

Revised Wis. Admin. Code ch. DHS 75 Implementation

Webinar Series: Session 3

Subchapter IV: Treatment Service General Requirements, Part 1

February 11, 2022



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Today's Presenters

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Substance Use Services Section
Division of Care and Treatment Services

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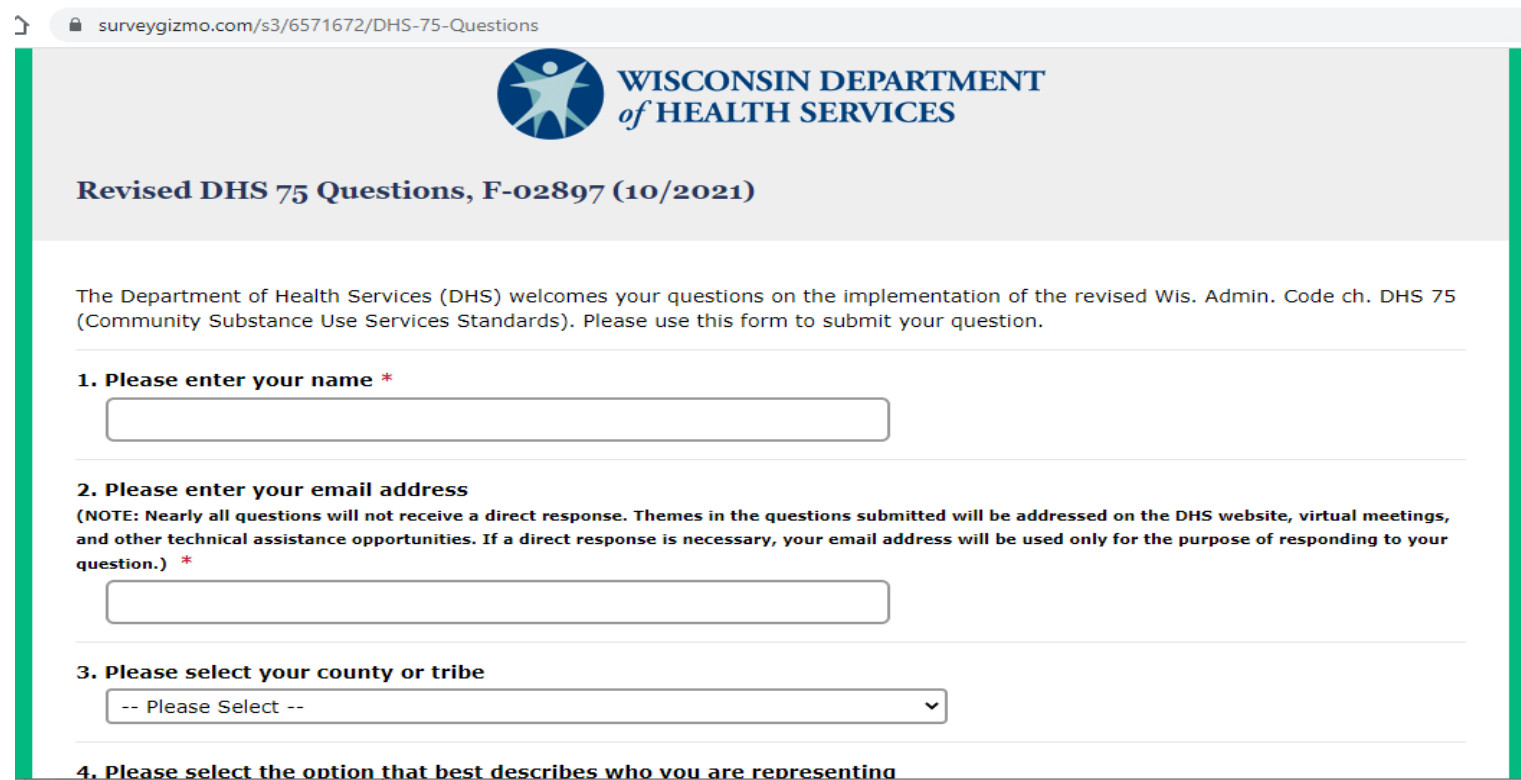
Substance Use Services Section
Division of Care and Treatment Services

Disclaimer


Nothing stated during this webinar series is intended to interpret administrative rule language. The information provided in today's presentation and subsequent presentations is intended to assist providers with understanding the revised rule and should not be construed as legal interpretation.

Any formal guidance issued regarding the rule will be identified as such and will follow the approved process.

Questions? Use online form.



surveygizmo.com/s3/6571672/DHS-75-Questions

 **WISCONSIN DEPARTMENT**
of **HEALTH SERVICES**

Revised DHS 75 Questions, F-02897 (10/2021)

The Department of Health Services (DHS) welcomes your questions on the implementation of the revised Wis. Admin. Code ch. DHS 75 (Community Substance Use Services Standards). Please use this form to submit your question.

1. Please enter your name *

2. Please enter your email address
(NOTE: Nearly all questions will not receive a direct response. Themes in the questions submitted will be addressed on the DHS website, virtual meetings, and other technical assistance opportunities. If a direct response is necessary, your email address will be used only for the purpose of responding to your question.) *

3. Please select your county or tribe

4. Please select the option that best describes who you are representing

<https://www.dhs.wisconsin.gov/rules/dhs75-implementation.htm>



Webinar Section 1

Presenter: Saima Chauhan

DHS 75.16 - Applicability of Treatment Service General Requirements

- This subchapter establishes general requirements that apply to the 11 types of community substance use treatment services under DHS 75.49 to 75.59.
- General requirements apply to all treatment services certified under this chapter, unless otherwise specified.

DHS 75.17 - Governing Authority or Entity Owner Requirements

There were no substantive changes to this section.

DHS 75.18 - General Requirements for Service Staff

- Service director
- Clinical supervisor
- Substance abuse counselor
- Prescribers
- Nurses
- Mental health professionals

DHS 75.19 - Personnel Requirements

No substantive changes to sections (1) and (2)

(3) Clinical supervision will be discussed more thoroughly in upcoming webinar on clinical consultation/clinical supervision

(4) Staff development

(5) Universal precautions - newly added, requires written policies and procedures



Webinar Section 2

Presenter: Heather Lom

DHS 75.03 - Definitions

(42) “Incident report” means a written record of an incident involving patient, visitor, or staff health or safety that occurs at the facility or in the course of providing services in the community. Incident reporting is required for health emergencies, incidents of violence, injuries requiring medical attention, or other extraordinary events that interfere with the provision of services and pose a risk to health or safety.

DHS 75.20 - Patient Case Records

New provisions:

- 10. Copies of any incident reports or documentation of medication errors applicable to the patient
- 11. Records for any medical services provided by the service
- 18. Any safety plans developed during the patient's treatment

DHS 75.20 - Patient Case Records

(2) Case records for persons receiving only screening and referral. A treatment service shall have a written policy and procedure regarding case records for individuals that receive only screening, consultation, or referral services. The policy and procedure shall include:

- (a) Information to be obtained for phone and in-person screening, consultation, or referral.
- (b) Assurance that screening includes an individual's pregnancy status.
- (c) Assurance that screening, consultation, and referral procedures address individual risks and needs.

DHS 75.21 - Confidentiality

No changes



Webinar Section 3

Presenter: Jason Cram

DHS 75.22 - Services for Minors

- (1) Application. A service under this chapter that delivers treatment services to minors shall identify within their application to the department each level of care that will provide treatment services for minors.
- (2) Statutory requirements. A service that delivers treatment services to minors shall adhere to all applicable requirements outlined in ss. 51.13, 51.138, 51.14, 51.47 and 51.48, Stats.

DHS 75.22 - Services for Minors

- (3) Family involvement. Services for minors shall include the involvement of a parent, guardian, or other family members whenever possible.
- (4) Staff qualifications. Staff delivering services to minors shall have training, experience, or education specific to the treatment of substance use and mental health for minors and shall practice within their scope. A record of relevant training, experience, or education shall be documented in the personnel record.

DHS 75.22 - Services for Minors

- (5) Staff training. A service that delivers treatment services to minors shall provide training to clinical staff in the areas of adolescent development, family systems, child abuse and neglect, and involuntary treatment laws for minors, unless the service is able to provide documentation of the staff member's previous training, professional education, or supervised experience addressing these areas. A record of required training shall be documented in the personnel record.

DHS 75.22 - Services for Minors

- (6) Separation of services. Services for minors shall be separate from adult services, with the exception of specialized groups addressing the needs of transitional-age youth. Services for transitional-age youth shall be separate from other services for minors or adults.
- (7) Policies and procedures. A service that delivers treatment services to minors shall have written policies and procedures to address specific safety needs of minors, including consideration of vulnerability related to adult populations served within the facility, adequacy of supervision for service delivery, and services addressing specific needs of youth.



Webinar Section 4

Presenter: Saima Chauhan

DHS 75.24 - Service Operations

(1) Screening

(a) A service shall complete an initial screening for an individual that presents for services. The screening shall include all of the following:

1. Sufficient assessment of dimensional risk and severity of need to determine preliminary level of care.
2. A determination of the patient's needs for immediate services related to withdrawal risk, acute intoxication, overdose risk, induction of pharmacotherapy, or emergency medical needs.
3. An assessment of the patient's suicide risk.

DHS 75.24 - Service Operations

(1) Screening

- (b) A screening is preliminary, and is either confirmed or modified based on completion of the full assessment and ASAM or other department-approved level of care placement criteria.
- (c) The screening completed under this subsection may be combined with a more comprehensive assessment.

DHS 75.24 - Service Operations

(2) Emergency Services

If a need is identified for immediate services related to withdrawal, acute intoxication, overdose, or other reason, the service may initiate treatment prior to completion of the comprehensive assessment or treatment plan. The patient's record for emergency services shall include documentation of all of the following:

- (a) A preliminary treatment plan for the patient.
- (b) A consent for services to be received, signed by the patient or the patient's legal guardian.
- (c) A progress note for all services delivered to the patient.
- (d) A reason for the initiation of emergency services and a completed initial screening that evaluates biomedical, mental health, and substance use indicators, and guides decision-making regarding the initial level of care placement and referral.

DHS 75.24 - Service Operations

(3) After Hours Emergency Response

A service shall have a written policy and procedure for how the clinic will provide or arrange for the provision of services to address a patient's behavioral health emergency or crisis during hours when its offices are closed, or when staff members are not available to provide behavioral health services.

DHS 75.24 - Service Operations

(4) Safety Planning

- (a) When a patient's pattern of behavior or acute symptoms of a substance use or mental health disorder indicate the likelihood for significant, imminent harm to the individual or others, including affected family members, the service shall develop a safety plan within 24 hours of the contact.
- (b) The service shall have written policies and procedures that outline the requirements and process for safety planning.



Webinar Section 5

Presenter: Beth Collier

DHS 75.24 - Service Operations

(5) Opioid Overdose Reversal

- (a) A service shall have naloxone on-site at each facility and branch location, to be administered in the event of an opioid overdose.
- (b) Naloxone medication shall be maintained and unexpired, and shall be stored in an accessible location.
- (c) The service shall have written policies and procedures for administration of naloxone by service staff.
- (d) The service shall train all staff in recognition of overdose symptoms and administration of naloxone.
- (e) Administration of naloxone by the service to any individual shall be documented in the clinical record or in a facility incident report.

DHS 75.24 - Service Operations

(6) Service Delivery for Intoxicated Individuals

A service shall have written policies and procedures regarding clinically-appropriate response and services for individuals that present with symptoms of acute intoxication, withdrawal, or at risk of withdrawal. The policies and procedures shall include the following:

- (a) The process for obtaining medical consultation, when indicated.
- (b) The process for admitting the patient to a higher level of care, withdrawal management service, or direct linkage to medical services, when indicated.
- (c) The process for ensuring the safety of an intoxicated individual or persons experiencing withdrawal, including an individual operating while intoxicated.
- (d) The process for follow-up and treatment engagement after an intervention for acute intoxication or withdrawal.

DHS 75.24 - Service Operations

(7) Tobacco Use Disorder Treatment and Smoke-Free Facility

A service shall have written policies outlining the service's approach to assessment and treatment for concurrent tobacco use disorders, and the facility's policy regarding a smoke-free environment.



Summary

Summary

We have covered subchapter IV: treatment service general requirements that relate to:

- DHS 75.16 - Applicability of treatment service general requirements
- DHS 75.17 - Governing authority or entity owner requirements
- DHS 75.18 - General requirements for service staff
- DHS 75.19 - Personnel requirements
- DHS 75.20 - Patient case records
- DHS 75.21 - Confidentiality
- DHS 75.22 - Services for minors
- DHS 75.23 - Service levels of care (*in session 2 webinar*)
- DHS 75.24 - Service operations (*through subsection 7*)

Next Session

- March 11, 2022 - Subchapter IV: Treatment Service General Requirements, Part 2
- Questions? Use the online form.
<https://www.dhs.wisconsin.gov/rules/dhs75-implementation.htm>

Revised DHS 75 Implementation

Improving substance use services

The new Wis. Admin. Code ch. DHS 75 was published October 25, 2021. This administrative rule sets the minimum standards for substance use prevention, intervention, and treatment services delivered across a variety of settings and levels of care. With a goal of supporting access to services throughout the state, the new rule eases requirements for providers in many areas while maintaining safety and quality of care standards.

[View the text of the new Wis. Admin Code ch. DHS 75](#) (PDF)

Key revisions

The new Wis. Admin. Code ch. DHS 75:

- Revises outdated language to reflect industry standards, reduce stigma, and incorporate best practices for modern behavioral health care.
- Increases flexibility for providers and reduces unnecessary barriers to the delivery of substance use prevention and treatment services.
- Reduces duplicative certification requirements for integrated behavioral health care settings and

Keep in touch

Join our [email list](#) to receive information about implementation of the revised Wis. Admin. Code ch. DHS 75

If you have questions, [complete this online form](#).

Providers certified under Wis. Admin. Code ch. DHS 75 are encouraged to [sign up for email alerts from the DHS Division of Quality Assurance](#) to receive important updates regarding the transition to the regulatory standards under the revised rule.