

RESPONSE TO PRIOR AUTHORIZATION QUESTIONS

First Step operates a residential substance use disorder treatment program in full compliance with Wisconsin Administrative Code DHS 75.54 and ForwardHealth policy. The program provides a comprehensive array of covered residential treatment services, including:

- Individual and group psychosocial counseling and therapy delivered through a structured weekly schedule of clinically facilitated programming.
- Ongoing assessment and individualized treatment planning.
- Twenty-four hour, onsite nursing services to support medication management, health monitoring, basic nursing care, case management, referral and coordination of care, including addressing co-occurring medical needs commonly present in the population served.
- Onsite medication-assisted treatment (but not methadone), with the medications being prescribed by First Step's Nurse Practitioner or Medical Doctor, and administered to the client under Nursing Supervision.
- Clinically structured psychoeducation and recovery-oriented skill development.
- Case management services provided by both clinical and nursing staff as part of the treatment process.

All services provided are therapeutic in nature, directed by the member's individualized treatment plan, and consistent with the definition of residential treatment services under DHS 75.54 and ForwardHealth Topic #22120. Individuals are admitted only when medically stable and appropriate for participation in residential treatment services.

The program does not provide residential intoxication monitoring services. Clients presenting for these "sober up" services are refused admission. The program also does not provide acute withdrawal management services. Clients who present themselves requiring such services are referred to area hospitals. When DHS surveyors did their survey of First Step on January 7, 2026, they reviewed First Step's Policies and Procedures under DHS 75.53 and DHS 75.54. First Step was previously certified under DHS 75.57 and DHS 75.58, but upon the recommendation of the surveyors, these certifications are in the process of being surrendered. (DHS staff have been notified.)

First Step's model includes enhanced integration of medical and behavioral health services within the residential treatment setting. A significant number of individuals admitted from the community present with unmet healthcare needs, including lapses in prescribed medications, unmanaged chronic conditions, minor acute health concerns, lack of a primary care doctor, and general health instability associated with lack of regular access to care. Nursing staff provide assessment, medication reconciliation, coordination with external providers, and ongoing monitoring to address these needs and support individuals in engaging in residential treatment programming. These services are integrated into the treatment process and are not provided as standalone medical or withdrawal management services.

While all DHS 75.54 residential treatment providers deliver services within the same level of care, there is variation across providers in staffing models, clinical resources, and service

delivery approaches. First Step's program includes enhanced integration of medical services, including 24-hour onsite nursing coverage and access to physician oversight, which supports individuals with co-occurring medical needs in engaging in residential treatment.

Other DHS 75.54 providers may emphasize different aspects of care, such as extended psychosocial programming or longer-term residential engagement. Movement between providers within the same level of care reflects individualized treatment planning and coordination within the residential treatment continuum, rather than a change in level of care. In this context, differences in length of stay across providers are driven by clinical needs, engagement, and program fit, and do not reflect the provision of different or non-covered services.

First Step Community Recovery Center has been a critical safety net in the central city of Milwaukee for 20 years. Because of its history, thousands of vulnerable, low income clients know it as the place to begin their treatment journey. Individuals may enter the program through a variety of referral pathways, including self-referral from the community, law enforcement, and also referral from hospital settings following medical clearance. The program has historically served as a community access point for substance use disorder services and will now continue to function in that role within the scope of residential treatment services under DHS 75.54.

Length of stay and treatment episodes vary based on individual clinical needs, engagement, and readiness for treatment. The population served includes individuals with significant social and clinical complexity, including housing instability, co-occurring medical and behavioral health conditions, and sporadic prior engagement with ongoing care. As a result, variability in length of stay is expected. In some cases, individuals elect to leave treatment earlier than clinically recommended. These situations reflect the challenges of engaging a high-need population and are not driven by the structure or intent of the program.

During all admissions, regardless of length of stay, individuals are provided active residential treatment services consistent with DHS 75.54, including counseling, clinical assessment, medication management, and coordination of care. When individuals disengage from treatment, efforts are made to re-engage them and coordinate appropriate follow-up services to support continued recovery. A full time outreach coordinator travels through the community on a daily basis – visiting churches, shopping malls, homeless shelters, community events, soup kitchens, and street gatherings – reaching out with information about the treatment services provided at First Step and arranging for access and admission. The coordinator also provides help for access to other community resources, such as the Mental Health Emergency Center (MHEC), Granite Hills Psychiatric Hospital, drug court, pro bono attorneys, and outpatient healthcare providers.

As part of the residential treatment continuum, some individuals may transfer to another DHS 75.54 residential provider during the course of care. These transitions are based on clinical considerations, including individualized treatment needs and therapeutic fit, as well as system factors such as bed availability. In some cases, a change in environment may support improved engagement in treatment. In all situations, individuals receive active residential treatment services during their stay, and transitions are coordinated to support continuity of care.