

Transcript of Wis. Admin. ch. DHS 72, subch. III, Video

Welcome to our presentation and the overview of DHS 72, subch III.

This presentation focuses on subch. III, which outlines the minimum standard of certification process, required staff, and the documentation needed to provide services. Please note, an agency who is certified as a DHS 72 program must also follow all requirements in DHS 72, subch. II.

So let's dive in.

The first requirement we're discussing is the program statement.

This requirement makes sure that programs start with a clear foundation on paper, explaining who they are, who they serve, and how they plan to deliver care. A program statement must include an organization and service structure, the continuum of behavioral health and recovery support services the program intends to provide, how the program will provide access to medications and reverse overdose, the education on preventing and reversing an overdose, and how the program will collect and evaluate data.

So, in other words, the program statement is a roadmap. It shows how the services will be structured, how peers are included, and how outcomes will be measured. Once this foundation is set, the rule moves into what policies and procedures are required. This section, DHS 72.10, is about making sure every program has the right written policies in place to guide their work.

Basic policies and procedures to start with are clinical assessment and treatment planning procedures, care coordination and continuation of care, what peer recovery support services will be provided, additionally what treatment and other services would be provided by the organization.

After policy and procedures are started and the foundation is completed, the rule then starts moving into staff qualifications. This part of the rule, 72.10, focuses on staff to be prepared that transitions are supported and records are kept safe.

DHS 72.11 focuses on making sure staff are qualified, capable, and are working within their scope. Please remember that peer recovery coaches providing peer recovery support services must complete all the training and work experiences required as outlined in DHS 72.05. There are also requirements around background checks and staff records.

Each applicant must pass a state background check as provided in Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12. Programs must comply with caregiver misconduct reporting and investigation requirements as outlined in the Wis. Admin. Code ch. DHS 13. This requirement brings a certified DHS 72 program into alignment with all DHS certified programs to ensure consumer safety.

Additionally, a certified program will also need to comply with DHS 92 confidentiality of records and DHS 94 patient rights. The rule also specifies what positions every program must employ. This is outlined within DHS 72.11 as well.

A program must employ a program administrator, a competent mental health professional, a peer recovery coach, and, if using co-supervision model, a peer recovery coach supervisor.

With program personnel defined, the rule then slowly moves into requirements for orientation and continuing education for staff. These requirements can be found in DHS 72.12.

Orientation, training, and continuing education must be relevant for all personnel. Both internal and external trainings may be used to satisfy these requirements. The orientation and ongoing training components are not optional. They are a requirement for all staff. DHS 72.12 ensures all staff are properly trained and supported over time. All personnel must receive relevant orientation, training, and education to their role. Both internal and external trainings may be used to satisfy these requirements. The orientation and ongoing training components are vital and important to each organization. These are not optional and are a minimum standard and requirement.

The next rule reinforces protections for participants through the rights and the grievance procedure found in DHS 72.13. The program must comply with the participant rights and grievance resolution procedure found in Wis. Stat. § 51.61. The next rule covers how participants' service records shall be kept.

The participant's service record can be found in DHS 72.14. The service record shall be maintained in a central location for each participant. Each record must include sufficient information to demonstrate that the program has an accurate understanding of the participant, the participant needs, desired outcomes, and the progress towards goals.

Each record must be organized in a consistent format and include a legend to explain any symbol or abbreviations being used. We always want to ensure that record keeping requirements are well taken care of and that the participant's care is well documented and confidential. Finally, let's look at the last requirement focused within this section, discharge planning.

The discharge summary can be found in DHS 72.15. Within 30 days after a participant's date of discharge, the program must complete a discharge summary. Within this document, the summary must include a description of the reasons for discharge, any remaining participant needs at the time of the discharge, and recommendations for meeting those needs. And the document must be signed and dated by the competent mental health professional as it has been defined in this chapter.

I know a lot of information was shared, some technical language, but really what it comes down to is making sure that programs are accountable, participants are supported after discharge, and peer recovery services are fully recognized in care. That brings us to the end of subchapter requirements. We've covered within this section, program statements,

policies, qualifications, records, and the discharge process. Let's move to the next step of certification. In order to provide services, an organization must be certified.

Peer agencies can become certified under DHS 72 once all components of the rule are met. As a reminder for all certified programs, a peer recovery coach or coaches need to be listed on the certified program staff roster in which they are providing services. Additionally, please note DHS 72.05, the training, orientation, and continuing education, which again outlined that each agency is responsible for providing verification of training, orientation, and continuing education, in addition to the trainings within the certification level they are providing services. And the second note, DHS 72.06, the supervision, that each agency is responsible for providing verification and completion of supervision in accordance with their administrative code.

Lastly, in this presentation, we will cover Medicaid.

Whether you are a DHS 72 agency or another certified provider offering peer recovery support services, Medicaid is generally the primary payer for behavioral health services.

We recognize that providers are looking for detailed Medicaid guidance. Additional Medicaid-specific information will be available through official channels, including ForwardHealth and the provider network meetings facilitated by DHS. The information we're sharing now is intended to set expectations at a high level and highlight the resources that support compliant, sustainable implementation.

Medicaid coverage brings opportunity, but also responsibility. Coverage requirements apply across the range of agencies, including for Medicaid oversight and audits. This information provides a general overview of Medicaid coverage for the peer recovery support services benefit.

Please refer to the February 2026 ForwardHealth update for more detailed information regarding coverage policy.

From a Medicaid perspective, peer recovery support services are billed at the agency level. Individual peer recovery coaches do not enroll or bill Medicaid directly. Claims will identify the competent mental health professional supervising the peer recovery coach as the renderer. Reimbursement only applies when peer recovery support services are delivered by appropriately trained and supervised peers who met program requirements. DHS 72 agencies will need to enroll with Medicaid.

Most provider agencies will bill for peer recovery support services by using new billing codes, along with required modifiers. There are some exceptions for certain agencies that were providing peer services prior to the implementation of the peer recovery support services benefit. Again, for more details, please consult the February 2026 ForwardHealth update.

From a utilization management standpoint, peer recovery support services are subject to an annual limit of up to 520 hours per member per calendar year. At this point, prior

authorization is not required for fee-for-service coverage. However, peer recovery support services must be included in the member's plan of care and align with their treatment goals.

As with all Medicaid services, peer recovery support service reimbursement is subject to routine oversight for fraud, waste, and abuse. The Office of Inspector General provides general fraud, waste, and abuse training modules on the ForwardHealth training portal, which peer recovery support service providers agencies are encouraged to review. Peer recovery support services-specific fraud, waste, and abuse training will be forthcoming as implementation continues.

DHS and ForwardHealth will continue to communicate peer recovery support-related guidance through existing official channels.

Providers are encouraged to complete relevant trainings available through the ForwardHealth portal, including general Medicaid, peer recovery support services, and fraud, waste, and abuse modules. ForwardHealth peer recovery support services update will serve as the primary reference for coverage, billing, and documentation requirements once released. A peer recovery support services online handbook is forthcoming and will serve as a key reference, particularly for DHS 72 agencies.

The Provider Services Call Center is also available as an additional resource.

Providers with programmatic questions may reach out to the Division of Care and Treatment Services and are encouraged to review applicable Wisconsin Administrative Code provisions to ensure alignment with certification and service requirements.

That concludes our overview of DHS 72, subch. III.