

**WISCONSIN DEPARTMENT OF HEALTH SERVICES  
PROPOSED ORDER TO ADOPT PERMANENT RULES**

The Wisconsin Department of Health Services (the Department) proposes an order to **create** DHS 33, related to crisis hostels.

**RULE SUMMARY**

**Statute Interpreted**

Section 51.043 (2) (b), Stats.

**Statutory authority**

The Department is authorized to promulgate the proposed rules under the authority of 51.043(4), and 227.11 (2) (a), Stats.

**Explanation of agency authority**

Section 51.043, Stats., was created by 2023 Wis. Act 249, which took effect on March 31, 2024. Subsection (4) of s. 51.043, Stats., requires that the Department promulgate rules to implement that section. Subsection (1) (a) defines the terms “crisis hostel” and “crisis stabilization services.” Subsection (2) requires department certification to operate as a crisis hostel and authorizes the Department to charge a certification fee, subject to exemptions for certain facilities with certification under other rules prior to the effective date of Act 249. Subsection (3) includes admissions criteria for crisis hostels.

**Related rule or statute**

As provided in s. 51.043 (2) (b), Stats., counties that established and operated as crisis hostels based on a certification under ch. DHS 34, relating to emergency mental health programs, are exempt from the certification requirements under s. 51.043(2)(a), Stats.

Section 51.036, Stats., which was also created by Act 249, relates to certification of crisis urgent care and observation facilities, which are a new type of treatment facility that can admit individuals to prevent, de-escalate, or treat an individual in crisis due to mental health or substance use issues. Statement of Scope SS 070-40 proposes to create ch. DHS 31 to implement s. 51.036, Stats.

**Plain language analysis**

The objective of the proposed rule is to create a certification for the operation of crisis hostel programs, a service type which will provide crisis stabilization to adults who are experiencing a mental health related crisis. A crisis hostel is a mental health stabilization program with a maximum of 15 beds that provides voluntary crisis stabilization services to individuals 18 or older to prevent or de-escalate an individual’s mental health crisis and avoid admission to a more restrictive setting. Crisis stabilization services in a hostel setting are provided to an individual for 23 hours or less. Stabilization services are defined under statute as short-term, intensive, community-based services to assist an individual experiencing a mental health crisis avoid inpatient hospitalization. In Wisconsin, there is a lack of accessible crisis stabilization options for individuals to utilize when experiencing a mental health crisis, and crisis hostels intend to offer an additional level of voluntary care for individuals in the midst of a mental health crisis where inpatient hospitalization might be avoidable.

The proposed rule will cover the certification guidelines, program standards, physical building requirements, and other policies and procedures that will ensure the safe and effective treatment of persons receiving care in a crisis hostel program.

Crisis hostel services provided at a crisis hostel can be voluntarily accessed by adults through coordination with a county entity. Crisis hostels are currently listed in s. DHS 34.22(4)(a) as an acceptable place of service for optional stabilization services. As such, to provide crisis hostel stabilization services, providers are required under current law to be certified under ch. DHS 34. Crisis hostel programs will be operated by ch. DHS 34 certified counties and collaborate with other community providers, inpatient and outpatient psychiatric services, law enforcement, and other related partners to coordinate care for individuals seeking stabilization services.

Despite the mention of crisis hostels in ch. DHS 34, there are no existing rules regulating crisis hostel programs. The expected outcome of the proposed rule is it will create regulations and operational governance for crisis hostel programs. The Department will not limit the number of crisis hostel certifications it approves.

Section 51.043, Stats., provides that no entity may operate a crisis hostel without a certification from the Department and requires the Department to promulgate rules to implement that section, therefore, there are no policy alternatives to the proposed rule. Entities affected by this rule may include persons participating in services and their families; ch. DHS 34 certified county emergency mental health services programs; inpatient psychiatric facilities and hospitals, including Winnebago Mental Health Institute; community-based behavioral health providers; and law enforcement agencies.

#### **Summary of, and comparison with, existing or proposed federal regulations**

There appear to be no existing or proposed federal regulations that address the activities to be regulated by the proposed rule.

#### **Comparison with rules in adjacent states**

Research into adjacent states occurred between October and December 2024.

**Illinois:** Regulations applicable to 23-hour or less crisis stabilization triage centers are outlined under [Ill. Admin. Code tit. 77, Part 380](#). 77 Ill. Admin. Code § 380.300 provides that “[t]riage centers shall provide an immediate assessment of consumers who present in psychiatric distress, as an alternative to emergency room treatment or hospitalization, and shall connect the consumer with community-based services and treatment when considered necessary.” Triage centers are similar to crisis hostels in that they are intended to provide immediate assessment of clients in crisis as an alternative to an emergency room visit or hospitalization and provide connections and referrals to other community-based treatment services, with a maximum length of stay of 23 hours or less.

**Michigan:** Regulations applicable to certified crisis stabilization units under Michigan’s mental health code are outlined in [Mich. Admin. Code r. 330.1971-330.1979](#). Under this code, crisis stabilization units are crisis receiving and stabilization facilities that provide an alternative to emergency departments. Crisis stabilization units provide unscheduled clinical services designed to prevent or ameliorate a crisis or reduce acute symptoms on an immediate, intensive, and time-limited basis in response to a crisis situation. Crisis stabilization units provide the shortest-term stabilization service in Michigan; however, crisis stabilization units provide facility-based services, and services may be provided for a period of up to 72 hours.

**Iowa:** Under [Iowa Admin. Code r. 441-24.39 \(225C\)](#), crisis stabilization residential services are short-term services provided in facility-based settings of no more than 16 beds. The goal of

residential crisis stabilization is similar to the goal of crisis hostels, which is to stabilize voluntary individuals and safely reintegrate them back into the community. Residential crisis stabilization services provided in Iowa are provided in a residential setting, with lengths of stay averaging five days.

**Minnesota:** Under [Minn. Stat. § 245I.23](#), residential crisis stabilization facilities are licensed facilities that “provide structure and support to an adult client in a community living environment when a client has experienced a mental health crisis and needs short-term services to ensure that the client can safely return to the client’s home or precrisis living environment with additional services and supports identified in the client’s crisis assessment.” Residential crisis stabilization facilities differ from crisis hostels in that they can accept involuntary individuals and provide services for over 23 hours.

### **Summary of factual data and analytical methodologies**

Information about other states was found on each state’s certification board website and through discussion with state authorities. Data related to the shortage of crisis stabilization options in Wisconsin was obtained in the most recent statewide crisis survey conducted by the Department in 2022. In accordance with s. 227.13, Stats., the Department also appointed an advisory committee comprised of county crisis services staff, community behavioral health service providers, law enforcement, and a representative from the National Alliance on Mental Illness. The advisory committee met 4 times between October and December 2024 and provided guidance and recommendations that were incorporated into policies in the proposed rule.

### **Analysis of supporting documents used to determine effect on small business**

Section 227.114 (1), Stats., defines a “small business” as an “entity, including its affiliates, which is independently owned and operated and not dominant in its field, and which employs 25 or fewer full-time employees or which has gross annual sales of less than \$5,000,000.” Most organizations operating a crisis hostel and providing crisis stabilization services are not-for-profit or have more than 25 employees and would not meet the definition of a small business as defined in s. 227.114 (1), Stats. Therefore, the proposed rule will have minimal impact on small businesses.

### **Effect on small business**

Based on the foregoing analysis, the permanent rules are anticipated to have little or no economic impact on small businesses.

### **Agency contact person**

Sarah Coyle, Dept. of Health Services, Division of Care and Treatment Services, 201 East Washington Avenue, Madison, Wisconsin 53703.

### **Statement of quality of agency data**

The data used by the Department to prepare the proposed rule and analysis comply with s. 227.14(2m), Stats.

### **Place where comments are to be submitted and deadline for submission**

Comments may be submitted to the agency contact person that is listed above until the deadline given in the upcoming notice of public hearing. The notice of public hearing and deadline for submitting comments will be published in the Wisconsin Administrative Register and to the Department’s website, at <https://www.dhs.wisconsin.gov/rules/permanent.htm>. Comments may also be submitted through the Wisconsin Administrative Rules Website, at: <https://docs.legis.wisconsin.gov/code/chr/active>.

## RULE TEXT

SECTION 1. DHS 33 is created to read:

### Chapter DHS 33 CRISIS HOSTELS

#### Subchapter I – General Provisions

- DHS 33.01 Authority and purpose.
- DHS 33.02 Applicability.
- DHS 33.03 Definitions.
- DHS 33.04 Certification.
- DHS 33.05 Waiver and variance.
- DHS 33.06 Department actions.
- DHS 33.07 Investigations, notification, and reporting requirements.
- DHS 33.08 Records and retention.
- DHS 33.09 Program statement.

#### Subchapter II – Program Standards and Requirements

- DHS 33.10 Required policies.
- DHS 33.11 Personnel and staffing.
- DHS 33.12 Training and supervision.
- DHS 33.13 Admission and services.
- DHS 33.14 Medications.
- DHS 33.15 Client rights.

#### Subchapter III – Physical Environment and Safety

- DHS 33.16 General requirements.
- DHS 33.17 Physical environment.
- DHS 33.18 Food and sanitation.
- DHS 33.19 Safety.

#### Subchapter I – General Provisions

**DHS 33.01 Authority and purpose.** This chapter is promulgated under the authority of ss. 51.043 and 227.11 (2) (a), Stats., for the purpose of creating certification to operate crisis hostels.

**DHS 33.02 Applicability.** This chapter applies to programs certified under ch. DHS 34 that elect to provide stabilization services in accordance with s. DHS 34.21 (4) (a).

#### **DHS 33.03 Definitions.**

- (1) “Assessment” means a procedure by which staff, operating within the scope of their practice, gathers relevant information to assess risk, identify client needs, and determine intervention or treatment options.
- (2) “Bed” means a piece of furniture designed to accommodate a person resting or sleeping in an outstretched position. “Bed” includes a reclining chair, convertible sofa, or recovery couch.

- (3) “Behavioral health” means the spectrum encompassing mental health and substance use disorders occurring independently or co-occurring.
- (4) “Care coordination” means the deliberate organization of a person’s care across multiple care providers and support networks.
- (5) “Certified peer specialist” means a person who has all of the following:
  - (a) Lived experience with mental illness or substance use disorders, or both.
  - (b) Completed formal training and holds a department certification in the peer specialist model of mental health or substance use disorders support, or both.
- (6) “Client” means an individual receiving care at a crisis hostel program.
- (7) “County crisis program” means a county department of human services’ dedicated crisis program or contracted provider of crisis services certified under ch. DHS 34.
- (8) “Crisis” has the meaning provided in s. 51.036 (1) (a), Stats.
- (9) “Crisis hostel” means a mental health stabilization program with a maximum of 15 beds that provides crisis stabilization services to an adult individual to prevent or de-escalate the individual's mental health crisis and avoid admission of the individual to a more restrictive setting.
- (10) “Crisis plan” means a plan prepared under s. DHS 34.23 (7) for an individual at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation will have the information and resources they need to meet the individual’s service needs.
- (11) “Crisis stabilization services” means optional emergency mental health services outlined under ch. DHS 34 that provide short-term, intensive, community-based services to avoid the need for inpatient hospitalization.
- (12) “De-escalation” means the process of stabilizing, slowing, or reducing the intensity of a crisis or high-risk situation.
- (13) “Department” means the Wisconsin department of health services.
- (14) “Follow-up” means the process of assessing the well-being of a client who has been discharged.
- (15) “Intervention” means any action, service, or means of engaging to improve or alleviate an individual’s crisis situation with a goal of preventing harm or increasing the individual’s functioning.
- (16) “Legal representative” means an individual appointed as guardian of the person, as defined under s. 54.01 (12), Stats.
- (17) “Level of care” means the intensity of services needed to stabilize and/or treat an individual based on the complexity of the individual’s presenting symptoms and acuity or the individual’s ability to remain safe.
- (18) “Medication administration” means the physical act of giving medication to a client by the prescribed route.
- (19) “Prescriber” means a physician, physician assistant, or advanced practice nurse prescriber, who is operating within the scope of their license to deliver services under this chapter.
- (20) “Psychotropic medication” means an antipsychotic, an antidepressant, lithium carbonate or tranquilizer, or any other drug used to treat, manage, or control psychiatric symptoms or disordered behavior.
- (21) “Risk screening” means a prompt process of determining an individual’s level of risk to self or to others.
- (22) “Safety plan” means a personalized set of written guidelines to be used as a tool to assist someone prior to or during a crisis to identify coping skills and access supports.
- (23) “Screening” means a prompt process of identification of needs and detection of urgent physical, psychiatric, or substance use related needs.
- (24) “Stabilization” means a service aimed at reducing or eliminating a client’s symptoms to reduce the need for more intensive services.
- (25) “Transfer” means the movement of a client to a different site or service to move from one level of care to another.
- (26) “Variance” means an alternate means of meeting a requirement in this chapter.

- (27) "Waiver" means an exemption from a requirement of this chapter.
- (28) "Withdrawal" means the development of a psychological and physical syndrome caused by the abrupt cessation of or reduction in intense or prolonged substance use and may include symptoms such as clinically significant distress or impairment in social, occupational, or other important areas of functioning and are not due to a general medical condition or better accounted for by another mental disorder.

**DHS 33.04 Certification.**

- (1) GENERAL. No agency or entity may operate a crisis hostel without having a ch. DHS 34 certification and is issued a certification by the department under this section..
- (2) EXEMPTION. This chapter does not apply to a county that satisfies all of the criteria specified in s. 51.043 (2) (b), Stats.
- (3) APPLICATION. A county program certified under ch. DHS 34 may apply for certification as a crisis hostel by submitting to the department all of the following:
  - (a) A completed application form.
  - (b) Payment for the application fee required under s. 51.043 (2) (d), Stats.  
 Note: Fee information is available at:  
<https://www.dhs.wisconsin.gov/regulations/mentalhealth/certification.htm>
  - (c) A copy of the program statement specified under s. DHS 33.09 and the policies and procedures specified under s. DHS 33.10.
  - (d) A floor plan of the building that will house the crisis hostel program, including dimensions, bed locations, exits, and planned space usage.
  - (e) Evidence that the applicant has in effect coverage under a liability insurance policy, coverage under a property insurance policy that covers the building that will house the crisis hostel program, and coverage under an umbrella liability or excess liability insurance policy.
  - (f) Any additional information requested by the department.
- (4) COMPLIANCE REVIEW. Upon submission of all completed application materials described in sub. (3) to the department, an applicant shall permit the department to conduct an on-site inspection of the physical space that will house the crisis hostel program and to review any documentation necessary to determine compliance with this chapter.
- (5) INITIAL CERTIFICATION DETERMINATION.
  - (a) *Timing.* The department shall make a certification determination within 70 business days of receiving all completed application materials described in sub. (3). In accordance with s. 51.043, Stats., the department may not limit the number of certificates issued.
  - (b) *Grant of certification.*
    - 1. A certification issued by the department shall be only for the county named in the application. A certification may not be transferred.
    - 2. As a condition of certification, a crisis hostel shall allow the department to make unannounced inspections and conduct complaint investigations as it deems necessary, at reasonable times and in a reasonable manner.
  - (c) *Certification denial.*
    - 1. The department may deny a certification application for any of the following reasons:
      - a. The applicant is not in compliance with any of the requirements of this chapter.
      - b. The applicant has not paid any required fees or outstanding amounts due to the department.
    - 2. A denial of certification shall be in writing and shall contain the reason for the denial and notice of opportunity for a hearing under s. 227.42, Stats.
- (6) DURATION OF CERTIFICATION.
  - (a) A certification is valid until suspended or terminated by the department.
  - (b) A certification becomes invalid upon non-payment of biennial fees.
- (7) BIENNIAL REPORT AND FEES.

- (a) Every 24 months from the initial certification determination, the program shall submit a biennial report on a form provided by the department and shall submit payment of certification continuation fees for the purpose of renewing certification under s. 51.04, Stats.
- (b) The department will send the certification continuation materials to the provider, which the provider is expected to fill out and submit to the department according to instructions provided.
- (c) A certification will be suspended or terminated if biennial reports are not submitted by the date required under par. (a).
- (8) AGENCY CLOSURE. Any program that intends to close shall provide written notice to each client by mail or electronic mail to the client's last known address, to each client's legal representative, if applicable, and to the department at least 30 days before closing. The notice shall include the client's right to obtain treatment records as provided in s. DHS 92.05 and ch. DHS 94.
- (9) NOTIFICATION OF CHANGES. A crisis hostel certified under this chapter shall notify the department of any change of administration, any change of program name, or any other change that may affect compliance with this chapter before the effective date of the change. A certification is non-transferable. A new application will be required if the department determines there is a substantial change in the crisis hostel program.

**DHS 33.05 Variance and waiver.**

**(1) EXCEPTION TO A REQUIREMENT.**

- (a) A crisis hostel certified under this chapter may apply for a waiver or variance to any requirement under this chapter. A written request for a waiver or variance shall be sent to the department on a form provided by the department. The application shall address all of the criteria in par. (b). A variance application shall include a description of the alternative means planned to meet the intent of the requirement.

**Note:** More information about variances and waivers is available on the department's website at <https://www.dhs.wisconsin.gov/regulations/waiver-variance.htm>. A variance or waiver request form is available at <https://www.dhs.wisconsin.gov/library/f-60289.htm>.

- (b) The department may grant an application for a waiver or variance if the department determines that all of the following criteria are met:
  1. Strict enforcement of the requirement for which a waiver is sought would result in an unreasonable hardship for the crisis hostel.
  2. The proposed waiver or variance will not diminish the effectiveness of the services provided at the crisis hostel.
  3. The proposed waiver or variance increases client access to care or sufficiently supports the efficient and economic operation of a service.
  4. The proposed waiver or variance will not adversely affect the health, safety, or welfare of any client for the requested action.
  5. The proposed waiver or variance is consistent with all state and federal laws.

**(2) RESCINDING A WAIVER OR VARIANCE.**

- (a) The department may rescind a waiver or variance if any of the following occur:
  1. The department determines that the waiver or variance has adversely affected the health, safety, or welfare of a client.
  2. The service fails to comply with any of the conditions of the waiver or variance as granted.
  3. Rescinding the waiver or variance is required by federal or state law.
  4. There is no longer sufficient justification that the waiver or variance increases client access to care or sufficiently supports the efficient and economic operation of a service.
- (b) The department shall notify a crisis hostel in writing if it rescinds or limits a waiver or variance in accordance with par. (a)

**DHS 33.06 Department actions.**

**(1) CERTIFICATION SUSPENSION OR REVOCATION.**

- (a) The department may suspend or revoke a crisis hostel certification whenever the department finds that the crisis hostel has failed to comply with one or more of the requirements set forth in this chapter. In the event of suspension or revocation, the department shall provide prior written notice of the proposed action, the reasons for suspension or revocation, and the process for appeal of the suspension or revocation under sub. (4).
  - (b) The department may immediately suspend a crisis hostel's certification if the department determines that immediate action is required to protect the health, safety, and welfare of individuals utilizing the crisis hostel program. Written notice of suspension shall specify the reason for the department action and the date the action becomes effective. Within 30 business days after the order is issued, the department shall lift the suspension on the certification or proceed to revoke the program's certification.
- (2) INSPECTIONS. A crisis hostel shall permit unannounced, on-site inspections by the department to conduct program reviews, complaint investigations involving any aspect of the crisis hostel program, death investigations, or to determine progress in correcting a deficiency cited by the department. The department may use a random selection process for reviewing client records during program reviews. Complaint-driven program reviews shall include the records related to the complaint and may include additional records and interviews.
- (3) STATEMENT OF DEFICIENCIES.
- (a) If the department determines that a crisis hostel has failed to meet a requirement of this chapter, the department shall issue a statement of deficiency to the crisis hostel within 30 business days.
  - (b) A crisis hostel that has been issued a statement of deficiency under par. (a) shall submit a plan of correction to the department within 30 business days from the day that the crisis hostel received the statement of deficiency, following any instructions indicated by the department in the statement of deficiency. The plan of correction shall propose the specific steps the crisis hostel will take to correct the deficiency, the timelines within which the corrections will be made, and the licensed professional staff members who will implement the plan and monitor compliance.
  - (c) If the department determines that a plan of correction submitted by a crisis hostel does not adequately address the deficiencies listed in the statement of deficiency issued under par. (a), the department may request a new plan of correction.
- (4) APPEALS OF DEPARTMENT ACTIONS.
- (a) If the department denies certification under s. DHS 33.04 (5) (c) or suspends or terminates certification under sub. (1), the crisis hostel program may request a contested case hearing under ch. 227, Stats. If a timely request for hearing is made on a decision to suspend or revoke certification under sub. (1), that action is stayed pending the decision on the appeal except when the department finds that the health, safety, or welfare of client requires that the action take effect immediately. A finding of a requirement for immediate action shall be made in writing by the department.
  - (b) A request for a hearing shall be submitted in writing to the department of administration's division of administrative hearings within 30 days after the date that the notice of the department's action is received.
- Note:** A request for hearing may be delivered in person or mailed to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53707-7875. An appeal may be sent by fax to the Division's facsimile transmission number at (608) 264-9885.

### **DHS 33.07 Investigations, notification, and reporting requirements.**

- (1) DEATH REPORTING.
- (a) *Client death related to physical restraint, psychotropic medication, or suicide.* No later than 24 hours after a crisis hostel becomes aware of the death of a client, the crisis hostel shall report the death to the department if there is reasonable cause to believe the death was due to physical restraint, psychotropic medication, or suicide.

- (b) *Client death related to an accident or injury.* No later than 3 business days after a crisis hostel becomes aware of the death of a client, the crisis hostel shall report the death to the department if there is reasonable cause to believe the death was due to an injury or accident not related to the use of a physical restraint, psychotropic medication, or suicide.

**Note:** Information and forms for statutorily reportable deaths and reporting procedures can be found at: <https://www.dhs.wisconsin.gov/regulations/report-death/definitions.htm>.

- (2) INVESTIGATING AND REPORTING ABUSE, NEGLECT, OR MISAPPROPRIATION OF PROPERTY.
- (a) When a crisis hostel receives a report of an allegation of abuse or neglect of a client, or misappropriation of property at the service location, the crisis hostel shall take immediate steps to ensure the safety of all clients.
- (b) A crisis hostel shall investigate and document any allegation of abuse or neglect of a client, or misappropriation of property by a caregiver. If the crisis hostel's investigation concludes that the alleged abuse or neglect of a client or misappropriation of property meets the definition of abuse or neglect of a client, or of misappropriation of property, the crisis hostel shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the crisis hostel knew or should have known about the abuse, neglect, or misappropriation of property. The crisis hostel shall maintain documentation of any investigation.
- (c) Filing a report under this subsection does not relieve a crisis hostel or any other person of any obligation to report an incident to any other authority, including law enforcement, the coroner or the department of safety and professional services.

#### **DHS 33.08 Records and retention.**

- (1) In this section, "treatment records" has the meaning given in s. 51.30 (1) (b), Stats., namely, all records concerning individuals who are receiving or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence which are maintained by the department, by boards and their staffs, and by treatment facilities. "Treatment records" include written, computer, electronic and microform records, but do not include notes or records maintained for personal use by an individual providing treatment services for the department, a board, or a treatment facility if the notes or records are not available to others.
- (2) Crisis hostels shall ensure that all treatment records are maintained, released, retained, and disposed of in accordance with s. 51.30, Stats., and ch. DHS 92.

**DHS 33.09 Program statement.** A crisis hostel shall have a program statement, that contains the following:

- (1) The intended days and hours of operation of the crisis hostel.
- (2) A staffing plan, including the availability of a medication prescriber, if there is one.
- (3) The name of the licensee, the program administrator under s. DHS 33.11 (3) (a) 1., and the staff position in charge when the licensee or administrator is away from the crisis hostel.
- (4) The client capacity of the crisis hostel program based on physical space and staffing.
- (5) Limitations of services, including the criteria for determining who is appropriate for crisis hostel services.
- (6) A description of services the crisis hostel intends to provide, including all of the following:
- (a) Screening and admission procedures.
- (b) Medication review and medication administration.
- (c) Assessment and stabilization planning, including, when necessary, assessment of risk factors and safety planning.
- (d) Crisis stabilization services the crisis hostel intends to provide, such as treatment services, services that will be provided in a group setting, and any evidence-based practices or other services to be implemented at the crisis hostel. All services noted should provide a description of and rationale for how the services will help individuals stabilize their immediate mental health crisis.
- (e) Care coordination procedures.

- (f) Discharge planning, such as client transfers or referrals to longer-term programming, linkages with county crisis programs as part of safety planning, and follow-up services.

## **Subchapter II – Program Standards and Requirements**

### **DHS 33.10 Required policies.**

- (1) PERSONNEL. A crisis hostel shall have written personnel policies that include all of the following:
  - (a) A policy on clinical supervision, as provided in s. DHS 33.12 (2).
  - (b) A policy on general staffing patterns to ensure there are enough staff to provide adequate services and safety for clients and safety for staff, including a policy to meet the requirements in s. DHS 33.11 (3) (b).
- (2) ASSESSMENT AND ADMISSIONS. A crisis hostel shall have written assessment and admissions policies that include all of the following:
  - (a) All admissions to a crisis hostel shall be voluntary, and a crisis hostel certified under this section shall only serve individuals 18 years of age or older.
  - (b) Admission criteria and procedures, including informed consent requirements consistent with s. DHS 51.61 (6).
  - (c) Processes for readmission of recently discharged clients.
  - (d) Maintaining an inventory of a client’s personal property, client use and possession of communication devices, and other policies applicable to personal property.
- (3) EMERGENCY INTERVENTIONS. A crisis hostel shall have written policies on all of the following:
  - (a) How the crisis hostel will address safety concerns specific to the individuals being served.
  - (b) Emergency safety interventions and limitations of emergency safety interventions, consistent with s. DHS 33.13 (4).
  - (c) How the crisis hostel will handle medical emergencies.
  - (d) Management of individuals who present to the crisis hostel under the influence of alcohol or substances.
  - (e) How medical conditions will be managed.
- (4) PROGRAM RULES. A crisis hostel shall have written program rules to be provided to clients and staff identifying appropriate client conduct while admitted at a crisis hostel.
- (5) MEDICATIONS AND PHYSICAL HEALTH. A crisis hostel shall have written policies on all of the following:
  - (a) How medications will be received at admission, stored, secured, managed, and administered, and which staff are allowed to administer medications.
  - (b) Prescriber consulting relationships and processes for consulting with a prescriber on medications for crisis hostel clients. Consultation under this paragraph may include a client’s own provider or the clinical director of the crisis hostel’s corresponding ch. DHS 34 program, as provided under s. DHS 33.11 (3) (a) (2).
  - (c) Assessing and protecting the physical health of admitted clients, which may include communicable diseases, the coronavirus disease, or any other relevant physical illnesses or ailments.
- (6) CLIENT RECORDS. A crisis hostel shall have a written policy identifying where client records will be maintained and how confidentiality requirements of those records will be safeguarded, as required under s. DHS 33.08.
- (7) INCIDENT REPORTS. A crisis hostel shall have a written policy and procedure for administrative review and maintenance of records related to incident reports.
- (8) BACKGROUND CHECKS AND MISCONDUCT REPORTING. A crisis hostel shall have a written policy that ensures compliance with the caregiver background check and misconduct reporting requirements in s. 50.065, Stats., and ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13.

### **DHS 33.11 Personnel and staffing.**

- (1) GENERAL A crisis hostel shall employ qualified staff that possess at least one of the minimum qualifications under s. DHS 34.21 (3) (b) 1. to 19.
- (2) APPLICATION QUALIFICATIONS.
  - (a) An applicant for employment at a crisis hostel shall provide references regarding professional abilities from at least 2 people and, if requested by the program, references or transcripts from any post-secondary educational institution attended and employment history reports or recommendations from prior employers.
  - (b) A crisis hostel shall review and investigate application information to determine whether employment of the individual is in the best interests of the program's clients. This shall include a check of relevant and available conviction records in accordance with ss. 111.322 and 111.335, Stats.
  - (c) Crisis hostels shall conduct a criminal history and patient abuse record search as provided in s. 50.065, Stats., and a caregiver background check under ch. DHS 12. If the applicant lived in another state, a background check shall be obtained from that state as well.

**Note:** See s. 165.82, Stats., relating to the fee charged by the Wisconsin Department of Justice for a criminal records check.
  - (d) A crisis hostel shall confirm that an applicant's professional license or certificate is current and unencumbered if possessing that professional license or certificate is a condition of employment.
  - (e) A crisis hostel shall maintain written documentation of employee qualifications and shall make that information available upon request for review by clients, their representatives, or the department.
- (3) REQUIRED PERSONNEL.
  - (a) A crisis hostel shall employ all of the following personnel:
    1. A program administrator, or equivalently titled person, who shall have overall responsibility for the operation of the program and for compliance of the program with this chapter.
    2. A clinical director, or equivalently titled person, who possesses the qualifications specified in s. DHS 34.21 (3) (b) 1. or 2. and has responsibility for the mental health services provided by the program.
    3. A clinical director's designee, who shall possess at least one of the qualifications listed in s. DHS 34.21(3) (b) 1. to 8.
  - (b) The required personnel under par. (a) may be the same program administrator and clinical director employed under s. DHS 34.21 (4).
  - (c) A crisis hostel shall be staffed by at least two staff persons, each of whom must possess at least one of the qualifications listed in s. DHS 34.21 (3) (b) 1. to 18., during all hours of operation.
  - (d) A county crisis staff credentialed under s. DHS 34.21 (3) (b) 1. to 15. shall be available to a crisis hostel during all hours of operation in the event that an assessment needs to be conducted, pursuant to s. DHS 33.10 (3) (a).
  - (e) Either a clinical director or the clinical director's designee shall be available for consultation in person or by phone at all times the crisis hostel is in operation.

### **DHS 33.12 Training and supervision.**

- (1) ORIENTATION AND TRAINING.
  - (a) A crisis hostel shall develop and implement orientation and training consistent with s. DHS 34.21 (8) (a) to (d) and shall ensure that all clinical staff at the crisis hostel participate in the orientation and ongoing training programs.
  - (b) In addition to the orientation and training requirements under par. (a), a crisis hostel shall provide training to its clinical staff on all of the following:
    1. The requirements of this chapter, including all related policies and procedures, the program statement, and any other pertinent information.
    2. Emergency safety interventions that may be used consistent with s. DHS 51.61 (1) (i), including de-escalation techniques, redirection, and other prevention techniques.

3. Screening, assessment, and intervention of violent behaviors.
  4. Safety planning for behavioral health emergencies.
  5. The use of opioid reversal agents.
  6. Medication administration and management for all staff who manage, administer, or assist clients with prescribed or over-the-counter medications.
  7. Standard precautions for all staff who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood.
  8. First-aid.
  9. Use of a fire extinguisher.
- (c) A crisis hostel shall maintain as part of its central administrative records, updated copies of its orientation and training program, evidence of current licensure or certification of staff, as applicable, and documentation of orientation and ongoing training received by staff and volunteers. Training records shall be made available to the department upon request.
- (2) CLINICAL SUPERVISION. A crisis hostel shall adhere to the clinical supervision requirements under s. DHS 34.21 (7) and shall ensure all of the following:
- (a) The services provided by the crisis hostel are appropriate and are delivered in a manner most likely to result in positive outcomes.
  - (b) Staff have the training and experience needed to carry out the roles for which they have been retained and receive the ongoing support, supervision, and consultation needed in order to provide effective services.
  - (c) That any supervision necessary to enable professional staff to meet requirements for credentialing or ongoing certification based on their profession is provided.
  - (d) Clinical supervision of individual staff members includes direct review, assessment, and feedback regarding each staff member's delivery of services.
  - (e) Clinical supervision and consultation for staff is provided by a professional possessing at least one of the qualifications listed under s. DHS 34.21 (3) (b) 1. to 7.

**DHS 33.13 Admission and services.**

- (1) GENERAL OBJECTIVES. A crisis hostel shall have all of the following program objectives:
- (a) To identify and assess an individual's immediate need for mental health services given the circumstances in which the individual presented to the crisis hostel program.
  - (b) To respond to the presenting crisis by providing a service or group of services appropriate to the client's specific needs to the extent they can be determined in a crisis situation.
  - (c) To provide resource linkage, community behavioral health program referrals, and crisis follow-up services when necessary and appropriate, consistent with s. DHS 34.23 (6).
- (2) ADMISSION.
- (a) A crisis hostel may only provide crisis stabilization services to a client during a stay of 23 hours or less per admission. A crisis hostel may not operate as a residential program.
  - (b) Admission to a crisis hostel shall be on a voluntary basis and for clients 18 years of age or older.
  - (c) All clients at a crisis hostel shall receive a crisis assessment in accordance with sub. (3) (a).
  - (d) Upon admission of the client, a crisis hostel shall obtain and document all of the following information:
    1. The client's full name, date of birth, address or living situation, telephone number, or any relevant contact information.
    2. Information of the client's designated contact person, which may include the contact's name, address, telephone number, or any other relevant contact information.
    3. Information, including contact information, of the client's legal representative, if any.
    4. The client's current physician, psychiatrist, or prescriber name and contact information, as available.

- (e) An admitted client or an admitted client's legal representative, if applicable, shall sign an admission agreement that includes a written description of the services to be provided, and confirmation that a statement of the client's rights have been provided.
- (3) REQUIRED SERVICES.**
- (a) *Crisis assessment.* A crisis hostel shall ensure that an assessment is completed for each client admitted to the crisis hostel no later than the time that the client arrives. A crisis hostel may attempt to complete a crisis assessment for a client prior to the client's arrival at the crisis hostel. An assessment performed at a crisis hostel under this paragraph shall meet all of the following requirements:
    1. The assessment shall follow all of the initial contact requirements in s. DHS 34.23 (3).
    2. The assessment shall be conducted by county crisis staff credentialed under s. DHS 34.21 (3) (b) 1. to 15.
    3. The assessment shall include a mental health assessment, a substance use assessment, and a review of the client's physical condition completed by staff qualified under s. DHS 33.11 (1).
    4. An assessment performed under this paragraph may be completed through evaluation and observation, direct interviews, the use of evidence-based screening and assessment tools, and collateral information.
    5. Clients may be reassessed during their 23-hour or less stay as needed, based on clinical and symptom changes, changes in risk factors, and responsiveness to interventions.
  - (b) *Risk screening.* A crisis hostel shall ensure that an initial risk screening is completed for each client by staff qualified under s. DHS 33.11 (1) and may be performed at the same time as a crisis assessment under par. (a). A risk screening performed at a crisis hostel under this paragraph shall meet all of the following requirements:
    1. The screening shall follow all of the initial contact requirements in s. DHS 34.23 (3).
    2. The screening shall evaluate the client's risk for suicide and self-injurious behaviors.
    3. The screening shall evaluate the client's risk of violence and risk to others.
    4. The screening shall identify if the client has any urgent medical care needs requiring transfer from the crisis hostel.
    5. The screening shall assess any of the client's risks related to intoxication, withdrawal symptoms, and influence of drug use.
  - (c) *Stabilization.*
    1. A crisis hostel shall provide therapeutic spaces and services with the objective of reducing a client's immediate crisis and eliminating the need for higher levels of care.
    2. Stabilization services under this paragraph may include de-escalation techniques, assessment and screening, private spaces, stabilization beds, medication monitoring, crisis and safety planning, and other interventions as needed to alleviate immediate mental health crisis.
- (4) SECLUSION, RESTRAINTS, AND SAFETY.**
- (a) No crisis hostel may use any form of restraints, including chemical and mechanical, or seclusion in a crisis hostel program.
  - (b) No crisis hostel staff may implement physical holds or other physical interventions to control the behaviors of crisis hostel clients.
  - (c) Crisis hostels shall make arrangements for emergency onsite responses when necessary, including facilitating an emergency detention, to protect individuals who present a high risk of harm to self or others.
- (5) COORDINATION OF CARE.**
- (a) When appropriate, crisis hostel programs shall coordinate client care with external providers, including any of the following:
    1. Outpatient behavioral health providers.
    2. Inpatient psychiatric facilities.
    3. Crisis stabilization facilities.

- 4. Managed care organizations and other social service providers.
  - 5. Medical providers and prescribers.
  - 6. Community-based behavioral health providers.
- (b) Crisis hostels shall coordinate the safe transfer of clients who require higher levels of care.
  - (c) Crisis hostels shall maintain a record of a client's crisis plan from a previous crisis hostel admission or from the county crisis program, if available, and coordinate crisis stabilization efforts noted within the client's crisis plan.
- (6) DISCHARGE AND TRANSFERS.**
- (a) A crisis hostel shall provide discharge planning to all clients. Discharge planning under this paragraph shall meet all of the following requirements:
    - 1. The planning shall support the individual in returning to the community and preventing continued utilization of crisis hostel services.
    - 2. The planning shall begin at the time of admission, outlining goals to be achieved during the provision of crisis stabilization services at the crisis hostel.
    - 3. The planning shall include the individual's identified support network in safety planning and follow-up services.
  - (b) A crisis hostel shall return a client's personal property and medications at the time the client is discharged.
  - (c) Crisis hostel staff shall complete discharge summaries for each discharged client.
  - (d) Discharges that involve transfers to higher levels of care shall meet all of the following requirements:
    - 1. Transfer to more intensive levels of care or more lengthy community-based programs shall only occur if the client consents to the transfer and if any of the following circumstances apply:
      - a. The client requests to transfer to a higher level of care or service.
      - b. There is a clinical indicator, determined by qualified staff, that inpatient services may be more appropriate for the client's crisis and behavioral health needs.
      - c. Qualified staff determine that the client's mental health needs are beyond the scope of services offered by the crisis hostel.
      - d. Qualified staff determine that the client would not be able to remain safe if discharged with only a safety plan.
      - e. Qualified staff determine that the client has medical or physical health care needs that cannot be managed at a crisis hostel program.
    - 2. Clients may only be transferred to facilities that are capable of meeting their physical, medical, and mental health care needs and legal status.
    - 3. A client who requires an emergency detention shall be determined by a mental health professional as provided in s. 51.15 (2) (c), Stats., and the detention shall be performed by law enforcement and shall follow requirements outlined in s. 51.15, Stats.
    - 4. All client transfers to higher levels of care or alternative programming shall be conducted in consultation with the county crisis program's clinical director or program administrator listed in s. DHS 34.21(4).
  - (e) A client shall be discharged when violent or abusive behaviors cannot be de-escalated or safely managed with services permitted in this chapter.
- (7) OPTIONAL ADDITIONAL SERVICES.**
- (a) *Medication monitoring and administration.* A crisis hostel may administer medication prescribed for a client during the client's stay. A crisis hostel electing to administer prescribed medications during client stays shall have a medication policy under s. DHS 33.10 (5) and shall follow all of the requirements of s. DHS 33.14.
  - (b) *Peer support services.* A crisis hostel program may retain certified peer specialists to provide peer support services to clients.

- (c) *Respite.* A crisis hostel may choose to provide clinically appropriate respite services to individuals for 23 hours or less.
- (8) SERVICE DOCUMENTATION. As soon as possible following client admission, crisis hostel staff shall prepare documentation that includes all of the following:
  - (a) The identity of the client receiving services at the crisis hostel.
  - (b) A summary of the crisis for which crisis stabilization services are needed for the client.
  - (c) A description of the following:
    1. The assessment of the client's crisis and stabilization needs, and the response plan developed based on the assessment.
    2. The services provided to the client and the outcomes achieved.
    3. Any provider, agency or individual to whom a referral was made on behalf of the client experiencing the crisis.
    4. Follow-up and linkage services provided or arranged under s. DHS 34.23 (6).
    5. If there is a ch. DHS 34 crisis plan on file for the client, any proposed amendments to that plan.
    6. If it was determined that the client was not in need of emergency mental health services, any connections to care or referrals provided on behalf of the client.

**DHS 33.14 Medications.**

- (1) MEDICATION ADMINISTRATION.
  - (a) A crisis hostel shall ensure that any client who self-administers medications has the physical and mental capacity to obtain, dispense, and ensure the correct medications are taken in the prescribed dosages. Crisis hostel staff may supervise a client self-administer medication and may prompt the client and observe the client taking the medication.
  - (b) A crisis hostel shall store, obtain, and assemble medications for a client. Crisis hostel staff shall be responsible for ensuring that the correct medication, in the correct dose, is administered to the correct client, and at the correct time. Medications may only be administered by staff when all of the following conditions are met:
    1. There is a written prescription order for the medication that is available and kept in the client's record.
    2. There is a listing of current medications with the dosage, frequency, and route of administration in the client's record.
    3. Over the counter and prescription medications remain in the original labeled containers and are stored in accordance with sub. (2).
    4. All medications administered at the crisis hostel are documented in the client's record and specifically include the name of the medication, dosage, method of administration, date and time administered, and name of the staff who administered the medication.
  - (c) *Other administration.* No crisis hostel staff may administer medications by injection, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally.
  - (d) *Disposition of medications.*
    1. Any medications stored by a crisis hostel shall be returned to a client upon the client's discharge.
    2. A crisis hostel shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state, and local standards or laws. Medications that cannot be returned to the pharmacy shall be separated from other medication and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.

- (e) *Medication information.* A crisis hostel shall ensure that written information describing the purpose, side effects, and adverse reactions of common medications taken by clients are documented and accessible to staff at the crisis hostel.
- (2) MEDICATION STORAGE.
  - (a) *Administered by program.* A crisis hostel that chooses to store medications shall keep medicine cabinets locked and shall ensure that the key is available only to personnel identified in the crisis hostel's medication policy.
  - (b) *Refrigeration.* A crisis hostel shall ensure that medications stored in a common refrigerator are properly labeled and stored in a locked box.
  - (c) *Proximity to chemicals.* A crisis hostel may not store prescription and over-the-counter medications or dietary supplements next to chemicals or other contaminants.
  - (d) *Controlled substances.* A crisis hostel shall maintain separately locked and securely fastened boxes or drawers or permanently fixed compartments within the locked medications area for storage of schedule II drugs subject to 21 USC 812 (c) and ch. 961, Stats.

**DHS 33.15 Client rights.** Section 51.61, Stats., and ch. DHS 94 shall apply to the operations and services of crisis hostel programs with respect to the rights of clients.

### **Subchapter III – Physical Environment and Safety**

**DHS 33.16 General requirements.**

- (1) GENERAL REQUIREMENTS.
  - (a) A crisis hostel shall comply with the state building code requirements in chs. SPS 361 to 366 in effect on the effective date of this paragraph ... [LRB inserts date] and any applicable local ordinances or municipal building regulations.
  - (b) A crisis hostel shall maintain the crisis hostel's program space in a state of good repair and in a clean, safe, and sanitary condition.
  - (c) A crisis hostel shall comply with the Americans with Disabilities Act, 42 USC 12101 to 12213.
  - (d) A crisis hostel that shares space with another program shall be physically separated from any other programs.
- (2) WATER AND SEWER.
  - (a) *Water supply.*
    1. A crisis hostel shall ensure that a supply of safe drinking water is available to any client at all times.
    2. If a crisis hostel supplies well water, any wells supplying water shall be approved by the department of natural resources and water samples shall be tested annually at a state-approved laboratory. Documentation of test results shall be kept on file at the crisis hostel.
    3. A crisis hostel shall be equipped with a water heater sufficient to meet the needs of all clients. The hot water delivered to sinks, tubs, and showers may not exceed 120 degrees Fahrenheit.
  - (b) *Water temperature.* A crisis hostel shall ensure that the temperature of hot water at plumbing fixtures used by clients does not exceed the range of 110 to 120 degrees Fahrenheit.
  - (c) *Sewage.* A crisis hostel shall have an adequate sewage disposal system.
- (3) HEATING, COOLING AND VENTILATION.
  - (a) All rooms of a crisis hostel, including bedrooms, shall be provided with adequate heating, cooling, and ventilation, as provided in ch. SPS 364.
  - (b) No crisis hostel may use portable space heaters.
  - (c) Bath and toilet rooms of a crisis hostel shall comply with s. SPS 364.0403 (Table).
  - (d) Kitchens shall comply with s. SPS 364.0403 (Table) and Sec. 506, 507, 508 and 509 of the International Mechanical Code as adopted in s. SPS 361.05 (3).

### **DHS 33.17 Physical environment.**

#### **(1) SPACE REQUIREMENTS.**

- (a) A crisis hostel shall have a maximum of 15 beds.
- (b) A crisis hostel shall provide at least 49 square feet of usable floor space for each client exclusive of passageways, bathrooms, lockers, office, storage areas, staff room, furnace rooms, and parts of a room occupied by stationary equipment.
- (c) A crisis hostel shall provide adequate spaces for client rest and furniture that allow clients the ability to comfortably recline, which may include single bedrooms, shared bedrooms, or a reclining area.
- (d) A crisis hostel shall be designed to be accessible and functional in meeting the identified needs of the client group it serves.
- (e) A crisis hostel shall have a telephone on the premises that is reasonably accessible to clients during hours of operation.
- (f) A crisis hostel shall have toilets and related fixtures that function properly and are maintained in a sanitary condition.
- (g) A crisis hostel shall have at least one common area, which may include living, dining, and recreational areas, for individuals to utilize while at a crisis hostel.
- (h) A crisis hostel may provide laundry facilities or services as an optional service to clients. Any laundry equipment in the crisis hostel shall be installed and vented in accordance with chs. SPS 361 to 366.
- (i) A crisis hostel shall ensure that each bed has a clean mattress that is covered with a mattress pad and a waterproof covering, if necessary, a pillow, at least 2 sheets, a bedspread, and blankets adequate for the season.
- (j) A crisis hostel shall ensure that any service or therapy animal allowed on the premises are vaccinated against diseases, including rabies.

#### **(2) STORAGE.** A crisis hostel shall have adequate storage space for care supplies and equipment.

#### **(3) PRIVACY.** A crisis hostel shall ensure all of the following:

- (a) Bath and toilet rooms have door locks to ensure privacy.
- (b) All door locks are operable by staff from both sides.
- (c) All toilet and bathing areas have floor to ceiling walls and door assemblies.
- (d) Toilet facilities comply with s. SPS 362.2901.

### **DHS 33.18 Food and Sanitation.**

#### **(1) FOOD SERVICES.**

- (a) A crisis hostel shall obtain food from acceptable sources.
- (b) A crisis hostel shall arrange for or provide a meal to each client who is at the crisis hostel for 5 or more hours.
- (c) A crisis hostel shall arrange for or provide nutritious snacks during all crisis hostel hours of operation.

**Note:** Wisconsin Food Code and Food Code Fact Sheets can be found at [https://datcp.wi.gov/Pages/Programs\\_Services/FoodCode.aspx](https://datcp.wi.gov/Pages/Programs_Services/FoodCode.aspx).

#### **(2) FOOD SAFETY.** A crisis hostel shall store food provided at the crisis hostel in accordance with professional standards of food safety.

#### **(3) SANITATION.**

- (a) Each staff who prepares or serves food at a crisis hostel shall be free from open, infected wounds and from communicable disease and shall maintain clean and safe work habits.
- (b) A crisis hostel shall provide hand-washing facilities in the kitchen for use by staff handling food. No food handler at a crisis hostel may use a common towel.
- (c) Any client who assists in preparing food shall adhere to the same food safety requirements as crisis hostel staff and be directly supervised by staff.

(4) KITCHEN HOODS. Kitchen hoods in a crisis hostel shall comply with chs. SPS 361 to 366.

**DHS 33.19 Safety.**

(1) EMERGENCY PLAN. A crisis hostel shall have a written plan for responding to fires, tornadoes, any missing client, injuries, staff absenteeism, and other emergencies. The plan shall include all of the following:

- (a) Posting an evacuation plan in a conspicuous location.
- (b) Informing all staff members of their duties during an emergency, including assisting clients with limited mobility during an emergency.
- (c) Practicing and documenting annual tornado drills.

(2) FIRE SAFETY. A crisis hostel shall:

- (a) Maintain written reports of fire safety inspections as well as any other inspection reports required by local authorities.
- (b) Be in accordance with NFPA 10 and NFPA 1, as adopted by s. SPS 314.001(1), with the selection, installation, distribution, inspection, maintenance, and testing of portable fire extinguishers.
- (c) Have a fire safety inspection in accordance with ch. SPS 314.
- (d) Conduct and document quarterly fire drills.

**Note:** Copies of the Life Safety Code NFPA documents and related codes are on file in the Department's Division of Quality Assurance and the Legislative Reference Bureau and are available at the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471.

(3) SMOKE AND CARBON MONOXIDE DETECTION.

- (a) A crisis hostel program shall have a smoke detection as indicated in IBC 907 and s. 101.145, Stats.
- (b) A crisis hostel program shall have carbon monoxide detection as indicated in IBC 915, s. SPS 362.0915, and s. 101.149, Stats.
- (c) A crisis hostel shall test each smoke detector at least monthly.

**SECTION 2. EFFECTIVE DATE.** This rule shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22 (2) (intro.), Stats.