

WISCONSIN

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Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Wisconsin regulates Community-Based Residential Facilities (CBRFs). These facilities serve individuals who have MH or SUD needs. A CBRF is a location where 5 or more adults who do not require care above intermediate level nursing care reside and receive care, treatment or services that are above the level of room and board but that include no more than 3 hours of nursing care per week per resident. CBRFs encourage the resident to move toward functional independence in daily living or to maintain independent functioning to the highest possible extent. Crisis services also may be offered in a CBRF.

Substance Use Disorder (SUD): Wisconsin regulates SUD treatment programs as community substance abuse services, with the following program type which may be either in a licensed community-based residential facility or certain other facilities:

- **Medically Monitored Residential Detoxification Services:** A 24-hour per day service in a residential setting providing detoxification service and monitoring, with care provided by a multi-disciplinary team of service personnel including 24-hour nursing care under the supervision of a physician.
- **Residential Intoxication Monitoring Services:** A service providing 24-hour per day observation by non-medical staff to monitor the resolution of alcohol or sedative intoxication and to monitor alcohol withdrawal.
- **Medically Monitored Treatment Services:** A community or hospital based 24-hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multi-disciplinary staff under the supervision of a physician.
- **Transitional Residential Treatment:** A 24-hour clinically supervised, peer-supported therapeutic environment with clinical involvement.

Unregulated Facilities: Private SUD residential treatment facilities that do not seek certification are not regulated in Wisconsin. State staff noted that “crisis hostels” are unregulated in the state, although emergency mental health programs are regulated. These crisis programs may

be offered as stabilization services in a number of settings, including but not limited to CBRFs, crisis hostels, outpatient settings, schools, jails, or the individual's own home. The regulations specific to emergency mental health programs are excluded from this summary because they may be offered in many settings. We also exclude licensed or certified adult family homes, and residential care apartment complexes because they do not include the level of clinical treatment needed to be included in this summary. We exclude community MH inpatient facilities because they are located in hospital facilities.

Approach

The Wisconsin Department of Health Services (DHS) regulates and certifies residential SUD treatment programs as community substance abuse services, with regulations applying to programs receiving state funds or to private agencies that request certification. The DHS Division of Quality Assurance Bureau of Assisted Living regulates and licenses all CBRFs.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD): Licensure by the DHS is required for operation of all CBRFs.

- Accreditation is not required.
- A survey is required for licensure and the licensee must submit a biennial report and fees for continuation.
- A Certificate of Need is not required.
- Initial licensure may be probationary and be valid for up to one year; a regular license is valid until suspended or revoked.

Substance Use Disorder (SUD): Certification by the DHS is required for operation of residential SUD treatment facilities that receive state funds or private facilities that request it.

- Accreditation is not required but if a service holds accreditation from a recognized accreditation organization, such as the Joint Commission on Accreditation of Health Organizations, the Commission on Accreditation of Rehabilitation Facilities or the National Committee for Quality Assurance, the requirements for service evaluation may be waived.
- An on-site survey may be required for certification and renewal.
- A Certificate of Need is not required.

- Initial certification is one year and considered provisional; recertification duration is up to two years.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): For CBRFs, licenses may be denied, suspended, or revoked. Investigations will occur in the event of specified critical incidents.

Substance Use Disorder (SUD): Certification may be denied, suspended, or revoked.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): Wait-time requirements were not found.

Substance Use Disorder (SUD): All residential SUD treatment facilities must have written policies related to nondiscrimination and compliance with the ADA and other laws.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): A CBRF has requirements related to the “licensee,” the administrator, and all employees, including resident care staff. The CBRF must provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents and must meet other staffing requirements. The CBRF must provide orientation and other training including but not limited to resident rights, factors specific to the client group, managing challenging behaviors, reporting abuse and neglect, fire safety, and first aid/choking. At least 15 hours per calendar year of continuing education is required for the administrator and resident care staff.

Substance Use Disorder (SUD): All residential SUD treatment facilities must have written policies stating that, in the selection of staff, consideration will be given to each applicant's competence, responsiveness and sensitivity toward and training in serving the characteristics of the service's patient population, including gender, age, cultural background, sexual orientation, developmental, cognitive or communication barriers and physical or sensory disabilities. Requirements are in place for a director, volunteers, staff providing substance abuse counseling, staff providing clinical supervision, staff providing mental health treatment services to dually diagnosed clients, and for provision of clinical supervision. Each service must have a written policy requiring each new staff person who may have responsibility for assessing or treating patients who present significant risks for suicide to have documented training in

assessment and management of suicidal individuals. Training also is required for staff who provide crisis intervention. Other training requirements are in place, as are specific staffing requirements applicable to those treating dually diagnosed patients. Requirements for specific settings include but are not limited to:

- **Medically Monitored Residential Detoxification Services:** Requirements include consultation from a substance abuse counselor before discharge; requirements for a nursing director and other nursing staff; and for physician availability.
- **Residential Intoxication Monitoring Services:** Requirements include staff trained in the recognition of withdrawal symptoms; and consultation from a substance abuse counselor before the patient is discharged.
- **Medically Monitored Treatment Services:** Requirements are in place for a director; substance abuse counselor to patient ratios; physician availability; clinical and counseling staff and clinical supervision; availability of a mental health professional to provide joint and concurrent services for the treatment of dually diagnosed patients; a trained staff member to be responsible for the operation of the service who is on the premises at all times; and service staff members trained in life-sustaining techniques and emergency first aid.
- **Transitional Residential Treatment:** Requirements are in place for a director; physician availability; clinical and counseling staff and clinical supervision; and availability of a mental health professional to provide joint and concurrent services for the treatment of dually diagnosed patients. A service must have a written policy and procedures manual that includes service goals and services defined and justified in terms of patient needs, including staff assignments to accomplish service goals.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): People who do not fall within the boundaries of a CBRF license may not be admitted or retained. Nor may the following, among others: (a) A person who has an incompatible ambulatory or cognitive status. (b) A person who is destructive of property or self, or who is physically or mentally abusive to others, unless the CBRF has sufficient resources to care for such an individual and is able to protect the resident and others. (c) A person who has incompatible physical, mental, psychiatric or social needs. (d) A person who needs more than 3 hours of nursing care per week except for a temporary condition needing more than 3 hours of nursing care per week for no more than 30 days. (e) A person whose condition requires 24-hour supervision by a registered nurse or licensed practical nurse. (f) A person whose condition requires care above intermediate level nursing care. (g) Most persons requiring a chemical or physical restraint. (h) A person who is incapacitated, unless the person has a health care agent under a valid and properly activated power of

attorney for health care, or a court appointed guardian, except for the admission of an incapacitated individual who does not have such a legal representative, and who is admitted directly from the hospital. (i) A person who resides in a CBRF licensed for 16 or more residents, and has been found incompetent, and does not have a court-ordered protective placement. The CBRF shall assess each resident before admission and subsequently. For emergency admissions, assessment must be within 5 days. Residents must have health screening within 90 days before or 7 days after admission. The CBRF shall evaluate each resident within 3 days of the resident's admission to determine whether the resident is able to evacuate the CBRF.

Substance Use Disorder (SUD): All residential SUD treatment facilities must have written policies to ensure that recommendations relating to a patient's initial placement and continued stay are determined through the application of approved uniform placement criteria. A service shall complete withdrawal screening for a patient who is currently experiencing withdrawal symptoms or who presents the potential to develop withdrawal symptoms. Acceptance of a patient for substance abuse services shall be based on a written screening procedure and the application of approved patient placement criteria. All substance abuse screening procedures shall include the collection of data relating to impairment due to substance use consistent with the WI-UPC, ASAM patient placement criteria or other similar patient placement criteria approved by the department. All residential SU treatment facilities other than Medically Monitored Residential Detoxification Services and Residential Intoxication Monitoring Services must conduct ongoing specified assessments.

- Medically Monitored Residential Detoxification Services: A physician shall review and document the medical status of a patient within 72 hours after admission.
- Residential Intoxication Monitoring Services: A patient shall be screened by medical personnel before admission to the service. Prohibited admissions are specified including but not limited to a person requires medication normally used for the detoxification process.
- Medically Monitored Treatment Services: Admission to a medically monitored treatment service is appropriate only if one of the following conditions is met: (a) The person to be admitted is determined appropriate for placement in this level of care by the application of approved placement criteria. (b) The person to be admitted is determined appropriate for this level of care through the alternative placement recommendations of WI-UPC or other approved placement criteria. A service must complete intake within 24 hours of a person's admission to the service, with the assessment and treatment plan completed within 4 days of admission.
- Transitional Residential Treatment: A service must have a written policy and procedures manual that includes a statement concerning the type and physical condition of patients appropriate for the service, including an admission policy. A service must complete intake within 24 hours of a person's admission, with the initial assessment and initial treatment plan completed within 4 working days. Admission to a transitional residential treatment

service is appropriate only for limited reasons and in accordance with approved placement criteria.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Upon admission, the CBRF must develop a temporary service plan and, within 30 days a comprehensive individual service plan. It will be reviewed annually or as otherwise relevant.

Substance Use Disorder (SUD): A preliminary service plan must be developed, based upon the initial assessment. All residential SUD treatment facilities other than Medically Monitored Residential Detoxification Services and Residential Intoxication Monitoring Services must develop a treatment plan that meets certain requirements, including containing criteria for discharge, and that is reviewed “at regular intervals.” All residential SUD treatment facilities must have written policies to ensure that recommendations relating to a patient's level of care transfer and discharge recommendations are determined through the application of approved uniform placement criteria.

Part of intake must include explaining procedures for follow-up after discharge. All follow-up activities undertaken by the service for a current patient or for a patient after discharge shall be done with the written consent of the patient. A service that refers a patient to an outside resource for additional, ancillary or follow-up services shall determine the disposition of the referral within one week from the day the referral is initiated. A service that refers a patient to an outside resource for additional or ancillary services while still retaining treatment responsibility shall request information on a regular basis as to the status and progress of the patient. A service must follow-up on a patient transfer through contact with the service the patient is being transferred to within 5 days following initiation of the transfer and every 10 days after that until the patient is either engaged in the service or has been identified as refusing to participate.

Some services have additional requirements:

- **Medically Monitored Residential Detoxification Services:** The service must develop with each patient a detoxification plan and a discharge plan for the patient that addresses the patient's follow-up service needs, determined from the application of approved patient placement criteria administered by the service, and must include provision for referral, escort and transportation to other treatment services, as necessary, to ensure that continuity of care is provided. A service shall have a written agreement with certified substance abuse service providers or systems to provide care after the patient is discharged from the service.

- Residential Intoxication Monitoring Services: A service must develop with each patient a discharge plan for the patient which shall address the patient's follow-up service needs determined by application of approved patient placement criteria administered by the service, and the provision for referral, escort and transportation to other treatment services, as necessary, to ensure that continuity of care is provided.
- Transitional Residential Treatment: The service's treatment staff must prepare a written treatment plan for each patient referred from prior treatment service, which is designed to establish continuing contact for the support of the patient. A patient's treatment plan shall include information, unmet goals and objectives from the patient's prior treatment experience and treatment staff shall review and update the treatment plan every 30 days.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): A CBRF must teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs, the CBRF must provide or arrange services adequate to meet the needs of the residents in all of the following areas: personal care; supervision; leisure time activities; community activities; family and social contacts; communication skills; health monitoring; medication administration; behavior management; information and referral; transportation. Additional services are required for terminally ill residents.

Substance Use Disorder (SUD): Service staff must discuss risk factors for communicable diseases with each patient upon admission and at least annually. A service that provides 24-hour residential care must have a written plan for the provision of shelter and care for patients in the event of an emergency that would render the facility unsuitable for habitation. Specific requirements are in place for the four types of residential SUD treatment services.

- Medically Monitored Residential Detoxification Services: Multi-disciplinary care, including 24-hour nursing care under the supervision of a physician, is required. Included is the provision of an examination and transportation, if needed, to and from an emergency room of a general hospital for medical treatment.
- Residential Intoxication Monitoring Services: A residential intoxication monitoring service provides 24-hour per day observation by trained staff 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 psychological care. A service must have a written agreement with a general hospital for the hospital to provide emergency medical treatment of patients, with escort and transportation provided as necessary. A service shall not administer or dispense medications. A service must ensure that a patient receives consultation from a substance abuse counselor before the patient is discharged from the service.

- **Medically Monitored Treatment Services:** A medically monitored treatment service operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multi-disciplinary team under supervision of a physician, with a minimum of 12 hours of treatment for each patient, including individual and group counseling. Family and couples counseling shall be provided or made available, when appropriate. The service shall ensure that each patient receives at least one hour of individual counseling per week. Additional requirements relate to medical screening; arrangement for medical, emergency and inpatient services; and provision of psychological tests as needed. A service shall have a written agreement with a hospital for provision of emergency and inpatient medical services, when needed.
- **Transitional Residential Treatment:** The service provides SUD treatment in the form of counseling equaling between 3-11 hours weekly, immediate access to peer support and intensive case management. Additional requirements relate to medical screening; arrangement for medical, emergency and inpatient services; and provision of psychological tests as needed. A service must have a written agreement with a hospital for provision of emergency and inpatient medical services, when needed. A service must provide support services that promote self-care and make job readiness counseling, problem-resolution counseling and prevocational and vocational training activities available to patients.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): The Wisconsin patients' rights requirements applicable to all MH and SUD facilities include, among others, informed consent, notification of rights, least restrictive treatment, religious freedom, confidentiality, communication, privacy, humane treatment, and the right to file grievances. Facilities using isolation, seclusion, or physical restraints must have written policies that meet certain standards. In a community placement, approval must be granted. In residential settings, there must be a formal and informal grievance resolution system. Administrative review may be requested of a program manager's decision.

- For a CBRF, investigation and reporting of critical incidents are required. CBRF residents must have their rights and the facility grievance procedure explained at admission. Among the rights specific to CBRF residents are: confidentiality, communication, presenting grievances, to be treated with courtesy, privacy, to be free from abuse, and to be free from seclusion or chemical restraints and free from physical restraints except under specified circumstances.

Substance Use Disorder (SUD): Each service must adopt written policies and procedures for reporting deaths of patients due to suicide or the effects of psychotropic medicines.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): At least annually, a CBRF shall provide the resident and the resident's legal representative the opportunity to complete an evaluation of the resident's level of satisfaction with the CBRF's services.

Substance Use Disorder (SUD): A service must have an evaluation plan that includes all of the following: (1) A written statement of the service's goals, objectives and measurable expected outcomes that relate directly to the service's patients or target population. (2) Measurable criteria and a statistical sampling protocol which are to be applied in determining whether established goals, objectives and desired patient outcomes are being achieved. (3) A process for measuring and gathering data on progress and outcomes achieved with respect to individual treatment goals on a representative sample of the population served, and evaluations of some or all of specified patient outcome areas but including at least the following: living situation; substance use; employment, school or work activity, and criminal justice system involvement. (4) Methods for evaluating and measuring the effectiveness of services and using the information for service improvement. A service also must have a process for determining the effective utilization of staff and resources toward the attainment of patient treatment outcomes and the service's goals and objectives. A service must have a system for regular review of the appropriateness of the components of the treatment service and other factors that may contribute to the effective use of the service's resources. A service must obtain a completed patient satisfaction survey from a representative sample of all patients at or following their discharge from the service. A service must collect data on patient outcomes at patient discharge and may collect data on patient outcomes after discharge. The service director must complete an annual report on the service's progress in meeting goals, objectives and patient outcomes, and shall keep the report on file and shall make it available for review to an authorized representative of the department upon request. The governing authority or legal owner of the service and the service director must review all evaluation reports and make changes in service operations, as appropriate. If a service holds current accreditation from a recognized accreditation organization, such as the Joint Commission on Accreditation of Health Organizations, the Commission on Accreditation of Rehabilitation Facilities or the National Committee for Quality Assurance, the requirements under this section may be waived.

Governance

Mental Health (MH) and Substance Use Disorder (SUD): All facilities are subject to a governing body with authority over such things as quality improvement and policy and protocol development.

Substance Use Disorder (SUD): All certified SUD residential treatment facilities must have a governing authority or legal owner who, among other things, establishes written policies and procedures for operations, nondiscrimination, admissions, treatment, staffing, and other matters, complies with all applicable laws, and appoints a director. Specific treatment levels may have additional requirements.

Special Populations

Substance Use Disorder (SUD): All residential SUD treatment facilities must have written policies giving first priority for services to pregnant women who are alcohol or drug abusers. Specific regulations are in place regarding staffing for treatment of dually diagnosed patients.

Location of Regulatory and Licensing Requirements

Department of Health Services Community MH regulations¹; Department of Health Services Emergency Mental Health Service Program regulations²; Department of Health Services Community Substance Abuse Services regulations³; Department of Health Services Community Substance Abuse Services Dual Diagnosis regulations⁴; Patients' Rights regulations⁵; Department of Health Services Community-Based Residential Facility regulations⁶; Department of Health Services Universal Licensure statute⁷. Regulatory data collected September 19, 2019.

Other Information Sources

B. Munger, (WI DHS); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

¹ See https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/61.

² See https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34/III/22/4.

³ See https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/75.

⁴ See https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/75_b.

⁵ See https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/94.

⁶ See https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/I/01.

⁷ See <https://docs.legis.wisconsin.gov/statutes/statutes/50>.

WISCONSIN MEDICAID

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Approach

The Wisconsin Department of Health Services (DHS) oversees the state Medicaid program. Wisconsin also has a Section 1115 waiver permitting Medicaid expenditures specific to the provision of substance use disorder (SUD) services in facilities that qualify as institutions for mental diseases (IMDs), including specifically short-term residential settings. The state also historically has relied on the in lieu of provision for Medicaid coverage of some IMD services but not Disproportionate Share Hospital (DSH) payments.

Types of Facilities

Mental Health (MH): Researchers found no other evidence of Medicaid reimbursement for adult residential MH treatment services.

Substance Use Disorder (SUD): The Wisconsin Section 1115 waiver permits Medicaid reimbursement for the following residential settings:

- Level 3.1 Transitional Residential Programs.
- Level 3.7 Medically Monitored Treatment Services.
- Medically Supervised Withdrawal Management.

Medication-assisted treatment also is to be available to those in facilities.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): All providers must be licensed/certified in order to provide residential SUD treatment in Wisconsin. All providers participating in the Wisconsin Medicaid program must be certified to do so and must submit specific information to the program and execute a provider agreement, typically for a period of one year. Certification may be suspended or revoked and other sanctions may be imposed.

Staffing

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding in particular the credentials of staff for residential treatment settings.

Placement

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines. The state must have in place a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings. Admission to a program is based on an intake procedure that includes screening, approved patient placement criteria, and initial assessment.

Treatment and Discharge Planning and Aftercare Services

Substance Use Disorder (SUD): Researchers did not locate regulations or waiver requirements related to treatment or discharge planning or aftercare services offered by the facility, pertaining to residential SUD treatment for adults.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): Services must be appropriate and medically necessary.

Substance Use Disorder (SUD): Under the state demonstration, beneficiaries will have access to high quality, evidence based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. Residential treatment providers must offer medication-assisted treatment on-site or facilitate offsite medication assisted treatment. The state will establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program

standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding in particular the types of services and hours of clinical care.

Care Coordination

Substance Use Disorder (SUD): Under the Section 1115 waiver, there must be establishment and implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities. The residential SUD benefit will be carved into acute managed care plans effective January 2020 to ensure coordination between physical and behavioral health services.

Quality Assurance or Improvement

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver the state must establish a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other comparable, nationally recognized SUD program standards based on evidence based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

Special Populations

Substance Use Disorder (SUD): No Medicaid requirements were located other than the requirement in the Section 1115 waiver that care for comorbid physical and mental health conditions be improved by the demonstration.

Location of Medicaid Requirements

Wisconsin Medicaid Rules and Regulations⁸; Wisconsin 1115 Waiver⁹. Regulatory data collected December 2019.

⁸ See https://docs.legis.wisconsin.gov/code/admin_code/dhs/101.

⁹ See <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wi/wi-badgercare-reform-ca.pdf>.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report **“State Residential Treatment for Behavioral Health Conditions: Regulation and Policy”**. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.