

Revised Wis. Admin. Code ch. DHS 75 Implementation

Webinar Series: Session 7

Residential Levels of Care (Subchapters V and VI)

June 10, 2022



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Today's presenters

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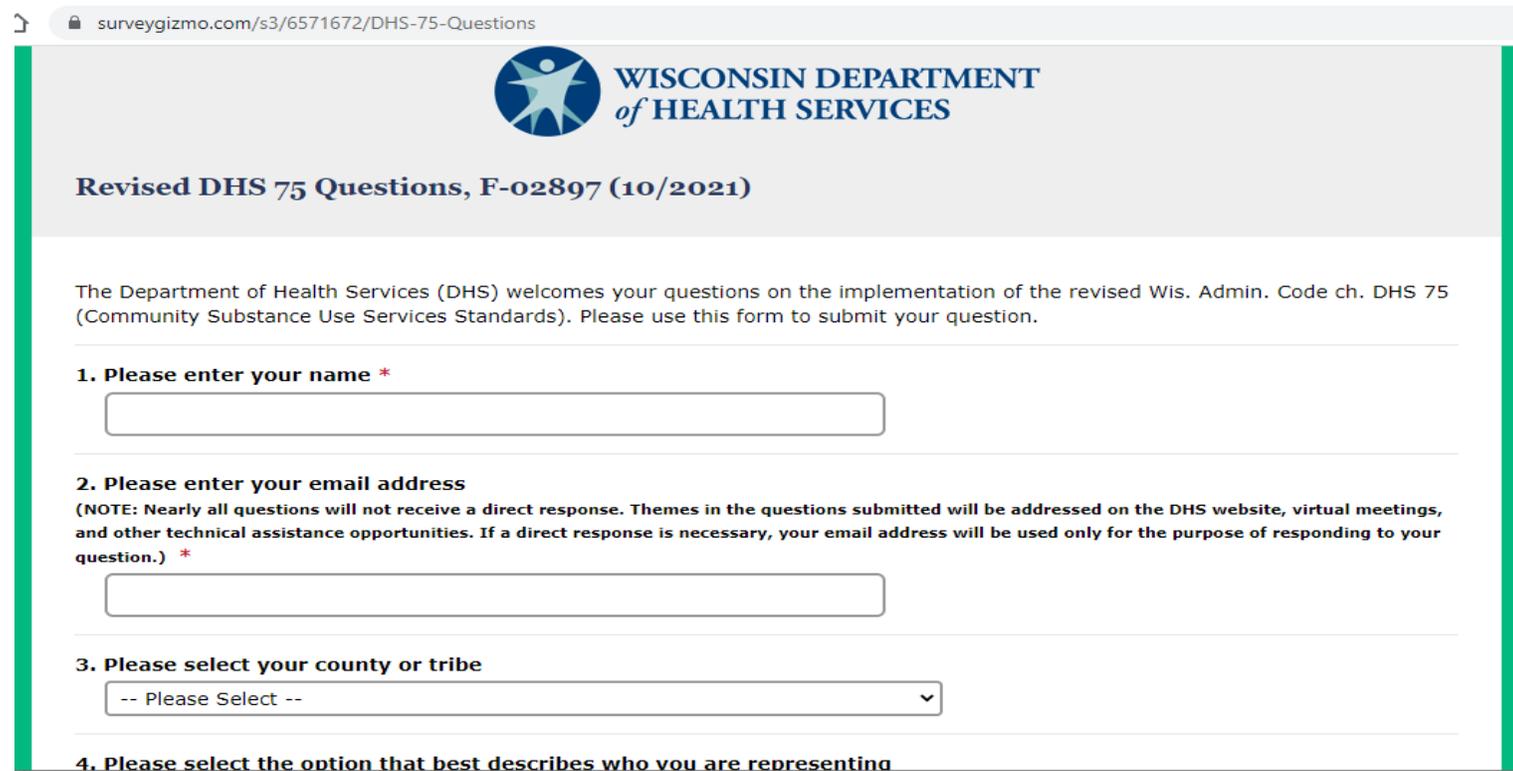
Division of Quality Assurance

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

Current DHS 75 and revised DHS 75 levels of care crosswalk

Current Wis. Admin. Code ch. DHS 75	ASAM Level of Care	Revised Wis. Admin. Code ch. DHS 75
DHS 75.04 Prevention Service		DHS 75.14 Prevention Service
DHS 75.16 Intervention Service	Level 0.5 Early Intervention	DHS 75.15 Intervention Service and Intoxicated Driver Services
DHS 75.13 Outpatient Treatment Service	Level 1 Outpatient Services	DHS 75.49 Outpatient Substance Use Treatment Service
	Level 1 Outpatient Services, Co-Occurring Enhanced	DHS 75.50 Outpatient Integrated Behavioral Health Treatment Service
	Level 2.1 Intensive Outpatient Services	DHS 75.51 Intensive Outpatient Treatment Service
DHS 75.12 Day Treatment Service	Level 2.5 Partial Hospitalization Services or Day Treatment	DHS 75.52 Day Treatment or Partial Hospitalization Treatment Service
DHS 75.14 Transitional Residential Treatment Service	Level 3.1 Clinically-Managed Low Intensity Residential Services	DHS 75.53 Transitional Residential Treatment Service
DHS 75.11 Medically Monitored Treatment Service	Level 3.5 Clinically-Managed Medium Intensity Residential Services	DHS 75.54 Medically Monitored Residential Treatment Service
DHS 75.10 Medically Managed Inpatient Treatment Service	Level 4.0 Medically-Managed Intensive Inpatient Services	DHS 75.55 Medically Managed Inpatient Treatment Service
DHS 75.05 Emergency Outpatient Service		

Current DHS 75 and revised DHS 75 levels of care crosswalk

Current Wis. Admin. Code ch. DHS 75	ASAM Level of Care	Revised Wis. Admin. Code ch. DHS 75
DHS 75.08 Ambulatory Detoxification Service	Level 1-Withdrawal Management Ambulatory Withdrawal Management without Extended On-Site Monitoring	
DHS 75.09 Residential Intoxication Monitoring Service	Level 3.2- Withdrawal Management Clinically-Managed Residential Withdrawal Management	DHS 75.58 Residential Intoxication Monitoring Service
DHS 75.07 Medically Monitored Residential Detoxification	Level 3.7- Withdrawal Management Medically-Monitored Inpatient Withdrawal Management	DHS 75.57 Residential Withdrawal Management Service
	Level 3.7- Withdrawal Management Medically-Monitored Inpatient Withdrawal Management, Co-occurring Enhanced	DHS 75.56 Adult Residential Integrated Behavioral Health Stabilization Service
DHS 75.06 Medically Managed Inpatient Detoxification	Level 4- Withdrawal Management Medically-Managed Intensive Inpatient Withdrawal Management	
DHS 75.15 Narcotic Treatment Service for Opiate Addiction	Opioid Treatment Services	DHS 75.59 Opioid Treatment Program
	Opioid Treatment Services	DHS 75.60 Office-Based Opioid Treatment Service

Full document available at: <https://www.dhs.wisconsin.gov/rules/dhs75-implementation.htm>

DHS 75.03 definitions

- (13) Certified peer specialist
- (50) Licensed professional
- (51) Medical director
- (60) Nurse prescriber
- (66) Physician
- (70) Prescriber
- (75) Qualified treatment trainee or “QTT”
- (76) Recovery coach
- (85) Substance abuse counselor

DHS 75.03 definitions

(22) “Co-mingled groups” means a therapeutic or psycho-educational group provided by a service that includes mixed population groups, such as gender, age, substance of use, or criminogenic risk.

(24) “Continuing care” means the stage of treatment in which the patient no longer requires counseling at the intensity described in ss. DHS 75.49 to 75.60. Continuing care is designed to support and sustain the process of long-term recovery, provided on an outpatient basis at a frequency agreed upon between the patient and the provider.

DHS 75.03 definitions

(45) “Integrated treatment” means a service that includes both substance use and mental health assessment and treatment services, provided in the same setting, by appropriately credentialed personnel operating within their scope of practice, with appropriate interventions for both conditions included in one comprehensive treatment plan for each patient diagnosed with a co-occurring disorder or disorders.

(79) “Scope” or “scope of practice” means the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in accordance with the terms of their professional license or certification.

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 related to substance use and employing harm-reduction strategies in addiction treatment

DHS 75.03 definitions

(89) “Telehealth” means the use of digital information and communication technologies, such as computers and mobile devices, for the provision of health care services remotely.

(103) “Withdrawal management” means a service, or component of a service, that provides care and interventions to address an individual’s physical or psychosocial needs related to acute intoxication or withdrawal.

More definitions specific to levels of care

- 75.14(3) Prevention services
- 75.15(4) Intervention services and intoxicated driver services
- **75.28 Subchapter V: Residential services facility requirements**
- 75.59(3) Opioid treatment program
- 75.60(4) Office-based opioid treatment

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 75.02(2) applicability

The provision of substance use treatment services to a patient in the state of Wisconsin via **telehealth**, regardless of the location of the program or facility, shall constitute the practice of substance use services in the state of Wisconsin and shall meet the requirements of this chapter.

Treatment service general requirements

DHS 75.18 general requirements for service staff

- 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.**



But first...

...the importance of looking at **language**

Understanding the language

Shall: Mandated by the administrative code

May: Grants the provider some discretion

Available: May be off-site to meet the requirements of the administrative code, allows for the option of telehealth treatment services to a patient in the state of Wisconsin

Understanding the language

Available on a 24-hour basis: Means that the designated staff of a service that is available in-person or on-call, including by phone or other real-time electronic communication. You will also see it stated in the rule “shall be available, at all times the service is in operation” or language that is very similar.

Available on-site: The services and/or individual will need to be at the site referenced in the rule.

Treatment service general requirements

DHS 75.18 general requirements for service staff

- (1) Service director** - A service **shall** have a service director. *Unless otherwise specified* for a specific level of care, the service director, or staff member designated by the director to be responsible for the operation of the service, **shall be readily available**, at all times the service is in operation.
- (2) Clinical supervisor** - A service **shall** have a clinical supervisor, either on staff or through a contracted agreement, to provide clinical supervision or clinical consultation to clinical staff of a service, and consistent with applicable professional licensure and certification requirements.
- (3) Substance abuse counselor** - A service **shall** have a substance abuse counselor, as defined in DHS 75.03(85), **available during** the hours of operation of clinical services.

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.
- (6) Mental health professionals** - A service **may** have mental health professionals or prescribers that deliver mental health treatment services

Examples

(e) Substance abuse counselor requirements		Required to be available on-site during the hours of on-site operation of clinical services.		
(f) Mental health professional requirements	Required either as an employee of the service or through written agreement, to provide coordinated and concurrent services for the treatment of individuals with co-occurring mental health disorders.	Required to be available during the hours of operation of clinical services.	Required to be available during the hours of operation of clinical services.	Required to be available during the hours of operation of clinical services.

Table 75.48(2)

(c) Physician requirements	Available on a 24-hour basis.	
(d) Nurse requirements	Registered nurse available on-site on a 24-hour basis.	

Table 75.48(3)

Treatment service general requirements

DHS 75.18 general requirements for service staff

(6)(b) Mental Health Professionals: For service levels of care in ss. DHS 75.49 to 75.59 that require a mental health professional, the role of substance abuse counselor and mental health professional **may** be occupied by the same individual with appropriate credentialing, and providing they are operating within the scope of their practice.



Subchapter VI: Additional Requirements for Treatment Services Level of Care *(Specific to Residential Level of Care)*

DHS 75.53 transitional residential treatment service

A residential substance use treatment service totaling 6 or more hours of treatment services per patient per week, in which substance use treatment personnel provide assessment and treatment for substance use disorders in a structured and recovery-supportive 24-hour residential setting, under the oversight of a physician or a prescriber knowledgeable in addiction, providing medical supervision and clinical consultation.

DHS 75.53 transitional residential treatment service

- 24-hour supportive residential setting
- **At least 6 hours of treatment per patient per week**
- **Mental health professional required to provide coordinated and concurrent services for occurring mental health disorders required**
- Oversight of a physician (or prescriber knowledgeable in addiction
- **Medical director not required**
- **Service director or designated staff required to be available**
- Clinical supervisor and substance use counselor are required to be available
- **Not required to be DHS 83 certified or have DHS 124 license if only providing clinical treatment services**

DHS 75.53 transitional residential treatment service

- Intake completed within 24 hours
- Medical screening required no later than 7 days after admission and annual follow-up
- Assessment required at time of (or) prior to admission and reviewed within 7 days of the assessment
- **Treatment plan completion is required within 1 week of admission and reviewed every 6 weeks**
- Clinical staffing required every 30 days for each patient
- **Discharge summary required within 14 days after the discharge/transfer date**
- Meet the requirements for medications
- Seclusions and restraints are prohibited unless an emergency and meets all requirements under Wis. Stat. § 51.61

Additional requirements for residential levels of care [Table 75.48(2)]

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	DHS 75.55 Medically Managed Inpatient Treatment Service	DHS 75.56 Adult Residential Integrated Behavioral Health Stabilization Service
(a) Required treatment services	At least 6 hours of treatment services per patient per week.	1. At least 20 hours of treatment services per patient per week. 2. At least one hour of individual counseling per patient per week.	1. At least 12 hours of treatment services per patient per week. 2. At least one hour of individual counseling per patient per week.	
(b) Service director requirements		Service director or an identified designee must be available on-site during hours of operation.		Service director or an identified designee must be available on-site during hours of operation.
(c) Medical director		Required either as an employee of the service or through a written agreement, to provide medical oversight and consultation regarding the clinical operations of the service.	Required to provide medical oversight and consultation regarding the clinical operations of the service.	Required either as an employee of the service or through a written agreement, to provide medical oversight and consultation regarding the clinical operations of the service.

DHS 75.54 medically monitored residential treatment service

- A residential substance use treatment service totaling 20 or more hours of treatment services per patient per week, in which substance use and mental health treatment personnel provide assessment and treatment for substance use disorders and co-occurring mental health disorders, under the oversight of a medical director.
- Medically monitored residential treatment services are delivered in a 24-hour clinical residential setting. This level of care is appropriate for patients who require a 24-hour supportive treatment environment to develop sufficient recovery skills and address functional limitations to prevent imminent relapse or dangerous substance use.

DHS 75.54 medically monitored residential treatment service

- 24-hour clinical residential setting
- **At least 20 hours of treatment per patient per week** and 1-hour individual counseling per patient per week
- Substance use disorder and co-occurring mental health treatment
- Oversight of a medical director
- **Service director or designated staff is required to be available on-site**
- Clinical Supervisor is required to be available
- Substance use counselor is required for every 15 patients and available on-site
- Mental health professional is required to be available during hours of operation
- **Not required to be DHS 83 certified or have a DHS 124 license if only providing clinical treatment services**

DHS 75.54 medically monitored residential treatment service

- Intake completed within 24 hours
- **Assessment required at time of (or) prior to admission**
- **Assessment signature requirements within 7 days.**
- **Treatment plan required within 5 days of admission and review weekly to include preliminary discharge plan**
- The discharge plan shall be reviewed and updated weekly, in conjunction with the treatment plan
- Medical screening required no later than 7 days after admission
- Clinical staffing required every 7 days for each patient
- **Discharged summary required within 14 days after discharge or transfer**
- Meet the requirements for medications
- Seclusions and restraints are prohibited unless an emergency and meets all requirements under Wis. Stat. § 51.61

Additional requirements for residential levels of care [Table 75.48(2)]

	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
(j) Additional assessment requirements	<p>1. For patients continuously enrolled in services, an assessment update shall be completed not less than every six months.</p> <p>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.</p>	<p>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.</p>	<p>A prescriber shall review and co-sign the assessment and level of care placement within 2 working days following the assessment.</p>	<p>The clinical assessment and level of care placement shall be reviewed at the next clinical consultation staffing following the assessment.</p>

DHS 75.55 medically managed inpatient treatment

- An inpatient substance use treatment service delivered under the oversight of a medical director **in a hospital setting**, and includes 24-hour nursing care, physician management, and the availability of sufficient resources to respond to an acute medical or behavioral health emergency.
- A medically managed inpatient treatment service is appropriate for patients whose acute biomedical, emotional, behavioral, and cognitive problems are so severe that they require primary medical and nursing care.
- Medically managed inpatient treatment services address patient needs for mental health, psychiatric, or medical services through integrated co-occurring treatment.

DHS 75.55 medically managed inpatient treatment

- Shall be approved as a hospital under Wis. Admin. Code ch. DHS 124.
- 24-hour nursing care and physician management
- Resources to respond to an acute medical or behavioral health emergency
- At least 12 hours of treatment per patient per week and 1 hour of individual counseling per patient per week
- Oversight of a medical director
- Physician available: Consulting psychiatrist or consulting clinical psychologist required to be available as needed
- Service director or designated staff is required to be available
- Clinical supervisor is required to be available
- Substance use counselor is required for every 10 patients and available

DHS 75.55 medically managed inpatient treatment

- Mental health professional is required to be available during hours of operation
- Intake required within 24 hours of admission or as soon as the patient is able, ordered and signed by physician based on approved level of care criteria
- Medical screening required no later than 24 hours after admission
- **Assessment within 4 days of admission and signature requirements within 2 days**
- Use of a prior assessment 75.24(11)(c) shall not apply
- **Preliminary treatment plan to include a preliminary discharge plan required within 48 hours of admission**

DHS 75.55 medically managed inpatient treatment

- **Treatment plan consistent with 75.24(13) required within 4 days of admission and shall be reviewed daily to include a preliminary discharge plan**
- **The discharge plan shall be reviewed and updated in conjunction with the treatment plan**
- **Discharge summary within 48 hours after discharge or transfer**
- **Clinical staffing daily**
- Meet the requirements for medications
- Seclusions and restraints are prohibited unless an emergency and meets all requirements under Wis. Stat. § 51.61

DHS 75.56 adult residential integrated behavioral health stabilization service will be covered in a future webinar series training presentation.

DHS 75.57 residential withdrawal management service

- A residential substance use treatment service that provides withdrawal management and intoxication monitoring and includes medically managed 24-hour on-site nursing care, under the supervision of a physician.
- Residential withdrawal management is appropriate for patients whose acute withdrawal signs and symptoms are sufficiently severe to require 24-hour care; however, the full resources of a hospital are not required.
- Services provided in this setting may include community-based withdrawal management and intoxication monitoring services, subject to the requirements listed in this section.

DHS 75.57 residential withdrawal management service

- 24-hour medically managed residential care
- **Full resources of a hospital are not required**
- **Not required to have a DHS 124 license or be DHS 83 certified**
- Substance use withdrawal and **intoxication monitoring** and 24-hour on-site nursing care
- Physician supervision available 24 hours
- Oversight of a medical director
- Service director is required to be available
- **Clinical supervisor is required to be available**
- Substance use counselor required to provide consultation before discharge
- Registered nurse available on-site on a 24 hours basis

DHS 75.57 residential withdrawal management service

- Intake within 24 hours of admission or as soon as the patient is able
- Medical screening required no later than 12 hours after the patient's admission and physician reviewed medical status within 72 hours after admission
- Exempt from treatment plan 75.24(13) and assessment requirements 75.24(11)
- **Sufficient assessment of dimensional risk and severity of need and appropriate referral for continuing services**
- **Written plan prior to discharge for step down or transfer to ongoing treatment services that addresses needs, ongoing support, and signatures**
- **Discharge summary that includes linkage and follow-up required within 48 hours after the discharge or transfer date and signatures**

Additional requirements for residential levels of care [Table 75.48(3)]

DHS 75.48 (3) Service Requirements by Level of Care, Withdrawal Management		
	DHS 75.57 Residential Withdrawal Management Service	DHS 75.58 Residential Intoxication Monitoring Service
(i) Additional treatment plan requirements	Each patient shall have a written plan, completed prior to discharge, for step down or transfer to ongoing treatment services and that addresses discharge needs and ongoing supports. The plan shall be reviewed and signed by the clinical supervisor.	Each patient shall have a written plan, completed prior to discharge, for linkage and referral to ongoing treatment services and that addresses discharge needs and ongoing supports.

DHS 75.57 residential withdrawal management service

- Clinical staffing daily
- Required written agreements with **community providers for continued patient care after discharge**
- Required defibrillator onsite and staff training
- Meet the requirements for medications
- Seclusions and restraints are prohibited unless an emergency and meets all requirements under Wis. Stat. § 51.61

DHS 75.57 residential withdrawal management service: ***community-based***

- Service may be delivered on an outpatient basis
- Service may be provided in the community or the patient's home
- Delivered by medical and nursing professionals under the supervision of physician
- Residential living areas shall be physically separated from services areas for community-based withdrawal management patients

DHS 75.58 residential intoxication monitoring service

A residential service that provides 24-hour observation to monitor the safe resolution of alcohol or sedative intoxication and to monitor for the development of alcohol withdrawal for intoxicated patients who are not in need of emergency medical or behavioral health care.

DHS 75.58 residential intoxication monitoring service

- Intake completed within 24 hours or as soon as patient can complete
- 24-hour observation to monitor the safe resolution of intoxication from alcohol or sedatives and monitor for the development of alcohol withdrawal
- **Not required to have DHS 124 license or be DHS 83 certified**
- **Medical director, physician, or nurse not required**
- Service director required to be available
- **Exempt from clinical supervisor**
- At least one staff trained for recognizing withdrawal symptoms available on-site

DHS 75.58 residential intoxication monitoring service

- Record the patient's condition at intervals no greater than every 30 minutes during the first 12 hours following admission
- Substance use counselor required to provide consultation before discharge
- Required written agreements with **community providers for referral after discharge**
- Medical screening before admission unless documentation of current physical condition
- **Clinical staffing daily**

DHS 75.58 residential intoxication monitoring service

- Exempt from assessment
- **Sufficient assessment of dimensional risk and severity of need to determine preliminary level of care and appropriate referral for continuing services**
- Exempt from treatment plan
- **Written plan prior to discharge for linkage and referral to ongoing treatment services that addresses needs and ongoing supports**
- **Discharge summary that includes linkage and referral for follow-up and additional services required within 48 hours after discharge or transfer date**

DHS 75.58 residential intoxication monitoring service

- No administration or dispensing of medications
- Required patient's physician consultation if medications are used and the patient may self-administer the medication observed by staff
- Required defibrillator on-site
- Meet the requirements for medications
- Seclusions and restraints are prohibited unless an emergency and meets all requirements under Wis. Stat. § 51.61

Section one summary

- Current DHS 75 and Revised DHS 75 Levels of Care Crosswalk
- Definitions
- Understanding the language
- DHS 75.18 General Requirements for Service Staff
- DHS 75.53 Transitional residential treatment service
- DHS 75.54 Medically monitored residential treatment service
- DHS 75.55 Medically managed inpatient treatment service
- DHS 75.57 Residential withdrawal management service
- DHS 75.58 Residential intoxication monitoring service

Webinar Section 2

Presenter: Cindy O'Connell

DHS 75.26 applicability – subchapter V

- (1) This subchapter applies to residential services certified under DHS 75.53 (transitional residential treatment services) to 75.58 (residential intoxication monitoring services).
- (2) A residential service that is approved as a hospital under ch. DHS 124 is not required to meet the requirements in this subchapter.
- (3) A residential service that is approved under ch. DHS 83 as a community-based residential facility meets the facility requirements outlined in DHS 75.29 (application for initial certification) 75.30 (fit and qualified standards), 75.33 (residential personnel requirements), 75.34 (residential service records), 75.40 (infection control program), 75.41 (Food service), 75.45 (building design), and 75.46 (Requirements for new construction, remodeling, additions, or newly-certified existing structures).

Applicable DHS 83 code for residential programs not licensed as CBRF or hospital

Subchapter I — General Provisions

- DHS 83.01 Authority and purpose.
- DHS 83.02 Definitions.
- DHS 83.03 Variance and waiver.

Subchapter II — Licensing

- DHS 83.04 Licensing categories.
- DHS 83.05 Application requirements.
- DHS 83.06 Program statement.
- DHS 83.07 Fit and qualified.
- DHS 83.08 Department action.
- DHS 83.09 Biennial report and fees.
- DHS 83.10 Change of ownership.
- DHS 83.11 Facility closing.
- DHS 83.12 Investigation, notification, and reporting requirements.
- DHS 83.13 General records, retention and posting.

Subchapter III — Personnel

- DHS 83.14 Licensee.
- DHS 83.15 Administrator.
- DHS 83.16 Employee.
- DHS 83.17 Hiring and employment.
- DHS 83.18 Employee records.

Subchapter IV — Orientation and Training

- DHS 83.19 Orientation.
- DHS 83.20 Department-approved training.
- DHS 83.21 All employee training.
- DHS 83.22 Task specific training.
- DHS 83.23 Employee supervision.
- DHS 83.24 Exemptions.
- DHS 83.25 Continuing education.
- DHS 83.26 Documentation.

Subchapter V — Admission, Retention and Discharge

- DHS 83.27 Limitations on admissions and retentions.
- DHS 83.28 Admission procedures.
- DHS 83.29 Admission agreement.
- DHS 83.30 Family care information and referral.
- DHS 83.31 Discharge or transfer.

Subchapter VI — Resident Rights and Protections

- DHS 83.32 Rights of residents.
- DHS 83.33 Grievance procedure.

- DHS 83.34 Resident funds.

Subchapter VII — Resident Care and Services

- DHS 83.35 Assessment, individual service plan and evaluations.
- DHS 83.36 Staffing requirements.
- DHS 83.37 Medications.
- DHS 83.38 Program services.
- DHS 83.39 Infection control program.
- DHS 83.40 Oxygen storage.
- DHS 83.41 Food service.
- DHS 83.42 Resident records.

Subchapter VIII — Physical Environment

- DHS 83.43 Furnishings and equipment.
- DHS 83.44 Housekeeping services.
- DHS 83.45 Building maintenance and site.
- DHS 83.46 Building support systems.

Subchapter IX — Safety

- DHS 83.47 Fire safety requirements.
- DHS 83.48 Fire protection systems.
- DHS 83.49 Alternative requirements to a sprinkler system in a small class C CBRF.
- DHS 83.50 Minimum type of construction.
- DHS 83.51 Area of refuge.

Subchapter X — Building Design

- DHS 83.52 Common dining and living space.
- DHS 83.53 Storage areas.
- DHS 83.54 Resident bedrooms.
- DHS 83.55 Bath and toilet areas.
- DHS 83.56 Day care.
- DHS 83.57 Multiple occupancies.
- DHS 83.58 Garages and utility buildings.
- DHS 83.59 Exits and passageways.
- DHS 83.60 Windows.
- DHS 83.61 Interior surfaces.

Subchapter XI — Requirements for New Construction, Remodeling, Additions, or Newly-Licensed Existing Structures

- DHS 83.62 Codes.
- DHS 83.63 Plan review.
- DHS 83.64 Building standards.

Applicable DHS 83 subchapter II – licensing and subchapter IV – orientation and training

- Licensing
 - DHS 83.13 General records, retention and posting
- Orientation and training
 - DHS 83.19 Orientation
 - DHS 83.20 Department-approved training
 - DHS 83.21 All employee training
 - DHS 83.23 Employee supervision
 - DHS 83.24 Exemptions
 - DHS 83.25 Continuing education

DHS 83 applicable subchapter VII – resident care and services

- DHS 83.36 Staffing requirements
- DHS 83.37 Medications
- DHS 83.39 Infection control programs
- DHS 83.41 Food service

DHS 83 applicable subchapter VIII – physical environment

- DHS 83.43 Furnishings and equipment
- DHS 83.44 Housekeeping services
- DHS 83.45 Building maintenance and site
- DHS 83.46 Building support systems

DHS 83 applicable subchapter IX, X, and XI

- Subchapter IX – Safety
- Subchapter X – Building design
- Subchapter XI – Requirements for new construction, remodeling, additions, or newly-licensed existing structures

DHS 75.32 general facility requirements

- (2) GENERAL. The facility of the residential service shall be constructed and maintained so that it is functional for assessment and treatment and for the delivery of health services appropriate to the needs of the community and with due regard for protecting the health and safety of the patients.
- (3) CAPACITY. No residential service shall have more residents at any given time than the maximum capacity indicated on the department-approved certification.
- (4) PHYSICAL SEPARATION. A residential service facility shall be physically separated from other entities, programs, and services. A residential service facility's living areas shall be separate and secure from non-resident entry and use.

DHS 75.35 residential services for minors

- (1) A residential service that provides services to minors shall maintain physically separate and secure living areas for minors and adults, unless there is a documented clinical need for an exception to this age requirement for transitional age youth, and this exception is approved by the service director.
- (2) A residential service that provides services to minors shall have a written policy and procedure for addressing the educational needs of each participating minor.

DHS 75.36 residential services for parents with residing minors

A residential service that allows for minors to reside at the facility while their parent or guardian receives treatment services at the facility, shall ensure the following:

- (1) The service shall have written policies and procedures that address the safety of residing minors, supervision of residing minors, family services and supports, and behavioral expectations and interventions for residing minors.
- (2) A residing family shall not share a bedroom with other residents of the service.
- (3) A service with residing minors shall have a written policy and procedure for addressing the educational needs of each residing minor.

DHS 75.37 emergency medical care for residents

- (1) 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.
- (2) A residential service shall have a written plan for the provision of emergency medical care for patients.
- (3) A residential service shall have a written plan for the provision of emergency transportation for patients needing emergency medical services.
- (4) 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.

DHS 75.38 seclusion and restraints

- (1) A service under this chapter is prohibited from the use of seclusion or restraints, unless the service meets all requirements outlined in Wis. Stat. § 51.61 (1) (i).
- (2) A service under this chapter is prohibited from the use of seclusion or restraint as part of a treatment program, except in emergency situations as provided in Wis. Stat. § 51.61 (1) (i).

DHS 75.39 medications

A residential service shall meet the requirements for medications under DHS 75.24 (19) or DHS 83.37, whichever standard is higher. The medication storage area shall be clean, and shall be separated by a wall from any restroom, cleaning products, or any food-preparation or storage area.

Section two summary

- DHS 75.26 Applicability
- DHS 83
- DHS 75.32 General facility requirements
- DHS 75.35 Residential services for minors
- DHS 75.36 Residential services for parents with residing minors
- DHS 75.37 Emergency medical care for residents
- DHS 75.38 Seclusion and restraints
- DHS 75.39 Medications

Questions? Use online form.

WISCONSIN DEPARTMENT of HEALTH SERVICES

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[Revised DHS 75 Implementation](#)

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

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](#).

Attention DQA
regulated entities

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