The following crosswalk illustrates the Wisconsin Department of Health Services Outpatient Mental Health Clinic rules and the related Council on Accreditation (COA) 8th Edition Standards. Please note that organizations undergoing COA accreditation must comply with the more stringent of the two requirements. In addition, organizations must demonstrate implementation of all of COA's Administration and Management and Service Delivery Administration standards. For more information regarding COA's 8th Edition Standards, please visit COA's standards website at www.coastandards.org.

WISCONSIN DEPARTMENT OF HEALTH SERVICES ***Chapter DHS 35*** ***OUTPATIENT MENTAL HEALTH CLINICS***	**COUNCIL ON ACCREDITATION** ***EIGHTH EDITION STANDARDS***
Subchapter III — Personnel	
DHS 35.123 Staffing requirements for clinics. **(1)** Each clinic shall have a clinic administrator who is responsible for clinic operations, including ensuring that the clinic is in compliance with this chapter and other applicable state and federal law. A clinic administrator may be a licensed treatment professional or mental health practitioner.	GOV 8: Executive Director The executive director effectively collaborates with the governing body, as appropriate, promotes a healthy organizational culture, and oversees and manages the organization's operations. MH 11.02 Supervisors of clinical personnel are qualified, in addition, by an advanced degree, training in supervision and at least two years of supervised experience providing mental health services.
(2) In addition to the clinic administrator, the clinic shall have a sufficient number of qualified staff members available to provide outpatient mental health services to consumers admitted to care. Except as provided in s. DHS 35.12 (2m), the clinic shall implement any one of the following minimum staffing combinations to provide outpatient mental health services:	MH 11: Personnel Clinical personnel are qualified to provide counseling and mental health services. MH 11.07 Clinical personnel workloads support the achievement of client outcomes, are regularly reviewed, and are based on an assessment of the following: a. the qualifications, competencies, and experience of the worker, including the level of supervision needed; b. the work and time required to accomplish assigned tasks and job responsibilities; and c. service volume, accounting for assessed level of needs of new and current clients

	and referrals.
(a) Two or more licensed treatment professionals who combined are available to provide outpatient mental health services at least 60 hours per week.	MH 11.04 Clinical personnel include one or more professionals with an advanced degree and a specialty in clinical practice who serve in at least one of the following roles: a. direct service provider; b. supervisor; or c. case consultant.
(b) One or more licensed treatment professionals who combined are available to provide outpatient mental health services at least 30 hours per week and one or more mental health practitioners or recognized psychotherapy practitioners who combined are available to provide outpatient mental health services at least 30 hours per week.	MH 11.04 Clinical personnel include one or more professionals with an advanced degree and a specialty in clinical practice who serve in at least one of the following roles: a. direct service provider; b. supervisor; or c. case consultant.
(c) One or more licensed treatment professionals who combined are available to provide outpatient mental health services at least 37.5 hours per week, and at least one psychiatrist or advanced practice nurse prescriber who provides outpatient mental health services to consumers of the clinic at least 4 hours per month.	MH 11.04 Clinical personnel include one or more professionals with an advanced degree and a specialty in clinical practice who serve in at least one of the following roles: a. direct service provider; b. supervisor; or c. case consultant. MH 7: Psychiatric and Medical Care and Support A board-eligible psychiatrist or another qualified health practitioner is responsible for the medical aspects of mental health services.
(2m) If a clinic has more than one office, both the clinic as a whole and its main office shall comply with the requirements of sub. (2).	This is not a COA standard, but COA accreditation is for the entire organization, so the Standards apply to all programs and facilities.
(3) If a clinic provides services to persons 13 years old or younger, the clinic shall have staff qualified by training and experience to work with children and adolescents.	MH 11.01 Clinical personnel and personnel who conduct assessments are competent, qualified by education, training, supervised experience, licensure or the equivalent, and able to recognize individuals and families with special needs.
(4) A clinic that is certified before June 1, 2009 shall meet the requirements of subs. (1) and (3) upon June 1, 2009, but shall have until January 1,	Not applicable

2012 to meet the minimum staffing requirements under sub. (2).	
(5) A person whose professional license is revoked, suspended, or voluntarily surrendered may not be employed or contracted with as a mental health professional, or a prescriber. A person whose professional license is limited or restricted, may not be employed or contracted with to practice in areas prohibited by the limitation or restriction.	HR 3.02 Recruitment and selection procedures include: a. notifying personnel of available positions; b. verifying references and credentials of personnel and independent contractors; c. providing applicants with a written job description; d. giving final candidates the opportunity to speak with currently-employed personnel; e. retaining hiring records for at least one year; and f. using standard interview questions that comply with employment and labor laws. RPM 1: Legal and Regulatory Compliance The organization possesses relevant licenses and complies with applicable federal, state, and local laws and regulations.
DHS 35.127 Persons who may provide psychotherapy services through an outpatient mental health clinic. **(1)** Any mental health professional may provide psychotherapy to consumers through a clinic required to be certified under this chapter.	Not applicable
(2) A qualified treatment trainee may provide psychotherapy to consumers only under clinical supervision as defined under s. DHS 35.03 (5) (a).	TS 3.05 Direct service volunteers, student professionals, and interns are directly supervised by licensed or otherwise accountable professionals.
(3) A clinic may choose to require clinical supervision of a mental health practitioner or recognized psychotherapy practitioner.	TS 3: Supervision The organization has a system of supervision that promotes effective use of organizational resources and positive outcomes.
(4) A person who has a suspended, revoked, or voluntarily surrendered professional license may not provide psychotherapy to consumers. A person whose license or certificate is limited or restricted, may not provide psychotherapy under circumstances prohibited by the limitation or restriction.	RPM 1: Legal and Regulatory Compliance The organization possesses relevant licenses and complies with applicable federal, state, and local laws and regulations.

DHS 35.13 Personnel policies. The clinic shall have and implement written personnel policies and procedures that ensure all of the following:	
(1) Each staff member who provides psychotherapy or who prescribes medications is evaluated to determine if the staff member possesses current qualifications and demonstrated competence, training, experience and judgment for the privileges granted to provide psychotherapy or to prescribe medications for the clinic.	RPM 3.01 Personnel directly involved in medication control and administration receive training and demonstrate competence in medication control and administration, and knowledge of applicable legal requirements. MH 11: Personnel Clinical personnel are qualified to provide counseling and mental health services.
(2) 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. **Note:** Forms for conducting a caregiver background check including the background information disclosure form may be obtained from the Department's website at http://dhs.wisconsin.gov/caregiver/index.htm or by writing the Department at Office of Caregiver Quality, Division of Quality Assurance, P.O. Box 2969, Madison, WI 53701−2969. Phone: (608) 266−8481, Fax: (608) 267−0352.	HR 3.03 Screening procedures for new employees, contractors, and direct service volunteers include appropriate, legally permissible, and mandated reviews of state criminal history records and civil child abuse and neglect registries to determine the appropriateness of hiring prospective personnel who will: a. work in residential programs; or b. provide direct services to children, the elderly, or other persons determined by the organization to be vulnerable or at risk.
(3) A record is maintained for each staff member and includes all of the following:	
(a) Confirmation of an applicant's current training or professional license or certification, if a training or professional license or certification is necessary for the staff member's prescribed duties or position. All limitations and restrictions on a staff member's license shall be documented by the clinic.	HR 7.01 Personnel records are updated regularly, and contain: a. identifying information and emergency contacts; b. application for employment, hiring documents including job postings and interview notes, and reference verification; c. job description; d. compensation documentation, as appropriate; e. pre-service and in-service training records; and f. performance evaluations and all documentation relating to performance, including disciplinary actions and termination

	summaries, if applicable.
(b) The results of the caregiver background check including a completed background information disclosure form for every background check conducted, and the results of any subsequent investigation related to the information obtained from the background check.	HR 3.03 Screening procedures for new employees, contractors, and direct service volunteers include appropriate, legally permissible, and mandated reviews of state criminal history records and civil child abuse and neglect registries to determine the appropriateness of hiring prospective personnel who will: a. work in residential programs; or b. provide direct services to children, the elderly, or other persons determined by the organization to be vulnerable or at risk.
(c) A vita of training, work experience and qualifications for each prescriber and each person who provides psychotherapy.	HR 7.01 Personnel records are updated regularly, and contain: a. identifying information and emergency contacts; b. application for employment, hiring documents including job postings and interview notes, and reference verification; c. job description; d. compensation documentation, as appropriate; e. pre-service and in-service training records; and f. performance evaluations and all documentation relating to performance, including disciplinary actions and termination summaries, if applicable.
DHS 35.14 Clinical supervision and clinical collaboration. **(1)** (a) The clinic administrator shall have responsibility for administrative oversight of the job performance and actions of each staff member and require each staff member to adhere to all laws and regulations governing the care and treatment of consumers and the standards of practice for their individual professions.	ETH 5.01 Personnel know and follow the code of ethics of their respective professions. HR 6: Performance Evaluation The organization holds personnel accountable for their work performance.
(b) Each clinic shall implement a written policy for clinical supervision as defined under s. DHS 35.03 (5), and clinical collaboration as defined under s. DHS 35.03 (4). Each policy shall address all of the following:	TS 3: Supervision The organization has a system of supervision that promotes effective use of organizational resources and positive outcomes.

1. A system to determine the status and achievement of consumer outcomes, which may include a quality improvement system or a peer review system to determine if the treatment provided is effective, and a system to identify any necessary corrective actions.	TS 3.08 Supervisors of direct service personnel assume the following administrative responsibilities, as appropriate: a. tracking and monitoring the progress of the families and individuals receiving services b. collecting and applying data to improve client outcomes; and c. meeting the organization's quality improvement and evaluation requirements.
2. Identification of clinical issues, including incidents that pose a significant risk of an adverse outcome for one or more consumers of the outpatient mental health clinic that should warrant clinical collaboration, or clinical supervision that is in addition to the supervision specified under ch. MPSW 4, 12, or 16, or Psy 2, or for a recognized psychotherapy practitioner, in accordance with s. DHS 35.03 (5) (a), whichever is applicable.	MH 3.05 The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly to assess: a. service plan implementation; b. progress toward achieving service goals and desired outcomes; and c. the continuing appropriateness of the agreed upon service goals.
(2) Except as provided under sub. (4) (b), the clinic's policy on clinical supervision shall be in accordance with ch. MPSW 4, 12, or 16, or Psy 2, or for a recognized psychotherapy practitioner, whichever is applicable. The clinic's policy on clinical collaboration shall require one or more of the following:	
(a) Individual sessions, with staff case review, to assess performance and provide feedback.	TS 3.01 Supervisors have sufficient time to provide individual or group supervision as appropriate to individual needs or program type, and to conduct evaluation and training activities.
(b) Individual side−by−side session while a staff member provides assessments, service planning meetings or outpatient mental health services and in which other staff member assesses, and gives advice regarding staff performance.	TS 3.03 Supervisors are responsible for: a. delegating and overseeing work assignments; b. ensuring that service delivery is performed according to the organization's mission, policies and procedures, and service philosophy; c. providing case consultation and in-service training, as appropriate; d. identifying unmet training needs; e. ensuring case reviews are conducted at least quarterly; and

	f. conducting performance evaluations.
(c) Group meetings to review and assess quality of services and provide staff members advice or direction regarding specific situations or strategies.	TS 3.01 Supervisors have sufficient time to provide individual or group supervision as appropriate to individual needs or program type, and to conduct evaluation and training activities.
(d) Any other form of professionally recognized method of clinical collaboration designed to provide sufficient guidance to assure the delivery of effective services to consumers by the staff member.	TS 3: Supervision The organization has a system of supervision that promotes effective use of organizational resources and positive outcomes.
(3) Clinical supervision and clinical collaboration records shall be dated and documented with the signature of the person providing these functions in a supervision or collaboration record, or in the staff record of each staff member who attends the session or review. If clinical supervision or clinical collaboration results in a recommendation for a change to a consumer's treatment plan, the recommendation shall be documented in the consumer file.	RPM 7.04 Case record entries are made by authorized personnel only, and are: a. specific, factual, relevant, and legible; b. kept up to date from intake through case closing; c. completed, signed, and dated by the person who provided the service; and d. signed and dated by supervisors, where appropriate.
(4) (a) A qualified treatment trainee who provides psychotherapy shall receive clinical supervision.	TS 3.05 Direct service volunteers, student professionals, and interns are directly supervised by licensed or otherwise accountable professionals.
(b) If any staff member, including a staff member who is a substance abuse counselor–in training, substance abuse counselor, or clinical abuse counselor, provides services to consumers who have a primary diagnosis of substance abuse, the staff member shall receive clinical supervision from a clinical supervisor as defined under s. RL 160.02 (7).	MH 11.02 Supervisors of clinical personnel are qualified, in addition, by an advanced degree, training in supervision and at least two years of supervised experience providing mental health services. MH 11.05 Clinical personnel have the knowledge, skills, and support to: a. identify the needs of abused and neglected children and adults; b. understand child development and individual and family functioning; c. engage difficult to reach, traumatized, or disengaged individuals and families; d. work with individuals with co-occurring health, mental health, and substance use conditions; and e. collaborate with other disciplines and

	services.
DHS 35.15 Orientation and training. (1) GENERAL REQUIREMENT. The clinic administrator shall ensure each staff member receives initial and continuing training that enables the staff member to perform staff member's duties effectively, efficiently, and competently. Documentation of training shall be made available to department staff upon request.	TS 1.01 The organization implements a training and development program that enhances the knowledge, skills, and abilities of personnel and prepares personnel to assume their responsibilities.
(2) ORIENTATION. (a) The clinic shall maintain documentation that each staff member who is a mental health professional and who is new to the clinic has completed the training requirements specified under par. (b), either as part of orientation to the clinic or as part of prior education or training. The clinic administrator shall require all other staff members to complete only the orientation training requirements specified under par. (b) that are necessary, as determined by the clinic administrator, for the staff member to successfully perform the staff member's assigned job responsibilities.	TS 2.01 New personnel are oriented within the first three months of hire to: a. the organization's mission, philosophy, goals, and services; b. the cultural and socioeconomic characteristics of the service population; c. the organization's place within its community; d. the organization's personnel manual; and e. lines of accountability and authority within the organization.
(b) The orientation training requirements under this subsection are:	
1. A review of the pertinent parts of this chapter and other applicable statutes and regulations.	TS 2.01 New personnel are oriented within the first three months of hire to: a. the organization's mission, philosophy, goals, and services; b. the cultural and socioeconomic characteristics of the service population; c. the organization's place within its community; d. the organization's personnel manual; and e. lines of accountability and authority within the organization. TS 2.02 All personnel who have regular contact with clients receive training on legal issues, including: a. mandatory reporting and the identification of clinical indicators of suspected abuse and

	neglect, as applicable; b. federal and state laws requiring disclosure of confidential information for law enforcement purposes, including compliance with a court order, warrant, or subpoena; c. duty to warn, pursuant to relevant professional standards and as required by law; d. the agency's policies and procedures on confidentiality and disclosure of service recipient information, and penalties for violation of these policies and procedures; e. the legal rights of service recipients; and f. any requirements associated with consent decrees.
2. A review of the clinic's policies and procedures.	TS 2: Training Content Personnel throughout the agency are trained to fulfill their job responsibilities.
3. Cultural factors that need to be taken into consideration in providing outpatient mental health services for the clinic's consumers.	TS 2.05 Training for direct service personnel addresses differences within the organization's service population, including: a. interventions that address cultural and socioeconomic factors in service delivery; b. the role cultural identity plays in motivating human behavior; and c. understanding bias or discrimination.
4. The signs and symptoms of substance use disorders and reactions to psychotropic drugs most relevant to the treatment of mental illness and mental disorders served by the clinic.	RPM 3.01 Personnel directly involved in medication control and administration receive training and demonstrate competence in medication control and administration, and knowledge of applicable legal requirements. MH 11.06 Clinical personnel receive training on: a. evidence based practices and other relevant emerging bodies of knowledge; b. psychosocial and ecological or person-in-environment perspectives; c. understanding the impact of mental illness, including stigma and labeling, on the individual and his or her family or significant

	others; d. the importance of establishing a strong bond with the person receiving services; e. crisis intervention; f. criteria used to determine the need for the involvement of a psychiatrist; and g. recognizing the presence of co-occurring mental health, health, and substance use conditions, as well as integrated services available to meet treatment needs.
5. Techniques for assessing and responding to the needs of consumers who appear to have problems related to trauma; abuse of alcohol, drug abuse or addiction; and other co–occurring illnesses and disabilities.	MH 11.05 Clinical personnel have the knowledge, skills, and support to: a. identify the needs of abused and neglected children and adults; b. understand child development and individual and family functioning; c. engage difficult to reach, traumatized, or disengaged individuals and families; d. work with individuals with co-occurring health, mental health, and substance use conditions; and e. collaborate with other disciplines and services. MH 11.06 Clinical personnel receive training on: a. evidence based practices and other relevant emerging bodies of knowledge; b. psychosocial and ecological or person-in-environment perspectives; c. understanding the impact of mental illness, including stigma and labeling, on the individual and his or her family or significant others; d. the importance of establishing a strong bond with the person receiving services; e. crisis intervention; f. criteria used to determine the need for the involvement of a psychiatrist; and g. recognizing the presence of co-occurring mental health, health, and substance use conditions, as well as integrated services

	available to meet treatment needs.
6. How to assess a consumer to detect suicidal tendencies and to manage persons at risk of attempting suicide or causing harm to self or others.	MH 5.04 If a service recipient is a trauma survivor or a victim of violence, abuse or neglect, the organization provides: a. a protection plan, as needed; b. more intensive services; c. trauma-informed care; d. more frequent monitoring of progress toward service goals; and e. a referral. MH 11.06 Clinical personnel receive training on: a. evidence based practices and other relevant emerging bodies of knowledge; b. psychosocial and ecological or person-in-environment perspectives; c. understanding the impact of mental illness, including stigma and labeling, on the individual and his or her family or significant others; d. the importance of establishing a strong bond with the person receiving services; e. crisis intervention; f. criteria used to determine the need for the involvement of a psychiatrist; and g. recognizing the presence of co-occurring mental health, health, and substance use conditions, as well as integrated services available to meet treatment needs.
7. Recovery concepts and principles that ensure services, and supports connection to others and to the community.	MH 11.05 Clinical personnel have the knowledge, skills, and support to: a. identify the needs of abused and neglected children and adults; b. understand child development and individual and family functioning; c. engage difficult to reach, traumatized, or disengaged individuals and families; d. work with individuals with co-occurring health, mental health, and substance use

	conditions; and e. collaborate with other disciplines and services.
8. Any other subject that the clinic determines is necessary to enable the staff member to perform the staff member's duties effectively, efficiently, and competently.	MH 11: Personnel Clinical personnel are qualified to provide counseling and mental health services.
(3) MAINTAINING ORIENTATION AND TRAINING POLICIES. A clinic shall maintain in its central administrative records the most current copy of its orientation and training policies.	TS 5 Table of Evidence requires: • Table of contents for the organization's training curricula (self-study documentation) • Training curricula (on-site)
Subchapter IV — Outpatient Mental Health Services	
DHS 35.16 Admission. (1) The clinic shall establish written selection criteria for use when screening a consumer for possible admission. The criteria may include any of the following limitations as applicable:	MH 1: Screening and Intake The intake process minimizes barriers to timely initiation and use of services and includes criteria for determining the need for service of a different intensity.
(a) Sources from which referrals may be accepted by the clinic.	MH 1: Screening and Intake The intake process minimizes barriers to timely initiation and use of services and includes criteria for determining the need for service of a different intensity.
(b) Restrictions on acceptable sources of payment for services, or the ability of a consumer or a consumer's family to pay.	CR 1.08 Clients receive a schedule of any applicable fees and estimated or actual expenses, and are informed prior to service delivery about: a. the amount that will be charged; b. when fees or co-payments are charged, changed, refunded, waived, or reduced; c. the manner and timing of payment; and d. the consequences of nonpayment.
(c) The age range of consumers whom the clinic will serve based on the expertise of the clinic staff members	CR 1.03 The organization states in writing circumstances under which it will serve minors without consent from a parent or legal guardian, and provides this information upon request.
(d) Diagnostic or behavioral requirements that the clinic will apply in deciding whether or not to admit a consumer for treatment.	CR 1.01 At initial contact clients receive and are helped to understand a written summary of their rights and responsibilities, including:

	a. a description of the client's rights, including the obligations the organization has to the client; b. basic expectations for use of the organization's services; c. hours that services are available; d. rules, expectations, and other factors that can result in discharge or termination of services; and e. a clear explanation of how to lodge complaints, grievances, or appeals. MH 1.01 Individuals are screened at intake and informed about: a. how well the individual's request matches the organization's services; and b. what services will be available and when.
(e) Any consumer characteristics for which the clinic has been specifically designed, including the nature or severity of disorders that can be managed on an outpatient basis by the clinic, and the expected length of time that services may be necessary.	CR 1.05 Clients have the right to fair and equitable treatment including: a. the right to receive services in a non-discriminatory manner; b. the consistent enforcement of program rules and expectations; and c. the freedom to express and practice religious and spiritual beliefs. MH 1.01 Individuals are screened at intake and informed about: a. how well the individual's request matches the organization's services; and b. what services will be available and when.
(2) A clinic shall refer any consumer not meeting the clinic's selection criteria for admission to appropriate services.	MH 1.03 Applicants who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.
(3) If a clinic establishes priorities for consumers to be served, a waiting list for consumers to be admitted, or a waiting list for consumers who have been admitted but resources to provide services to these consumers are not yet available, the	MH 1.02 Prompt, responsive screening practices: a. ensure equitable treatment;

priorities or the procedures for the operation of the waiting list shall be maintained in writing and applied fairly and uniformly.	b. give priority to urgent needs and emergency situations; c. facilitate the identification of individuals and families with co-occurring conditions and multiple needs; d. support access to an integrated assessment process; e. support timely initiation of services; and f. provide for placement on a waiting list, if desired.
(4) (a) Only a licensed treatment professional, or a recognized psychotherapy practitioner, may diagnose a mental illness of a consumer on behalf of a clinic. The licensed treatment professional, or recognized psychotherapy practitioner shall document, in the consumer file, the recommendation for psychotherapy specifying the diagnosis; the date of the recommendation for psychotherapy; the length of time of the recommendation; the services that are expected to be needed; and the name and signature of the person issuing the recommendation for psychotherapy.	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide services, including: a. demographic and contact information; b. the reason for requesting or being referred for services; c. up-to-date assessments; d. the service plan, including mutually developed goals and objectives; e. copies of all signed consent forms; f. a description of services provided directly or by referral; g. routine documentation of ongoing services; h. documentation of routine supervisory review; i. discharge or aftercare plan; j. recommendations for ongoing and/or future service needs and assignment of aftercare or follow-up responsibility, if needed; and k. a closing summary entered within 30 days of termination of service.RPM 7.03 RPM 7.03 The case record contains essential legal and medical information, including, as applicable: a. psychological, medical, toxicological, diagnostic, or other evaluations; b. copies of all written orders for medications or special treatment procedures; and c. court reports, documents of guardianship or legal custody, birth or marriage certificates, and any legal directives related to the service

	being provided. MH 11.01 Clinical personnel and personnel who conduct assessments are competent, qualified by education, training, supervised experience, licensure or the equivalent, and able to recognize individuals and families with special needs.
(b) In order to be reimbursed under the medical assistance program for psychotherapy services provided to a medical assistance recipient, the recommendation for psychotherapy under par. (a) shall be a physician prescription as required under s. 49.46 (2) (b) 6. f., Stats.	Not applicable
(5) If a clinic provides substance use services to a consumer, the clinic shall use a department approved placement criteria tool to determine if a consumer who has a co−occurring substance use disorder requires substance abuse treatment services. If the consumer is determined to need a level of substance use services that are above the level of substance use services that can be provided by the clinic, the consumer shall be referred to an appropriate department certified provider.	MH 2.02 Each person receives an individualized, integrated assessment, including a summary of symptoms and a diagnosis based on a standardized diagnostic tool. MH 5.05 Clinical personnel: a. determine the need for a different level or intensity of care; b. follow up when an evaluation for psychotropic medications is recommended; c. use written criteria for determining when the involvement of a psychiatrist is indicated; and d. coordinate care with other service providers, including substance use and primary health care providers, when appropriate and with the individual's consent. MH 8.02 Individuals diagnosed as having co-occurring mental health and substance use conditions receive integrated treatment either directly or through active involvement with a cooperating service provider.
DHS 35.165 Emergency services. (1) The clinic shall have and implement a written policy on how the clinic will provide or arrange for the provision of services to address a consumer's mental health emergency or crisis during hours when its offices	MH 6.03 Individuals and involved family members participate in the development of a crisis plan and an advanced mental health directive consistent with applicable law or regulation, when

are closed, or when staff members are not available to provide outpatient mental health services. **Note:** The phrase "available to provide outpatient mental health services" is defined under s. DHS 35.03 (2).	appropriate.
(2) The clinic shall include, in its written policies, the procedures for identifying risk of attempted suicide or risk of harm to self or others.	BSM 2.04 Each service recipient participates in a screening of the potential risk of harm to self or others to determine the need for behavior support and management interventions.
DHS 35.17 Assessment. (1) (a) A mental health professional, shall complete an initial assessment of a consumer before a second meeting with a staff member. The information collected during the initial assessment shall be sufficient to identify the consumer's need for outpatient mental health services.	MH 2.02 Each person receives an individualized, integrated assessment, including a summary of symptoms and a diagnosis based on a standardized diagnostic tool. MH 3.02 The service plan is based on the assessment, and includes: a. agreed upon goals, desired outcomes, and timeframes for achieving them; b. services and supports to be provided, and by whom; and c. the service recipient's signature.
(b) A comprehensive assessment shall be valid, accurately reflect the consumer's current needs, strengths and functioning, be completed before beginning treatment under the treatment plan established under s. DHS 35.19 (1), and include all of the following:	MH 2: Assessment Individuals participate in an individualized, integrated, strengths-based, family-focused, culturally responsive assessment. *Note: Refer to the Assessment Matrix for additional assessment criteria. The elements of the matrix can be tailored according to the needs of specific individuals or service design.* [COA uses an Assessment Matrix to outline the elements of an assessment, as per note above. Please see the attached Assessment Matrix]
1. The consumer's presenting problems.	See Assessment Matrix
2. A diagnosis, which shall be established from the current Diagnostic and Statistical Manual of Mental Disorders, or for children up to age 4, the current Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. **Note:** The Diagnostic and Statistical Manual of	See Assessment Matrix MH 2.02 Each person receives an individualized, integrated assessment, including a summary of symptoms and a diagnosis based on a standardized diagnostic tool.

Mental Disorders is published by the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. Washington, DC, American Psychiatric Association, 2000. The Diagnostic and Statistical Manual of Mental Disorders may be ordered through http://www.appi.org/book.cfm?id=2024 or other sources. Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood is published by the National Center for Clinical Infant Programs: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Arlington, VA, National Center for Clinical Infant Programs, 1994. The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood may be ordered through http://www.zerotothree.org/bookstore/ index.cfm?pubID=2597 or other sources.	*Interpretation: Standardized diagnostic tools may include the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, the International Statistical Classification of Diseases and Related Health Problems (ICD), or another comparable standardized diagnostic tool. Assessments are completed within timeframes established by the organization and are updated periodically.*
3. The recipient's symptoms which support the given diagnosis.	MH 2.02 Each person receives an individualized, integrated assessment, including a summary of symptoms and a diagnosis based on a standardized diagnostic tool.
4. Information on the consumer's strengths, and current and past psychological, social, and physiological data; information related to school or vocational, medical, and cognitive functioning; past and present trauma; and substance abuse.	See Assessment Matrix
5. The consumer's unique perspective and own words about how the consumer views his or her recovery, experience, challenges, strengths, needs, recovery goals, priorities, preferences, values and lifestyle, areas of functional impairment, and family and community support. **Note:** Nothing in this chapter is intended to interfere with the right of providers under s. 51.61 (6), Stats., to use customary and usual treatment techniques and procedures in a reasonable and appropriate manner in the treatment of patients who are receiving services under the mental health system, for the purpose of ameliorating the conditions for which the patients were admitted to the system.	See Assessment Matrix
(2) If a consumer is determined to have one or more co−occurring disorders, a licensed treatment professional, mental health practitioner, or a recognized psychotherapy practitioner, shall	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide services, including:

document the treatments and services concurrently received by the consumer through other providers; whether the clinic can serve the consumer's needs using qualified staff members or in collaboration with other providers; and any recommendations for additional services, if needed. If a clinic cannot serve a consumer's needs, independently, or in collaboration with other providers, the clinic shall refer the consumer, with the consumer's consent, to an appropriate provider.	f. a description of services provided directly or by referral; MH 1.03 Applicants who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources. MH 5.05 Clinical personnel: a. determine the need for a different level or intensity of care; b. follow up when an evaluation for psychotropic medications is recommended; c. use written criteria for determining when the involvement of a psychiatrist is indicated; and d. coordinate care with other service providers, including substance use and primary health care providers, when appropriate and with the individual's consent.
DHS 35.18 Consent for outpatient mental health services. (1) If a clinic determines that a consumer is appropriate for receiving outpatient mental health services through the clinic, the clinic shall inform the consumer or the consumer's legal representative of the results of the assessment. In addition, the clinic shall inform the consumer or the consumer's legal representative, orally and in writing, of all of the following:	MH 2: Assessment Individuals participate in an individualized, integrated, strengths-based, family-focused, culturally responsive assessment.
(b) Treatment alternatives.	MH 3.03 During service planning the organization explains: a. available options; b. how the organization can support the achievement of desired outcomes; and c. the benefits, alternatives, and risks or consequences of planned services.
(c) Possible outcomes and side effects of treatment recommended in the treatment plan.	MH 3.02 The service plan is based on the assessment, and includes: a. agreed upon goals, desired outcomes, and timeframes for achieving them; b. services and supports to be provided, and by

	whom; and c. the service recipient's signature. MH 3.03 During service planning the organization explains: a. available options; b. how the organization can support the achievement of desired outcomes; and c. the benefits, alternatives, and risks or consequences of planned services.
(d) Treatment recommendations and benefits of the treatment recommendations.	MH 3.03 During service planning the organization explains: a. available options; b. how the organization can support the achievement of desired outcomes; and c. the benefits, alternatives, and risks or consequences of planned services.
(e) Approximate duration and desired outcome of treatment recommended in the treatment plan.	MH 3.02 The service plan is based on the assessment, and includes: a. agreed upon goals, desired outcomes, and timeframes for achieving them; b. services and supports to be provided, and by whom; and c. the service recipient's signature.
(f) The rights of a consumer receiving outpatient mental health services, including the consumer's rights and responsibilities in the development and implementation of an individual treatment plan.	CR 1.01 At initial contact clients receive and are helped to understand a written summary of their rights and responsibilities, including: a. a description of the client's rights, including the obligations the organization has to the client; b. basic expectations for use of the organization's services; c. hours that services are available; d. rules, expectations, and other factors that can result in discharge or termination of services; and e. a clear explanation of how to lodge complaints, grievances, or appeals.

	MH 3.01 A service plan is developed in a timely manner with the full participation of the service recipient, and expedited service-planning is available when crisis or urgent need is identified.
(g) The outpatient mental health services that will be offered under the treatment plan.	MH 3.02 The service plan is based on the assessment, and includes: a. agreed upon goals, desired outcomes, and timeframes for achieving them; b. services and supports to be provided, and by whom; and c. the service recipient's signature.
(h) The fees that the consumer or responsible party will be expected to pay for the proposed services. **Note:** Consumers receiving Medicaid covered services may not be charged any amount in connection with services other than the applicable cost share, if any, specified by the Wisconsin Medicaid Program.	CR 1.08 Clients receive a schedule of any applicable fees and estimated or actual expenses, and are informed prior to service delivery about: a. the amount that will be charged; b. when fees or co-payments are charged, changed, refunded, waived, or reduced; c. the manner and timing of payment; and d. the consequences of nonpayment.
(i) How to use the clinic's grievance procedure under ch. DHS 94.	CR 3: Grievance Procedures The organization maintains a formal mechanism through which applicants, clients, and other stakeholders can express and resolve grievances, including denial of service, which includes: a. the right to file a grievance without interference or retaliation; b. timely written notification of the resolution and an explanation of any further appeal, rights or recourse; c. at least one level of review that does not involve the person about whom the complaint has been made or the person who reached the decision under review; and d. the right of the consumer or a family member to be heard by a panel or person delegated to review responsibility.
(j) The means by which a consumer may obtain emergency mental health services during periods	MH 6.04 With the individual's consent, families or

outside the normal operating hours of the clinic.	significant others are offered services including: e. crisis intervention
(k) The clinic's discharge policy, including circumstances under which a patient may be involuntarily discharged for inability to pay or for behavior reasonably the result of mental health symptoms.	CR 1.01 At initial contact clients receive and are helped to understand a written summary of their rights and responsibilities, including: e. a clear explanation of how to lodge complaints, grievances, or appeals.
(2) If a consumer wishes to receive services through the clinic, the consumer or the consumer's legal representative, where the consent of the legal representative is required for treatment, shall sign a clinic form to indicate the consumer's informed consent to receive outpatient mental health services.	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide services, including: e. copies of all signed consent forms
(3) If a consumer is prescribed medication as part of the consumer's treatment plan developed under s. DHS 35.19 (1), the clinic shall obtain a separate consent that indicates that the prescriber has explained to the consumer, or the consumer's legal representative, if the legal representative's consent is required, the nature, risks and benefits of the medication and that the consumer, or legal representative, understands the explanation and consents to the use of the medication.	RPM 3.02 When medication is initially prescribed, the organization or the prescribing physician: a. obtains the written, informed consent of the service recipient, and/or a legal guardian: b. fully explains the benefits, risks, and alternatives.
(4) The consent to outpatient mental health services shall be renewed in accordance with s. DHS 94.03 (1) (f). **Note:** The consent of the patient or legal representative is not required where treatment is ordered pursuant to a court order for involuntary commitment order.	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide services, including: e. copies of all signed consent forms
DHS 35.19 Treatment plan. (1) DEVELOPMENT OF THE TREATMENT PLAN. (a) A licensed treatment professional, mental health practitioner, or recognized psychotherapy practitioner, shall develop an initial treatment plan upon completion of the comprehensive assessment required under s. DHS 35.17 (1) (b). The treatment plan shall be based upon the diagnosis and symptoms of the consumer and describe all of the following:	MH 3.01 A service plan is developed in a timely manner with the full participation of the service recipient, and expedited service-planning is available when crisis or urgent need is identified. MH 3.02 The service plan is based on the assessment, and includes: a. agreed upon goals, desired outcomes, and timeframes for achieving them; b. services and supports to be provided, and by whom; and c. the service recipient's signature.
1. The consumer's strengths and how they will be	MH 3.02

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used to develop the methods and expected measurable outcomes that will be accomplished.	The service plan is based on the assessment, and includes: a. agreed upon goals, desired outcomes, and timeframes for achieving them; b. services and supports to be provided, and by whom; and c. the service recipient's signature.
2. The method to reduce or eliminate the symptoms causing the consumer's problems or inability to function in day to day living, and to increase the consumer's ability to function as independently as possible.	MH 3.02 The service plan is based on the assessment, and includes: a. agreed upon goals, desired outcomes, and timeframes for achieving them; b. services and supports to be provided, and by whom; and c. the service recipient's signature.
3. For a child or adolescent, a consideration of the child's or adolescent's development needs as well as the demands of the illness.	COA does not address
4. The schedules, frequency, and nature of services recommended to support the achievement of the consumer's recovery goals, irrespective of the availability of services and funding. **Note:** Nothing in this chapter is intended to interfere with the right of providers under s. 51.61 (6), Stats., to use customary and usual treatment techniques and procedures in a reasonable and appropriate manner in the treatment of patients who are receiving services under the mental health system, for the purpose of ameliorating the conditions for which the patients were admitted to the system.	MH 3.02 The service plan is based on the assessment, and includes: a. agreed upon goals, desired outcomes, and timeframes for achieving them; b. services and supports to be provided, and by whom; and c. the service recipient's signature.
(b) The treatment plan shall reflect the current needs and goals of the consumer as indicated by progress notes and by reviewing and updating the assessment as necessary.	MH 3.06 The worker and service recipient or legal guardian regularly review progress toward achievement of agreed upon goals and sign revisions to service goals and plans.
(2) APPROVAL OF THE TREATMENT PLAN. As treatment services are rendered, the consumer or the consumer's legal representative must approve and sign the treatment plan and agree with staff on a course of treatment. If the consumer does not approve of the schedules, frequency, and nature of the services recommended, then appropriate notations regarding the consumer's refusal shall be made in the consumer file. The treatment plan under this subsection shall include a written statement immediately preceding the consumer's or	MH 3.06 The worker and service recipient or legal guardian regularly review progress toward achievement of agreed upon goals and sign revisions to service goals and plans.

legal representative's signature that the consumer or legal representative had an opportunity to be informed of the services in the treatment plan, and to participate in the planning of treatment or care, as required by s. 51.61 (1) (fm), Stats.	
(3) CLINICAL REVIEW OF THE TREATMENT PLAN. (a) Staff shall establish a process for a clinical review of the consumer's treatment plan and progress toward measurable outcomes. The review shall include the participation of the consumer and be an ongoing process. The results of each clinical review shall be clearly documented in the consumer file. Documentation shall address all of the following:	MH 3.05 The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly to assess: a. service plan implementation; b. progress toward achieving service goals and desired outcomes; and c. the continuing appropriateness of the agreed upon service goals. MH 3.06 The worker and service recipient or legal guardian regularly review progress toward achievement of agreed upon goals and sign revisions to service goals and plans. MH 3.07 Family members and significant others, as appropriate and with the consent of the individual are advised of ongoing progress and invited to participate in case conferences.
1. The degree to which the goals of treatment have been met.	See above MH 3.05, MH 3.06, MH 3.07
2. Any significant changes suggested or required in the treatment plan.	See above MH 3.05, MH 3.06, MH 3.07
3. Whether any additional assessment or evaluation is recommended as a result of information received or observations made during the course of treatment.	See above MH 3.05, MH 3.06, MH 3.07
4. The consumer's assessment of functional improvement toward meeting treatment goals and suggestions for modification.	See above MH 3.05, MH 3.06, MH 3.07
(b) A mental health professional shall conduct a clinical review of the treatment plan with the consumer as described in par. (a) at least every 90 days or 6 treatment sessions, whichever covers a longer period of time.	See above MH 3.05, MH 3.06, MH 3.07
(4) The clinic shall develop and implement written policies and procedures for referring consumers to other community service providers for services that the clinic does not or is unable to provide to meet the consumer's needs as identified in the	MH 5.05 Clinical personnel: a. determine the need for a different level or

comprehensive assessment required under s. DHS 35.17 (1) (b). The policies shall identify community services providers to which the clinic reasonably determines it will be able to refer consumers for services the clinic does not or cannot provide.	intensity of care; b. follow up when an evaluation for psychotropic medications is recommended; c. use written criteria for determining when the involvement of a psychiatrist is indicated; and d. coordinate care with other service providers, including substance use and primary health care providers, when appropriate and with the individual's consent.
DHS 35.20 Medication management. (1) A clinic may choose whether to provide medication management as part of its services.	RPM 3: Medication Control and Administration The organization ensures safe, uniform medication control and administration. MH 7: Psychiatric and Medical Care and Support A board-eligible psychiatrist or another qualified health practitioner is responsible for the medical aspects of mental health services. *Interpretation: It is permissible under the standard to use a consulting psychiatrist or a community mental health center for psychiatric consultation, provided that the organization has a formal agreement. Medical aspects include:* *a. medication management;* *b. review of complicated cases where co-occurring substance use, health, and mental health conditions intersect;* *c. organicity;* *d. seizure disorders;* *e. psychosomatic disorders; and* f. *other medical and psychiatric related issues.*
(2) Consumers receiving only medication management from a clinic shall be referred by the clinic's prescriber for psychotherapy when appropriate to the consumer's needs and recovery.	MH 5.05 Clinical personnel: a. determine the need for a different level or intensity of care; b. follow up when an evaluation for psychotropic medications is recommended; c. use written criteria for determining when the involvement of a psychiatrist is indicated; and d. coordinate care with other service providers, including substance use and primary health care providers, when appropriate and with

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	the individual's consent.
(3) All medications prescribed by the clinic shall be documented in the consumer file as required under s. DHS 35.23 (1) (a) 10.	RPM 7.03 The case record contains essential legal and medical information, including, as applicable: d. psychological, medical, toxicological, diagnostic, or other evaluations; e. copies of all written orders for medications or special treatment procedures; and f. court reports, documents of guardianship or legal custody, birth or marriage certificates, and any legal directives related to the service being provided.
DHS 35.21 Treatment approaches and services. (1) The clinic shall have and implement a written policy that identifies the selection of treatment approaches and the role of clinical supervision and clinical collaboration in treatment approaches. The treatment approaches shall be based on guidelines published by a professional organization or peer−reviewed journal. The final decision on the selection of treatment approaches for a specific consumer shall be made by the consumer's therapist in accordance with the clinic's written policy.	MH 4: Service Philosophy, Modalities, and Interventions The service philosophy: a. sets forth a logical approach for how program activities and interventions will meet the needs of service recipients; b. guides the development and implementation of program activities and services based on the best available evidence of service effectiveness; and c. outlines the service modalities and interventions that personnel may employ.
(2) The clinic shall make reasonable efforts to ensure that each consumer receives the recommended interventions and services identified in the consumer's treatment plan or revision of the treatment plan that is created under s. DHS 35.19 (1), that the consumer is willing to receive as communicated by an informed consent for treatment.	MH 6: Mental Health Services Mental health services provide goal-directed, psychosocial treatment and support.
DHS 35.215 Group therapy. The maximum number of consumers receiving services in a single group therapy session is 16, and the minimum staff to consumer ratio in group therapy is one to 8. If different limits are justified based on guidelines published by a governmental entity, professional organization or peer−reviewed journal indicate, the clinic may request a variance of either the limit of group size or the minimum staff to consumer ratio.	COA does not address
DHS 35.22 Discharge summary. (1) Within 30 days after a consumer's date of discharge, the licensed treatment professional, mental health	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide

practitioner, or recognized psychotherapy practitioner who was primarily responsible for providing outpatient mental health services for the consumer shall prepare a discharge summary and enter it into the consumer file. The discharge summary shall include all of the following:	services, including: k. a closing summary entered within 30 days of termination of service.
(a) A description of the reasons for discharge.	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide services, including: a. demographic and contact information; b. the reason for requesting or being referred for services; c. up-to-date assessments; d. the service plan, including mutually developed goals and objectives; e. copies of all signed consent forms; f. a description of services provided directly or by referral; g. routine documentation of ongoing services; h. documentation of routine supervisory review; i. discharge or aftercare plan; j. recommendations for ongoing and/or future service needs and assignment of aftercare or follow-up responsibility, if needed; and k. a closing summary entered within 30 days of termination of service.
(b) A summary of the outpatient mental health services provided by the clinic, including any medications.	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide services, including: a. demographic and contact information; b. the reason for requesting or being referred for services; c. up-to-date assessments; d. the service plan, including mutually developed goals and objectives; e. copies of all signed consent forms; f. a description of services provided directly or by referral; g. routine documentation of ongoing services; h. documentation of routine supervisory review;

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	i. discharge or aftercare plan; j. recommendations for ongoing and/or future service needs and assignment of aftercare or follow-up responsibility, if needed; and k. a closing summary entered within 30 days of termination of service.
(c) A final evaluation of the consumer's progress toward the goals of the treatment plan.	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide services, including: k. a closing summary entered within 30 days of termination of service.
(d) Any remaining consumer needs at the time of discharge and the recommendations for meeting those needs, which may include the names and addresses of any facilities, persons or programs to which the consumer was referred for additional services following discharge.	MH 9.02 Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate. MH 10.02 Aftercare plans identify services needed or desired by the person and specify steps for obtaining these services.
(2) The discharge summary shall be signed and dated by the licensed treatment professional, mental health practitioner, or recognized psychotherapy practitioner who was primarily responsible for providing services to the consumer.	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide services, including: a. demographic and contact information; b. the reason for requesting or being referred for services; c. up-to-date assessments; d. the service plan, including mutually developed goals and objectives; e. copies of all signed consent forms; f. a description of services provided directly or by referral; g. routine documentation of ongoing services; h. documentation of routine supervisory review; i. discharge or aftercare plan; j. recommendations for ongoing and/or future service needs and assignment of aftercare or follow-up responsibility, if needed; and k. a closing summary entered within 30 days of termination of service.

<table>
<tr><td></td><td>RPM 7.04
Case record entries are made by authorized personnel only, and are:

a. specific, factual, relevant, and legible;
b. kept up to date from intake through case closing;
c. completed, signed, and dated by the person who provided the service; and
d. signed and dated by supervisors, where appropriate.</td></tr>
<tr><td>DHS 35.23 Consumer file. (1) RECORDS REQUIRED. (a) The clinic shall maintain a consumer file for each consumer who receives outpatient mental health services. Each consumer file shall be arranged in a format that provides for consistent recordkeeping that facilitates accurate and efficient retrieval of record information. All entries in the consumer file shall be factual, accurate, legible, permanently recorded, dated, and authenticated with the signature and license or title of the person making the entry. Treatment records contained in a consumer file are confidential to the extent required under s. 51.30, Stats. An electronic representation of a person’s signature may be used only by the person who makes the entry. The clinic shall possess a statement signed by the person, which certifies that only that person shall use the electronic representation via use of a personal password. Each consumer file shall include accurate documentation of all outpatient mental health services received including all of the following:</td><td>RPM 7.01
The organization maintains a case record for each person or family.

RPM 7.04
Case record entries are made by authorized personnel only, and are:

a. specific, factual, relevant, and legible;
b. kept up to date from intake through case closing;
c. completed, signed, and dated by the person who provided the service; and
d. signed and dated by supervisors, where appropriate.

Interpretation: Case records and signatures can be paper, electronic, or a combination of paper and electronic.

RPM 8.01
Access to confidential case records meets legal requirements, and is limited to:

a. the service recipient or, as appropriate, a parent or legal guardian;
b. personnel authorized to access specific information on a “need-to-know” basis;
c. others who are permitted access;
d. former service recipients;
e. requests for records of deceased service recipients; and
f. auditors, contractors, and licensing or accrediting personnel consistent with the</td></tr>
</table>

	organization's confidentiality policy.
1. Results of each assessment conducted.	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide services, including: a. demographic and contact information; b. the reason for requesting or being referred for services; c. up-to-date assessments; d. the service plan, including mutually developed goals and objectives; e. copies of all signed consent forms; f. a description of services provided directly or by referral; g. routine documentation of ongoing services; h. documentation of routine supervisory review; i. discharge or aftercare plan; j. recommendations for ongoing and/or future service needs and assignment of aftercare or follow-up responsibility, if needed; and k. a closing summary entered within 30 days of termination of service. RPM 7.03 The case record contains essential legal and medical information, including, as applicable: a. psychological, medical, toxicological, diagnostic, or other evaluations; b. copies of all written orders for medications or special treatment procedures; and c. court reports, documents of guardianship or legal custody, birth or marriage certificates, and any legal directives related to the service being provided.
2. Initial and updated treatment plans.	See above RPM 7.02, RPM 7.03
3. The recommendation or prescription for psychotherapy.	See above RPM 7.02, RPM 7.03
4. For consumers who are diagnosed with substance abuse disorder, a completed copy of the most current approved placement criteria summary if required by s. DHS 35.16 (5).	See above RPM 7.02, RPM 7.03
5. Documentation of referrals of the consumer to outside resources.	See above RPM 7.02, RPM 7.03

6. Descriptions of significant events that are related to the consumer's treatment plan and contribute to an overall understanding of the consumer's ongoing level and quality of functioning.	RPM 7.05 Progress notes comply with legal requirements, and are entered: a. at least quarterly; or b. monthly, or as required by law or regulation for individuals receiving protective services, out-of-home care, day treatment, or frequent or intensive counseling or treatment.
7. Progress notes, which shall include documentation of therapeutic progress, functional status, treatment plan progress, symptom status, change in diagnosis, and general management of treatment.	RPM 7.05 Progress notes comply with legal requirements, and are entered: a. at least quarterly; or b. monthly, or as required by law or regulation for individuals receiving protective services, out-of-home care, day treatment, or frequent or intensive counseling or treatment.
8. Any recommended changes or improvement of the treatment plan resulting from clinical collaboration or clinical supervision.	RPM 7.02 Case records comply with all legal requirements and contain information necessary to provide services, including: a. demographic and contact information; b. the reason for requesting or being referred for services; c. up-to-date assessments; d. the service plan, including mutually developed goals and objectives; e. copies of all signed consent forms; f. a description of services provided directly or by referral; g. routine documentation of ongoing services; h. documentation of routine supervisory review; i. discharge or aftercare plan; j. recommendations for ongoing and/or future service needs and assignment of aftercare or follow-up responsibility, if needed; and k. a closing summary entered within 30 days of termination of service. RPM 7.03

	The case record contains essential legal and medical information, including, as applicable: a. psychological, medical, toxicological, diagnostic, or other evaluations; b. copies of all written orders for medications or special treatment procedures; and c. court reports, documents of guardianship or legal custody, birth or marriage certificates, and any legal directives related to the service being provided.
9. Signed consent forms for disclosure of information and for medication administration and treatment, and court orders, if any.	See above RPM 7.02, RPM 7.03
10. A listing of medications prescribed by staff prescribers, and a medication administration record if staff dispenses or administers medications to the consumer.	See above RPM 7.02, RPM 7.03
11. Discharge summary and any related information.	See above RPM 7.02, RPM 7.03
12. Notice of involuntary discharge, if applicable.	See above RPM 7.02, RPM 7.03
13. Any other information that is appropriate for the consumer file.	See above RPM 7.02, RPM 7.03
(b) Clinics may keep composite consumer files of a family in treatment as a unit. When information is released, provisions shall be made for individual confidentiality pursuant to s. 51.30, Stats. and ch. DHS 92.	RPM 7.01 The organization maintains a case record for each person or family. CR 2: Confidentiality and Privacy Protections The organization protects the confidentiality of information about clients and assumes a protective role regarding the disclosure of confidential information.
(2) CONFIDENTIALITY. Treatment records shall be kept confidential as required under s. 51.30, Stats., ch. DHS 92, and 45 CFR Parts 160, 162 and 164, and 42 CFR Part 2 in a designated place in each clinic office at which records are stored that is not accessible to consumers or the public but is accessible to appropriate staff members at all times. **Note:** If notes or records, recorded in any medium, maintained for personal use by an individual providing treatment services are available to others, the notes or records become part of the treatment records. See s. 51.30 (1) (b), Stats., and ss. DHS 92.02 (16) and 92.03 (1) (b).	RPM 6.01 The organization protects confidential and other sensitive information from theft, unauthorized use, damage, or destruction by: a. limiting access to authorized personnel on a need-to-know basis; b. backing up electronic data, with copies maintained off premises; c. using firewalls, anti-virus and related software, and other appropriate safeguards; and d. maintaining paper records in a secure location.

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(3) TRANSFERRING TREATMENT RECORDS. Upon written request of a consumer or former consumer or, if required, that person's legal representative, the clinic shall transfer to another licensed treatment professional, clinic or mental health program or facility the treatment records and all other information in the consumer file necessary for the other licensed treatment professional, clinic or mental health program or facility to provide further treatment to the consumer or former consumer.	CR 2.01 The organization informs the client, prior to his or her disclosure of confidential or private information, about circumstances when the organization may be legally or ethically permitted or required to release such information without the client's consent. CR 2.02 When the organization receives a request for confidential information about a client, or when the release of confidential information is necessary for the provision of services, prior to releasing such information, the organization: a. determines if the reason to release information is valid; b. obtains the client's informed, written authorization to release the information; and c. obtains informed, written authorization from a parent or legal guardian, as appropriate. RPM 6.03 Confidential information, when electronically transmitted, is protected by safeguards in compliance with applicable legal requirements.
(4) RETENTION AND DISPOSAL. (a) The clinic shall implement a written policy governing the retention of treatment records that is in accordance with s. DHS 92.12 and any other applicable laws.	RPM 6.02 Case records are maintained and disposed of in a manner that protects privacy and confidentiality, and the organization: a. maintains case records for at least seven years after case closing unless otherwise mandated by law; and b. properly disposes of records in the event of the organization's dissolution.
(b) Upon termination of a staff member's association with the clinic, the treatment records for which the staff member was responsible shall remain in the custody of the clinic.	RPM 6.02 Case records are maintained and disposed of in a manner that protects privacy and confidentiality, and the organization: a. maintains case records for at least seven years after case closing unless otherwise mandated by law; and b. properly disposes of records in the event of

	the organization's dissolution. *Interpretation: Adoption records or a summary of all salient information included therein are maintained permanently, and records of children or youth are maintained until the age of majority or a few years beyond, depending on advice of counsel.*
(5) ELECTRONIC RECORD−KEEPING SYSTEMS. (a) Clinics may maintain treatment records electronically if the clinic has a written policy describing the record and the authentication and security policy.	RPM 5.03 The organization has a computer-based management information system appropriate to its size and complexity, that permits: a. timely access to information about persons served by any part of the organization, or by other practitioners within the organization, to support continuity and integration of care across settings and services; b. capturing, tracking, and reporting of financial, compliance, and other business information; c. longitudinal reporting and comparison of performance over time; and d. the use of clear and consistent formats and methods for reporting and disseminating data. RPM 6.01 The organization protects confidential and other sensitive information from theft, unauthorized use, damage, or destruction by: a. limiting access to authorized personnel on a need-to-know basis; b. backing up electronic data, with copies maintained off premises; c. using firewalls, anti-virus and related software, and other appropriate safeguards; and d. maintaining paper records in a secure location.
(b) Electronic transmission of information from treatment records to information systems outside the outpatient mental health clinic may not occur without voluntary written consent of the consumer unless the release of confidential treatment	CR 2.01 The organization informs the client, prior to his or her disclosure of confidential or private information, about circumstances when the

information is permitted under s. 51.30, Stats., or other applicable law. **Note:** Transmission of information must comply with 45 CFR parts 160, 162, and 164, s. 51.30, Stats., and ch. DHS 92.	organization may be legally or ethically permitted or required to release such information without the client's consent. CR 2.02 When the organization receives a request for confidential information about a client, or when the release of confidential information is necessary for the provision of services, prior to releasing such information, the organization: a. determines if the reason to release information is valid; b. obtains the client's informed, written authorization to release the information; and c. obtains informed, written authorization from a parent or legal guardian, as appropriate. RPM 6.03 Confidential information, when electronically transmitted, is protected by safeguards in compliance with applicable legal requirements.
(c) If treatment records are kept electronically, the confidentiality of the treatment records shall be maintained as required under subs. (2) to (4). A clinic shall maintain a paper or electronic back−up system for any treatment records maintained electronically. **Note:** If notes or records, recorded in any medium, maintained for personal use by an individual providing treatment services are available to others, the notes or records become part of the treatment records. See s. 51.30 (1) (b), Stats., and ss. DHS 92.02 (16) and 92.03 (1) (b).	RPM 5.03 The organization has a computer-based management information system appropriate to its size and complexity, that permits: a. timely access to information about persons served by any part of the organization, or by other practitioners within the organization, to support continuity and integration of care across settings and services; b. capturing, tracking, and reporting of financial, compliance, and other business information; c. longitudinal reporting and comparison of performance over time; and d. the use of clear and consistent formats and methods for reporting and disseminating data. RPM 6.01 The organization protects confidential and other sensitive information from theft, unauthorized

	use, damage, or destruction by: a. limiting access to authorized personnel on a need-to-know basis; b. backing up electronic data, with copies maintained off premises; c. using firewalls, anti-virus and related software, and other appropriate safeguards; and d. maintaining paper records in a secure location.
DHS 35.24 Consumer rights. (1) A clinic shall implement written policies and procedures that are consistent with s. 51.61, Stats., and ch. DHS 94 to protect the rights of consumers.	CR 1: Protection of Rights and Ethical Obligations The organization protects the legal and ethical rights of all clients by: a. informing clients of their rights and responsibilities; b. providing fair and equitable treatment; and c. providing clients with sufficient information to make an informed choice about using the organization and its services.
(2) If a staff member no longer is employed by or contracts with the outpatient mental health clinic, the clinic shall offer consumers who had been served by that staff member options for ongoing services.	COA does not address
(3) (a) A consumer may be involuntarily discharged from treatment because of the consumer's inability to pay for services or for behavior that is reasonably a result of mental health symptoms only as provided in par. (b).	CR 1.08 Clients receive a schedule of any applicable fees and estimated or actual expenses, and are informed prior to service delivery about: a. the amount that will be charged; b. when fees or co-payments are charged, changed, refunded, waived, or reduced; c. the manner and timing of payment; and d. the consequences of nonpayment. MH 9.03 When a person's third-party benefits or payments end, the organization determines its responsibility to provide services until appropriate arrangements are made, and, if termination or withdrawal of service is probable due to non-payment, the organization works with the person or family to identify other service options.

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<tr><td></td><td>MH 9.04
If an individual is asked to leave the program, the organization makes every effort to link the person with appropriate services.</td></tr>
<tr><td>(b) Before a clinic may involuntarily discharge a consumer under par. (a), the clinic shall notify the consumer in writing of the reasons for the discharge, the effective date of the discharge, sources for further treatment, and of the consumer's right to have the discharge reviewed, prior to the effective date of the discharge, by the subunit of the department that certifies clinics under this chapter, with the address of that subunit. A review under this paragraph is in addition to and is not a precondition for any other grievance or legal action the consumer may bring in connection with the discharge, including a grievance or action under s. 51.61, Stats. In deciding whether to uphold or overturn a discharge in a review under this paragraph, the department may consider:</td><td>CR 1.01
At initial contact clients receive and are helped to understand a written summary of their rights and responsibilities, including:

a. a description of the client's rights, including the obligations the organization has to the client;
b. basic expectations for use of the organization's services;
c. hours that services are available;
d. rules, expectations, and other factors that can result in discharge or termination of services; and
e. a clear explanation of how to lodge complaints, grievances, or appeals.

CR 1.07
Clients participate in all service decisions and have the right to:

a. request an in-house review of their care, treatment, and service plan;
b. refuse any service, treatment, or medication, unless mandated by law or court order; and
c. be informed about the consequences of such refusal, which can include discharge.

CR 3: Grievance Procedures
The organization maintains a formal mechanism through which applicants, clients, and other stakeholders can express and resolve grievances, including denial of service, which includes:

a. the right to file a grievance without interference or retaliation;
b. timely written notification of the resolution and an explanation of any further appeal, rights or recourse;
c. at least one level of review that does not involve the person about whom the</td></tr>
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	complaint has been made or the person who reached the decision under review; and d. the right of the consumer or a family member to be heard by a panel or person delegated to review responsibility.
1. Whether the discharge violates the consumer's rights under s. 51.61, Stats.	COA does not address
2. In cases of discharge for behavior that is reasonably a result of mental health symptoms, whether the consumer's needs can be met by the clinic, whether the safety of staff or other consumers of the clinic may be endangered by the consumer's behavior, and whether another provider has accepted a referral to serve the consumer. **Note:** The address of the subunit of the department that certifies clinics under this chapter is Behavioral Health Certification Section, Division of Quality Assurance, PO Box 2969, Madison, WI 53701−2969.	CR 1.01 At initial contact clients receive and are helped to understand a written summary of their rights and responsibilities, including: a. a description of the client's rights, including the obligations the organization has to the client; b. basic expectations for use of the organization's services; c. hours that services are available; d. rules, expectations, and other factors that can result in discharge or termination of services; and e. a clear explanation of how to lodge complaints, grievances, or appeals. *Interpretation: If a client is disoriented or suffering from impaired cognition at initial contact, the summary of client rights and responsibilities should be provided at an appropriate time. When working with individuals who have been deemed incapacitated by the court, the depth or content of information provided may vary based on the individual's assessed capacity to understand the information, the court order, and state law.*
DHS 35.25 Death reporting. The clinic shall report the death of a consumer to the department if required under s. 51.64 (2), Stats.	RPM 1: Legal and Regulatory Compliance The organization possesses relevant licenses and complies with applicable federal, state, and local laws and regulations. RPM 2.03 The organization reviews all incidents and accidents that involve the threat of or actual harm, serious injuries, and deaths, and review procedures: a. establish timeframes for investigation and

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	review; b. require solicitation of statements from all involved individuals; c. ensure an independent review; d. require timely implementation and documentation of all actions taken; e. address ongoing monitoring if actions are required and determine their effectiveness; and f. address applicable reporting requirements.