 CFR part 2, 45 CFR parts 164 and 170, Wis. Stat. §§ 51.30, 146.816, and 146.82, and Wis. Admin. Code ch. DHS 92
- The service shall train all staff in the recognition of overdose symptoms and administration of naloxone.

Subchapter 5: Residential Service Facility Requirements

- Job responsibilities.
- Prevention and reporting of resident abuse/neglect.
- Information regarding assessed needs and individual services.
- Emergency, disaster plan, and evacuation procedures.
- Recognizing and responding to resident changes of condition.
- DHS 83.20: Standard precautions, fire safety, first aid and choking, medication administration, and management.

UW-Green Bay <https://www.uwgb.edu/registry/>

Subchapter 5: Residential Service Facility Requirements

Resident Rights

- Resident rights
 - **If not a CBRF:** DHS 94 and Wis. Stat. § 51.61.
 - **If a CBRF:** DHS 83.32, Wis. Stat. § 50.09, DHS 94, and Wis. Stat. § 51.61
- Client group
- Recognizing, preventing, managing, and responding to challenging behaviors

DHS 83.25 Continuing Education

- Standard precautions
- Client group-related training
- Medications
- Resident rights
- Prevention and reporting of abuse, neglect, and misappropriation
- Fire safety and emergency procedures, including first aid

Subchapter 5: Residential Service Facility Requirements

- A residential service **shall** have written policies and procedures for training staff members in life-sustaining techniques, which **may** include cardiopulmonary resuscitation, use of an automated external defibrillator, and emergency first aid.
- Residential service staff shall be trained to implement the plan for emergency medical care and emergency transportation within 14 days of hire and annually thereafter.
- The infection control program shall include written policies and training for employees.

Subchapter 6: Additional Requirements for Treatment Service Level of Care

Table 75.48 (2) and (3)

DHS 75.56 Adult Residential Integrated Behavioral Health Stabilization Service, DHS 75.57 Residential Withdrawal Management Service, and DHS 75.58 Residential Intoxication Monitoring Service

The service shall maintain an automated external defibrillator device on-site and shall train staff in its use.

DHS 75.58 Residential Intoxication Monitoring Service

Requires at least one staff person trained in the recognition of withdrawal symptoms available on-site on a 24-hour basis.

Subchapter 6: Additional Requirements for Treatment Service Level of Care

**Adult residential integrated
behavioral health stabilization service**

Staff Orientation and Training

- The program's general policies and procedures.
- Applicable parts of Wis. Stat. chs. 48, 51, and 55 and any administrative rules related to behavioral health emergency services.
- Applicable parts of Wis. Admin. Code ch. DHS 34 rules concerning emergency mental health service programs.
- Behavioral health and psychopharmacology concepts applicable to crisis situations.
- Techniques and procedures for providing non-violent crisis management for patients, including verbal de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the patient and others in emergency situations.

Staff Orientation and Training

- Unlicensed staff working in the clinical setting shall complete a minimum of 40 hours of documented orientation training within 3 months after beginning work with the program.
- Staff of an adult residential integrated behavioral health stabilization service shall receive at least 8 hours per year of training on emergency behavioral health services, rules and procedures relevant to the operation of the program, compliance with state and federal regulations, cultural competency in behavioral health services, and current issues in client's rights and services.

Requirements for Each Residential Level of Care

Subchapter IV: Treatment service general requirements
DHS 75.16 to DHS 75.25

Subchapter V: Residential services facility requirements
DHS 75.26 to DHS 75.46

**Hospitals under DHS 124 not required to meet the requirements of this subchapter*

Service requirements for residential treatment and withdrawal management levels of care

subchapters I and II apply

Subchapter VI: Service descriptions for

DHS 75.53 – Transitional residential treatment service

DHS 75.54 – Medically monitored residential treatment service

DHS 75.55 – Medically managed inpatient treatment service

DHS 75.56 – Adult residential integrated behavioral health stabilization service

DHS 75.57 – Residential withdrawal management service

DHS 75.58 – Residential intoxication monitoring service

Subchapter VI: Additional requirements by levels of care
DHS 75.48(2) and DHS 75.48(3)

Service requirements by level of care tables

DHS 75.24 Service Operations

(11) Clinical assessment

- (a) Clinical staff of a service, operating within the scope of their knowledge and practice, shall assess each patient through interviews, information obtained during intake, counselor observation, and collateral information.
- (c) If a comprehensive clinical assessment has been conducted by a referring substance use treatment service and is less than 90 days old, the assessment may be utilized in lieu of conducting another one.

Note: For residential programs (what Medicaid calls low and high residential substance use level of care) the assessment can't be older than 30 days

DHS 75.24 Service Operations

(11) Clinical assessment

6. The clinical assessment shall include any collateral information gathered during the clinical assessment. Collateral information may include one or more of the following:
 - a. Review of Wisconsin Prescription Drug Monitoring Program database.
 - d. Consultation with the patient's physician or other medical or behavioral health provider
 - e. Consultation with Department of Corrections or child protective services when applicable
 - f. Information from the patient's family or significant others.

DHS 75.24 Service Operations

(11) Clinical assessment

7. Level of care recommendation based on ASAM or other department-approved placement criteria.
 - (e) If no collateral information is obtained to inform the assessment, the service shall document the reason for not including collateral information.
 - (i) If the assessing clinical staff identifies that an individual is pregnant at the time of the assessment, the service shall make a referral for prenatal care or ensure that the patient is already receiving prenatal care, and document efforts to coordinate care with prenatal care providers.

DHS 75.24 Service Operations

(11) Clinical assessment

- (j) In the event that the assessed level of care is not available, a service shall:
1. Document accurately the level of care indicated by the clinical assessment.
 2. Indicate on the treatment plan what alternative level of care is available or agreed upon.
 3. Identify on the treatment plan what efforts will be made to access the appropriate level of care, additional services or supports that will be offered to bridge the gap in level of care, and ongoing assessment for clinical needs and level of care review.

DHS 75.24 Service Operations

(11) Clinical assessment

- (k) For assessments completed by a substance abuse counselor in-training or a graduate student QTT, the assessment and recommendations shall be reviewed and signed by the clinical supervisor within 7 days of the assessment date.
- (L) For a patient receiving mental health services under DHS 75.50 or 75.56 who does not have a co-occurring substance use disorder, the requirement for ASAM or other department-approved level of care placement criteria is not required.

DHS 75.48 (2) Service requirements by level of care, residential

| | DHS 75.53 Transitional Residential Treatment Service | DHS 75.54 Medically Monitored Residential Treatment Service |
|--|---|---|
| (i) Assessment completion | <ol style="list-style-type: none">1. Required at the time of or prior to admission.2. If a comprehensive assessment has been conducted by a referring substance use treatment provider and is less than 30 days old, the assessment may be utilized in lieu of conducting another one. | <ol style="list-style-type: none">1. Required at the time of or prior to admission.2. If a comprehensive assessment has been conducted by a referring substance use treatment provider and is less than 30 days old, the assessment may be utilized in lieu of conducting another one. |
| (j) Additional assessment requirements | <ol style="list-style-type: none">1. For patients continuously enrolled in services, an assessment update shall be completed not less than every six months.2. The service shall have a written and documented procedure for reviewing assessments and level of care placement during clinical consultation or clinical supervision that occurs within 7 days of the assessment. | A physician, physician assistant, registered nurse, or clinical supervisor shall review and co-sign the assessment and level of care placement within 7 days of the assessment. |

DHS 75.24 Service Operations

(22) Discharge

- (a) A patient may be discharged from a service for any of the following reasons:
1. Successful completion of recommended services and treatment plan goals.
 2. No longer meeting placement criteria for any level of care in the substance use treatment system.
 3. Patient discontinuation of services.
 4. Administrative discharge.
 5. Death of the patient.

DHS 75.24 Service Operations

(22) Discharge

- (b) A service shall have written policies and procedures for the service director's review of administrative discharge or discharges due to patient dissatisfaction or attrition.
- (c) A service shall have written policies and procedures for the service director's review of discharges due to patient death from overdose.
- (d) A discharge summary shall be entered into the patient's case record, including the following:
 - (1) A completed copy of the standardized placement criteria and level of care indicated.
- (e) The discharge summary shall include a notation indicating the reason that any items from (d) were not able to be provided at discharge, if applicable.

DHS 75.48 (2) Service requirements by level of care, residential

| | DHS 75.53 Transitional Residential Treatment Service | DHS 75.54 Medically Monitored Residential Treatment Service |
|---|---|---|
| (q) Additional requirements for discharge or transfer | Summary required within 14 days after the discharge or transfer date. | <ol style="list-style-type: none">1. Summary required within 14 days after the discharge or transfer date.2. The service shall facilitate linkage and referral for follow-up and additional services that are consistent with the patient's ASAM placement criteria or other department-approved level of care placement criteria. |

DHS 75.24 Service Operations

(13) Treatment plan

- (d) The treatment plan shall be signed by the patient, the primary counselor, and other behavioral health clinical staff, identified in the treatment plan.
- (e) A treatment plan and treatment plan review (k) completed by a substance abuse counselor in-training or a graduate student QTT shall be reviewed and signed by the clinical supervisor within 14 days of the development of the plan or the next treatment plan review, whichever is earlier.
- (h) The treatment plan shall be reviewed at the interval required by the patient's level of care or based on the patient's needs and clinical indication. The review shall be documented with a summary of progress and the signature of the patient and primary counselor.

DHS 75.24 Service Operations

(13) Treatment plan

- (i) The treatment plan review shall include an updated level of care assessment which follows ASAM or other department-approved placement criteria and recommends continued stay, transfer, or discharge.
- (j) An updated treatment plan shall be established during the review if there is a change in the patient's needs, goals, or interventions and resources to be applied. The updated treatment plan shall be signed by the patient, the primary counselor, and any other behavioral health clinical staff identified in the treatment plan.
- (l) For patients with co-occurring disorders receiving services under DHS 75.54, service shall assign dually-credentialed clinicians whenever possible.

DHS 75.48 (2) Service requirements by level of care, residential

| | DHS 75.53 Transitional Residential Treatment Service | DHS 75.54 Medically Monitored Residential Treatment Service |
|--|--|---|
| (m) Treatment plan completion | Required within one week of admission. | Required within 5 days of admission. |
| (n) Treatment plan review frequency | Required every 6 weeks, unless there is a clinical reason to review more frequently. | Required weekly, unless there is a clinical reason to review more frequently. |
| (o) Additional treatment plan requirements | | The patient's treatment plan shall include a preliminary discharge plan outlining step-down services and a plan for ongoing support. The discharge plan shall be reviewed and updated weekly, in conjunction with the treatment plan. |

75.25 Outcome Monitoring and Quality Improvement Plan

- (1) A service shall have a written plan for monitoring outcomes and **improving service quality**, which includes all of the following:
 - (a) Measurable goals relating to service quality, participant satisfaction, and outcomes.
 - (b) Related initiatives for service improvement and key indicators of identified goals and outcomes.
 - (c) An annual report that summarizes the service's quality improvement activities and program outcomes. The report shall be available to patients and their families, the public, and the department upon request.

75.25 Outcome Monitoring and Quality Improvement Plan

- (2) A service shall have a process for collecting, analyzing, and reporting a patient's demographic and outcome data. At minimum, the following data shall be recorded at admission and discharge:
- (a) The patient's living situation.
 - (b) The patient's substance use.
 - (c) The patient's employment status and education.
 - (d) The patient's arrests within the past 30 days.

Resources on DHS Website

Where can I find out the dates of the upcoming DHS 75 webinars?



Navigation menu: About DHS, Data & Statistics, Diseases & Conditions, Health Care & Coverage, Long-Term Care & Support, Prevention & Healthy Living, Partners & Providers, Certification, Licenses & Permits

Home > Diseases & Conditions > Substance Use Disorders > Substance Use: Provider Information

We have refreshed our website: Tell us what you think
Use the "Site Feedback" link found at the bottom of every webpage. We look forward to hearing from you!

- Substance Use: Home
- Prevention
- Care and Coverage
- Resilient Wisconsin
- Suicide Prevention
- Statistics
- Wisconsin Harm Reduction Conference
- Wisconsin Substance Use Prevention Conference
- Opioids, Stimulants, and Trauma Summit
- Partners and Providers**

Substance Use: Provider Information

This page is for professionals who provide substance use services. If you are looking for information on substance use services in your community, call 211 or 833-944-4673 for the Wisconsin Addiction Recovery Helpline or visit addictionhelpline.org.

Virtual meetings: Wis. Admin. Code ch. DHS 75 providers

All providers certified under [Wis. Admin. Code ch. DHS 75](#) are encouraged to participate in monthly virtual meetings with staff from the Division of Care and Treatment Services, Division of Medicaid Services, and Division of Quality Assurance.

[Join our email list to receive updates on this meeting series](#).

- January 19, 2023:** Residential services. [January 19, 2023, slides](#) [PDF] | [January 19, 2023, video](#)
- February 16, 2023:** Outpatient services. (12:00 p.m. to 1:00 p.m.) No slides were shared at this meeting. | [February 16, 2023, video](#)
- March 16, 2023:** Residential services. (12:00 p.m. to 1:30 p.m.) - [Join the Zoom webinar](#)
- April:** No meeting is scheduled at this time.
- May 25, 2023:** Outpatient services. (12:00 p.m. to 1:00 p.m.)

www.dhs.wisconsin.gov/substance-use-providers

DHS CBRF Informational Video

- Watch [DHS CBRF Licensing Informational Video](#) to learn about the licensure process for CBRFs.
- Use DHS 83 to determine what is applicable to a residential treatment facility if it does not have a CBRF license.

If you have questions, contact the Division of Quality Assurance's Bureau of Assisted Living central licensing associates at DHSDQABALLicensing@dhs.wisconsin.gov or 608-266-8482.