

2013 DRAFTING REQUEST

Bill

Received: **9/19/2013** Received By: **tdodge**
Wanted: **Today** Same as LRB: **-3452**
For: **Jim Steineke (608) 266-2418** By/Representing: **Andrew Hanus, AJ, Jon**
May Contact: **Andrew Hanus (Speaker's office)** Drafter: **tdodge**
AJ, Rep. Severson's office Addl. Drafters:
Subject: **Mental Health - miscellaneous** Extra Copies:

Submit via email: **YES**
Requester's email: **Rep.Steineke@legis.wisconsin.gov**
Carbon copy (CC) to: **tamara.dodge@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Child psychiatry consultation program.

Instructions:

See attached.

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 10/4/2013			_____			
/P1	tdodge 10/9/2013	scalvin 10/10/2013	rschluet 10/10/2013	_____	sbasford 10/8/2013		
/1	tdodge 10/10/2013			_____	mbarman 10/10/2013		State

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/2		scalvin 10/11/2013	jfrantze 10/11/2013	_____	mbarman 10/11/2013	sbasford 10/18/2013	State

FE Sent For:

@
intro.

<END>

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/1	tdodge 10/10/2013			_____	mbarman 10/10/2013		State

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Instructions:

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/1		1/2 sac 10/11/2013		Km 10 gt 11	mbarman 10/10/2013		State

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Subject: Mental Health - miscellaneous Extra Copies:

Submit via email: YES
Requester's email: Rep.Steineke@legis.wisconsin.gov
Carbon copy (CC) to: tamara.dodge@legis.wisconsin.gov

Pre Topic:

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Topic:

Child psychiatry consultation program.

Instructions:

See attached.

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/?	tdodge 10/4/2013			_____			
/P1	tdodge	scalvin 10/8/2013	jmurphy 10/8/2013	_____	sbasford 10/8/2013		
FE Sent For:		/1 sac 10/09/2013					

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<END>

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Received: **9/19/2013** Received By: **tdodge**
Wanted: **Soon** Same as LRB:
For: **Erik Severson (608) 267-2365** By/Representing: **AJ**
May Contact: Drafter: **tdodge**
Subject: **Mental Health - miscellaneous** Addl. Drafters:
Extra Copies:

Submit via email: **YES**
Requester's email: **Rep.Severson@legis.wisconsin.gov**
Carbon copy (CC) to: **tamara.dodge@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Child psychiatry access line

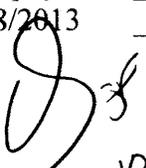
Instructions:

See attached.

Drafting History:

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/?	tdodge 10/4/2013			_____			
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<END> 10/13

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/?	tdodge	/PI sac 10/8/2013	Jm 10/8	Jm 10/8			

FE Sent For:

<END>

Dodge, Tamara

From: Hanus, Andrew
Sent: Thursday, September 19, 2013 10:58 AM
To: Scholz, AJ; Dodge, Tamara
Subject: RE: Child Psychiatry Access Line

Thanks for clarifying, AJ.

Andrew Hanus
Office of Assembly Speaker Vos
211 West, State Capitol
Phone: (608) 266-9171

From: Scholz, AJ
Sent: Thursday, September 19, 2013 10:16 AM
To: Dodge, Tamara
Cc: Hanus, Andrew
Subject: RE: Child Psychiatry Access Line

Hello Tami,

Don't worry about LRB 2670 relating to custody while under emergency detention and 2671 relating to health care providers duty to warn. Those proposals don't need to be rushed and can be completed in the standard time frame.

Thanks for all your help!

AJ Scholz
Office of Representative Erik Severson
608-267-2365
221 North, State Capitol

From: Dodge, Tamara
Sent: Thursday, September 19, 2013 10:13 AM
To: Scholz, AJ
Cc: Hanus, Andrew
Subject: Child Psychiatry Access Line

AJ,

Mike Duchek forwarded the child psychiatry access line draft to me as I am the mental health drafter. I will try to get this draft as well as the other four mental health drafts I have to you as soon as possible.

Proposed Drafting Instructions for a Child Psychiatry Access Line 09/17/2013

Background and Overview

Create a Wisconsin Child Psychiatry Access Line to assist front-line primary care clinicians (to include pediatricians, family physicians, primary care nurse practitioners and physician assistants) in providing enhanced care to pediatric patients with mild-moderate mental health care needs and to provide linkage/referral support for those patients who are considered beyond the scope of primary care practice. Access line providers would not only deliver consultative assistance on a case-by-case basis, but would also provide an educational component to foster these front-line clinicians' gradual, long-term educational growth.

Consultative services should be delivered, at a minimum, via telephone. Additional appropriate forms of communication could also be utilized, such as: email; internet; teleconference; telehealth; pagers; or in-person services in specialized or educational clinical cases. Education to clinical providers could be delivered in-person, or could contain a teleconference component.

Organizations providing access line services must provide adequate child psychiatrist and staff resources as necessary, so that rapid response is available during normal business hours. The access line, however, is not an emergency referral service.

State of Wisconsin Program Administration

The Wisconsin Department of Health Services (DHS) shall administer the Child Psychiatry Access Line program. Provide DHS with discretion and flexibility in housing the structure and administrative oversight of the program. For example, DHS may, but is not required to:

- 1) Direct its Office of Children's Mental Health to oversee the program
- 2) Oversee the program in conjunction with the Department of Children and Families
- 3) Oversee the program via the creation and contracting of a statewide child psychiatry medical director (similar to the model used within the Wisconsin Emergency Medical Services medical director position)

Effective Date and Scope

Program implementation would begin immediately following the effective date of enactment.

Create the program with an ongoing, sum certain appropriation. The first two years of the program will initially support two regional access line hubs: one urban, and one rural. DHS will designate these regional access line hub locations and their respective service territories based upon the review of the service proposals forwarded by potential access line applicants. DHS will select and fund access line providers based upon a maximization of medically appropriate access and services.

The program would be expanded in the third year to provide state-wide service coverage through the creation of additional regional access line hubs.

Eligibility Criteria

In administering the selection process, via state contracts or request for proposal (RFP), the state shall select qualified organizations to provide access line services to the regional hubs. Each regional hub will be served by its own, individual, qualified access line hub provider, or a consortium of providers. Selected access line providers must successfully demonstrate the following:

1. The required infrastructure to be located within the geographic service territory of the proposed regional hub. *(See Guiding Principles for Contract Criteria document for further detail)*
2. Access line staff must be physically located on-site at the access line provider's facilities. *(See Guiding Principles for Contract Criteria document for further detail)*
3. Required staffing levels: *(See Guiding Principles for Contract Criteria document for further detail)*
 - a. A minimum 1 FTE licensed psychiatrist or employment allocation. Licensed psychiatrists must be either board eligible, or board certified for either adult psychiatry and/or child and adolescent psychiatry.
 - b. A minimum of 1.5 FTE licensed social worker or psychologist.
 - c. A minimum of 1 FTE care coordinator
 - d. Appropriate administrative support
4. Operation during normal business hours
 - a. Monday – Friday; 8 am-5pm; Excluding weekends and holidays
 - b. Must provide consultative services as promptly as is practicable.
5. Required Services
 - a. The program shall provide support for primary care clinicians to assist in the management of children and adolescents with mild-moderate mental health problems and to provide linkage/referral support for those patients who are considered beyond the scope of primary care practice. **The access line is not an emergency referral hotline.**
 - b. The service shall include a triage-level assessment to determine the most appropriate response to each request, including appropriate referrals to other mental health professionals.
 - c. When medically appropriate, access line providers will provide consultative diagnostic and therapeutic feedback.
 - d. The service must be provided, at a minimum, via telephone but may also be provided via other appropriate methods of communication, such as teleconference, e-mail, pager, in-person, or other means of communication to primary care practitioners, including pediatricians, family physicians, pediatric nurse practitioners and physician assistants.
 - e. The access line provider shall actively recruit additional practices within the regional service territory to the access line provider's services.
6. Elective Services also eligible for state funding
 - a. The service may choose to include availability for second opinion diagnostic and medication management evaluations by either the child psychiatrist, social worker or psychologist, via face-to-face, teleconference or telehealth communications.
 - b. In-person or electronic educational seminars and refresher (CME eligible) courses. Seminars and refresher courses shall be targeted to access line users and focused upon a medically appropriate topic(s) within child psychiatry. The times and locations of educational seminars and refresher courses shall be determined by the access line provider.

Data Collection and Reporting Requirements

Access line providers shall collect and report the following data:

1. All applicable inquiries to the service shall be recorded by the access line provider to include:
 - a. Form(s) of communication utilized
 - b. Any medically applicable and appropriate background information related to the inquiry, including a brief description of the presenting problem, reason for contact (e.g. diagnostic, medication, referral), basic demographics of the patient served (age, gender, insurance coverage), and type of provider requesting service (physician, clinical nurse specialist, etc.)
 - i. Information will also be recorded related to the consultation provided, including if consultation was provided on diagnosis, treatment, and/or medication management, and any referrals given.
2. Service response times; the total number of contacts received; the total number of cases served; and the total number of individual providers and practices requesting service.
3. Detail the practice recruitment and educational efforts that were conducted, and shall detail outreach efforts conducted to recruit additional practices in their respective geographical areas.
4. Data shall be provided to the state (using a template provided by the state) after 18 months of operation (January 1, 2016), and reported every 12 months thereafter (January 1 of subsequent years).

DHS shall collect and report the following data annually:

1. DHS shall conduct yearly surveys of clinicians utilizing the various access lines to assess amount of psychiatric care, and satisfaction with the access line and educational opportunities provided. DHS will also conduct a brief, one-time interview of a subset of clinicians, or clinic representatives, 6-12 months after each practice's initiation of the program for process evaluation assessing the initial barriers to and benefits of implementation for future improvement.
 - a. Surveys should also determine "before and after" perceived levels of the clinician's:
 - i. Treatment abilities and confidence,
 - ii. Awareness of relevant regional resources
2. DHS surveys may also collect additional data as relevant to measuring program outcomes.

Guiding Principles for Contract Criteria for a Child Psychiatry Access Line 09/13/2013 - DRAFT a

Eligibility Criteria

1. The drafting Instructions state that state-selected access line providers must successfully demonstrate the required infrastructure to be located within the geographic service territory of the proposed regional hub. In connection with this eligibility requirement, DHS should require:
 - a. The access line provider to be physically located within the geographic service territory of the regional hub.
 - b. The access line provider must also be affiliated with a hospital system that is physically located within the geographic service territory of the regional hub.
2. The drafting instructions state that access line staff must be physically located on-site at the access line provider's facilities. In connection with this requirement, DHS should define "on-site" as:
 - a. In the case of an urban regional hub, on-site is defined as a 20-miles radius of the access line provider's facilities.
 - b. In the case of a rural regional hub, the on-site radius will be determined by the department.
3. The drafting instructions specify various staffing levels for access line providers. In connection with these staffing requirements, DHS shall require the provider's ability to provide:
 - a. The employment allocation shall ensure capacity to provide full MD or APNP coverage during business hours. Therefore, a minimum of two providers must be either employed or available to provide the necessary services.
 - b. Social workers and psychologists must hold professional degrees and full state licensure within their respective fields, and shall be responsible for clinical assessments and transitional therapy, whom may also consult with PCPs and facilitate referrals for the cases they are involved with. This person should also be able to consult around behavioral management or diagnostic questions that need not involve the psychiatrist, and should be available for diagnostic second opinions.
 - c. Care coordinators shall actively facilitate referrals, contacting families to find out their needs and preferences and identifying well-matched therapists or psychiatrists who have openings.
 - d. Administrative support shall have capacity to facilitate consultative services and new member outreach, educational services, along with data collection and reporting.

Additional DHS Criteria for Selecting Access Line Providers

1. DHS shall give preference to providers who propose educational components to the services.
2. DHS may give preference to providers utilizing board certified child and adolescent psychiatrists.



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3212? PI
TJD: /:....

In: 10/4/13

Due Tues
10/8 if
possible

RMR sac

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 *general*
AN ACT ...; relating to: child psychiatry access program.

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

***NOTE: I did not include an appropriation in this draft as I do not know how much you want appropriated for the program. Do you want a new appropriation or do you want this included with another mental health appropriation?

2 SECTION 1. 51.442 of the statutes is created to read:

3 **51.442 Child psychiatry access program.** (1) In this section, "primary care
4 clinicians" include pediatricians, family physicians, nurse practitioners, and
5 physician assistants.

6 (2) The department shall create and administer a child psychiatry access
7 program to assist primary care clinicians, including pediatricians, family
8 physicians, nurse practitioners, and physician assistants in providing enhanced care

Handwritten annotations:
- A large circle around the text "primary care clinicians, including pediatricians, family physicians, nurse practitioners, and physician assistants in providing enhanced care".
- A smaller circle around "nurse practitioners".
- The word "practitioners" is written below "nurse practitioners" with an arrow pointing to it.
- There are other scribbles and arrows at the bottom right.

1 to pediatric patients with mild to moderate mental health care needs, to provide
2 referral support for those pediatric patients who need care that is beyond the scope
3 of primary care practice, and to provide additional services described in this section.
4 The child psychiatry access program created under this section is not an emergency
5 referral service.

6 (3) The department may provide education in person, by teleconference or
7 video conference, or by both to organizations or individuals who are providing
8 consultation services through the program under this section.

9 (4) The department may do any of the following in administering the program
10 under this section:

11 (a) Direct the office of children's mental health to oversee the program.

12 (b) Work with the department of children and families to oversee the program.

13 (c) Contract with a child psychiatrist to be the medical director of and to oversee
14 the program.

15 (5) (a) In the period before January 1, 2016, the department shall review
16 proposals submitted by organizations seeking to provide consultation services
17 through the program under this section and shall designate one urban and one rural
18 regional program hub based on the submitted proposals. The department shall
19 select and provide moneys to organizations to provide consultation services through
20 the child psychiatry access program in a manner that maximizes medically
21 appropriate access and services as described under sub. (6).

22 (b) Beginning on January 1, 2016, the department shall create additional
23 regional program hubs in order to provide consultation services statewide.

****NOTE: For clarity, I selected specific dates for this provision. Do the dates
selected comply with your intent?

Shall make available

1 (6) The department shall select qualified organizations to provide access
 2 program services through the regional hubs. Each regional hub has its own
 3 qualified provider or consortium of providers. To be a qualified provider in the
 4 program under this section, an organization shall successfully demonstrate it meets
 5 all of the following criteria:

****NOTE: The following list should be the requirements for applicants to provide
 consultation services, but some of these cannot be fulfilled until the provider is already
 providing services in the program. Do you want to divide the list into the qualifications
 needed to become part of the program and the qualifications needed to remain in the
 program? Would you like to require the provider to sign a contract promising to do some
 of these tasks?

6 (a) The organization has the required infrastructure to be located within the
 7 geographic service area of the proposed regional hub.

8 (b) Any individual who would be providing consulting services through the
 9 program is located on-site at the organization's facility.

10 (c) The organization has at the time of participation in the program and
 11 maintains all of the following staffing levels:

12 1. A minimum of one full-time equivalent psychiatrist, who is either eligible
 13 for certification or certified by the American Board of Psychiatry and Neurology for
 14 either adult psychiatry or child and adolescent psychiatry or both.

* ****NOTE: What does employment allocation mean in the request language? Is it
 necessary that the phrase be added to the language in the draft?

****NOTE: Is the ABPN the "board" to which the requested language is referring?

15 2. A minimum of one and one-half full-time equivalent social worker or
 16 psychologist.

17 3. A minimum of one full-time equivalent care coordinator.

18 4. Appropriate administrative support.

19 (d) The organization operates during the normal business hours of Monday to
 20 Friday between 8 a.m. and 5 p.m., excluding weekends and holidays.

1 (e) The organization shall be able to provide consultation services as promptly
2 as is practicable.

3 (f) The organization shall provide all of the following services:

4 1. Support for primary care clinicians to assist in the management of children
5 and adolescents with mild to moderate mental health problems and to provide
6 referral support for those patients who are considered beyond the scope of primary
7 care practice.

8 2. A triage-level assessment to determine the most appropriate response to
9 each request, including appropriate referrals to other mental health professionals.

10 3. When medically appropriate, diagnostic and therapeutic feedback.

11 4. Recruitment of other practices in the regional hub's service territory to the
12 provider's services.

13 (g) The organization shall have the capability to provide consultation services
14 by telephone, at a minimum.

15 (7) (a) An organization providing consultation services through the program
16 under this section may provide services by teleconference, video conference,
17 voice-over internet protocol, electronic mail, pager, or in-person. ^{conference}

****NOTE: I added some communication forms to the list to encompass telehealth or telemedicine. Please ensure that this meets your intent.

18 (b) The organization providing consultation services through the program
19 under this section may provide any of the following services, which are eligible for
20 funding from the department:

21 1. Second opinion diagnostic and medication management evaluations
22 conducted by either ^{by a} the psychiatrist or ^{by} a social worker or psychologist either
23 ^{by} in person or ^{by} teleconference, video conference, or voice-over internet protocol. ^{conference}

1 2. In-person or Internet site-based educational seminars and refresher
2 courses provided to ^{any} primary care clinician who uses the program on a medically
3 appropriate topic within child psychiatry.

4 (8) (7) Beginning on January 1, 2016, and annually thereafter, an organization that
5 provides consultation services through the program under this section shall report
6 all of the following to the department in a format ^{required by} and on a form created by the
7 department:

8 (a) A record of each request for services that includes all of the following
9 information:

- 10 1. The form of communication used.
- 11 2. Any medically applicable and appropriate background information related
- 12 to the inquiry, including all of the following:
 - 13 a. A brief description of the presenting problem.
 - 14 b. The reason for the request for consultation services.
 - 15 c. Basic demographic information of the patient served, including insurance
 - 16 coverage.
 - 17 d. Type of provider requesting consultation service.

* ****NOTE: Is this subd. 2 [↑] intended to require the report to contain a similar level
of detail that would be included in a medical record?

18 3. Information on the consultation provided, including whether the
19 consultation was provided on diagnosis, treatment, or medication management and
20 whether any referral is given.

21 (b) Consultation service response times, the total number of requests for
22 services, the total number of cases for which consultation services are provided, and
23 the total number of individuals and practices requesting consultation services.

1 (c) A description of the recruitment and educational efforts conducted by the
2 organization providing consultation services.

3 (9) (8) (a) The department shall conduct annual surveys of primary care clinicians
4 who use the program under this section to assess the amount of psychiatric care
5 provided, the satisfaction with the consultations provided, and the educational
6 opportunities provided.

7 (b) Six to twelve months after a clinical practice group begins using the child
8 psychiatry access program, the department shall conduct an interview of at least one
9 primary care clinician from that practice group to assess the barriers to and benefits
10 of participation to make future improvements and to determine the primary care
11 clinician's treatment abilities, confidence, and awareness of relevant resources
12 before and after using the child psychiatry access program.

13 (c) The department may collect additional data as needed to measure program
14 outcomes.

15 (END)

Dodge, Tamara

From: Scholz, AJ
Sent: Tuesday, October 08, 2013 5:41 PM
To: Dodge, Tamara
Subject: LRB 3212

[Appropriation]

Hello Tami,

Here are some points relating to LRB 3212/P1 that should answer all of your questions in the drafter note. I think after these changes we should be good to go. Let me know if you have any questions.

- 1) Rep. Ballweg expressed interest in changing the name from "Child Psychiatry Access Program" to "Child Psychiatry Consultation Program." We think this makes sense, and the references in the bill could be updated to reflect this recommendation.
- 2) Page 2, Delete lines 6-8. We did not intend to have DHS providing the educational services. Our intent was to give the access line providers the ability to provide educational services to the clinicians utilizing the service. Since the draft already allows this under Page 5, lines 3-5, the reference on Page 2 should simply be deleted for clarity.
- 3) Page 2, Delete lines 9-13. We spoke with DHS, and it appears they would prefer the draft to not include any prescriptive requirement (or appearance to that effect) in regard to where/how the program would be housed within the department. Therefore, I think this entire paragraph can safely be removed, as Page 1, Lines 7-8, through Page 2, Lines 1-5 already provide DHS with the requirement to create and administer the program.
- 4) Page 2, Line 15: I think we would want DHS to select the first two hubs no later than January 1, 2015, rather than 2016. As a side note, I have preliminarily heard that there is the possibility for federal matching Medicaid funding for the program. As a result, it would be important to give DHS an adequate amount of time to go through the federal waiver process to attempt to obtain this funding. I believe January 1, 2015 would be sufficient, but we may need to be flexible regarding this timing as the bill moves along through the process.
- 5) Page 2, Lines 22-23: Going statewide on January 1, 2016 looks great!! The only caveat would be if the legislature decides to fund the bill at a higher level, we would advocate on behalf of going statewide immediately, rather than starting off with one urban/one rural site initially.. If this is the case, then we would ask for an annual \$3 million appropriation (or less, depending upon the viability/amount of federal Medicaid matching funds).
- 6) Page 3, Lines 1-5: If the drafter believes that the bill would be improved by dividing this list into qualifications needed to become part of the program, vs. qualifications needed to remain in the program, that would be fine. Additionally, as the drafter suggested, requiring the provider to sign a contract promising to do the tasks outlined would also make sense.
- 7) Page 3, Lines 12-14: In regard to the drafter's first note, I think the drafter did a great job with the employment language. In regard to the Drafter's second note, I will have to get back to you regarding "ABPN" as the "board" we are referencing.
- 8) Page 4, Lines 15-17: In regard to the drafter's note, I think the language used in the draft looks good.
- 9) Page 5, Line 19: In regard to the drafter's note, I do not believe that we are intending to require the same level of detail that would be included in a medical record, since the actual patients will be anonymous to the access line providers. I think it would be better to keep this section simple – without modifications.

Page 6, Lines 10-15. I think this section very nearly captured our intent. We do want to add, however, that the primary care clinicians are also surveyed either before, or at the very beginning, of when they begin utilizing the consultation line services. We believe that this is a very important metric to capture. If we only capture what they perceived their level of expertise to be after utilizing the service for 6-12 months, the data captured may not be as accurate.

AJ Scholz

Office of Representative Erik Severson

608-267-2365

221 North, State Capitol

Dodge, Tamara

From: Hanus, Andrew
Sent: Tuesday, October 08, 2013 7:26 PM
To: Rep.Steineke; Turke, Jon; Dodge, Tamara
Cc: Scholz, AJ
Subject: Draft: Child Psych Access Line
Attachments: 13-3212_P1.pdf

Rep. Steineke,

Attached please find the bill draft for the child psych access line as discussed by the Mental Health Task Force. In order to ensure we can get this bill on the floor in November, a co-sponsorship (with a /1 draft) will need to go out by Monday, October 14, and close on Friday, October 18. Also, since this is only a P draft, please make sure it fits with your intent. That said, I think it is understood by everybody involved that some of the mental health task force bills will require modification in committee.

Tami,

Please give Rep. Steineke and his staff control over the attached bill draft.

Contact me with any questions.

Thanks,

Andrew

Andrew Hanus
Office of Assembly Speaker Vos
211 West, State Capitol
Phone: (608) 266-9171

*Telephone conference with
AJ - Rep. Severson's office
gives permission to turn the
draft over to Rep. Steineke.*

Dodge, Tamara

From: Turke, Jon
Sent: Thursday, October 10, 2013 9:11 AM
To: Dodge, Tamara
Subject: FW: Child Psych Line

Hi Tamara-

Could you please add the additional changes below to the child psych line bill?

Thanks!

Jon Turke
Office of Rep. Jim Steineke
Assistant Majority Leader
608-266-2418

-----Original Message-----

From: Berken, Nathan [mailto:nberken@mcw.edu]
Sent: Wednesday, October 09, 2013 4:08 PM
To: Turke, Jon
Cc: Kuhn, Kathryn
Subject: Fwd: Child Psych Line

Good afternoon Jon,

Again, thank you for our discussion today. I would like to take this opportunity to provide a couple of additional drafting suggestions from our group. In addition to the list below (see my email to AJ), we would also respectfully recommend the following updates to the draft:

11) Page 5, line 22 - Add in : "4. Information on which program professional provided the consultation (i.e. psychiatrist, therapist or care coordinator)"

12) Page 6, lines 7 and 8 - Edit the text to say, "...to assess the amount of pediatric mental health care provided, self-perceived levels of confidence in providing pediatric mental health services, and satisfaction with consultations and educational opportunities provided."

Please let me know if you have any questions.

Nathan

Sent from my iPad

Begin forwarded message:

From: "Berken, Nathan" <nberken@mcw.edu<mailto:nberken@mcw.edu>>
Date: October 8, 2013 at 3:50:08 PM CDT
To: "Scholz, AJ" <AJ.Scholz@legis.wisconsin.gov<mailto:AJ.Scholz@legis.wisconsin.gov>>
Cc: "Kuhn, Kathryn" <kkuhn@mcw.edu<mailto:kkuhn@mcw.edu>>
Subject: RE: Child Psych Line

Good afternoon AJ!

Thanks so much for the fast turnaround. The draft looks great, and I only have a couple of comments:

- 1) Rep. Ballweg expressed interest in changing the name from "Child Psychiatry Access Program" to "Child Psychiatry Consultation Program." We think this makes sense, and the references in the bill could be updated to reflect this recommendation.

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Therefore, could you please have the draft modified so that clinicians take the DHS survey data on the front end as well? I think the clinician could theoretically be required to access the survey through a link to DHS' website. This could be done prior to using the service for the first time, or within a set period of time after the first contact is made (such as 30 days, etc.).

I know this looks like a lot AJ, but the draft really looks great overall. Thanks to you and the drafter for such a quick turnaround!

Sincerely,

Nathan

--

Nathan Berken
Director of Government Relations
Medical College of Wisconsin
414.955.8588
nberken@mcw.edu<mailto:nberken@mcw.edu>

From: Scholz, AJ [mailto:AJ.Scholz@legis.wisconsin.gov]
Sent: Tuesday, October 08, 2013 2:06 PM
To: Berken, Nathan
Subject: Child Psych Line

Hey Nathan,

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Hope you are having a good week. Talk to you soon, feel free to contact me if you have any questions.

Sincerely,

AJ Scholz
Office of Representative Erik Severson
608-267-2365
221 North, State Capitol



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3212(P1)

TJD:sac:in

RMNR

In: 10/9/13

Due Thurs
10/10 by end
of day

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

D-note

- gen cat

consultation

1 AN ACT to create 51.442 of the statutes; relating to: child psychiatry access
2 program.

Insert Analysis

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

***NOTE: I did not include an appropriation in this draft as I do not know how much you want appropriated for the program. Do you want a new appropriation or do you want this included with another mental health appropriation?

3 SECTION 1. 51.442 of the statutes is created to read: consultation
4 51.442 Child psychiatry access program. (1) In this section, "primary care
5 clinicians" include pediatricians, family physicians, nurse practitioners, and
6 physician assistants.

consultation

7 (2) The department shall create and administer a child psychiatry access
8 program to assist primary care clinicians in providing enhanced care to pediatric

1 patients with mild to moderate mental health care needs, to provide referral support
 2 for those pediatric patients who need care that is beyond the scope of primary care
 3 practice, and to provide additional services described in this section. The child
 4 psychiatry access ^{consultation} program created under this section is not an emergency referral
 5 service.

6 ~~(3) The department may provide education in person, by teleconference or
 7 video conference, or by both to organizations or individuals who are providing
 8 consultation services through the program under this section.~~

9 ~~(4) The department may do any of the following in administering the program
 10 under this section:~~

- 11 ~~(a) Direct the office of children's mental health to oversee the program.~~
- 12 ~~(b) Work with the department of children and families to oversee the program.~~
- 13 ~~(c) Contract with a child psychiatrist to be the medical director of and to oversee
 14 the program.~~

15 ~~(3)~~ ⁽⁵⁾ (a) In the period before January 1, 2016⁵, the department shall review
 16 proposals submitted by organizations seeking to provide consultation services
 17 through the ^{consultation} program under this section and shall designate one urban and one rural
 18 regional program hub based on the submitted proposals. The department shall
 19 select and provide moneys to organizations to provide consultation services through
 20 the child psychiatry access ^{consultation} program in a manner that maximizes medically
 21 appropriate access and services as described under sub. ~~(6)~~ ⁽⁴⁾.

22 (b) Beginning on January 1, 2016, the department shall create additional
 23 regional program hubs in order to provide consultation services statewide.

****NOTE: For clarity, I selected specific dates for this provision. Do the dates selected comply with your intent?

Consultation

(B)
 (4) (6) The department shall select qualified organizations to provide access
 2 program services through the regional hubs. Each regional hub shall make available
 3 its own qualified provider or consortium of providers. To be a qualified provider in
 4 the program under this section, an organization shall successfully demonstrate it
 5 meets all of the following criteria:

****NOTE: The following list should be the requirements for applicants to provide
 consultation services, but some of these cannot be fulfilled until the provider is already
 providing services in the program. Do you want to divide the list into the qualifications
 needed to become part of the program and the qualifications needed to remain in the
 program? Would you like to require the provider to sign a contract promising to do some
 of these tasks?

6 (a) The organization has the required infrastructure to be located within the
 7 geographic service area of the proposed regional hub.

8 (b) Any individual who would be providing consulting services through the
 9 program is located on-site at the organization's facility.

10 (c) The organization has at the time of participation in the program and
 11 maintains all of the following staffing levels:

12 a. (1) A minimum of one full-time equivalent psychiatrist, who is either eligible
 13 for certification or certified by the American Board of Psychiatry and Neurology, Inc.,
 14 for either adult psychiatry or child and adolescent psychiatry or both.

****NOTE: What does employment allocation mean in the request language? Is it
 necessary that the phrase be added to the language in the draft?
 ****NOTE: Is the ABPN the "board" to which the requested language is referring?

15 b. (2) A minimum of one and one-half full-time equivalent social worker or
 16 psychologist.

17 c. (3) A minimum of one full-time equivalent care coordinator.

18 d. (4) Appropriate administrative support.

19 (d) The organization operates during the normal business hours of Monday to
 20 Friday between 8 a.m. and 5 p.m., excluding weekends and holidays. into

(c) The organization enters a contract with the department
 agreeing to satisfy all of the following criteria as a condition
 of providing services through the consultation program:

13. e (e) The organization shall be able to provide consultation services as promptly
2 as is practicable.

34. e (f) The organization shall provide all of the following services:

4 a. e (1) Support for primary care clinicians to assist in the management of children
5 and adolescents with mild to moderate mental health problems and to provide
6 referral support for those patients who are considered beyond the scope of primary
7 care practice.

8 b. e (2) A triage-level assessment to determine the most appropriate response to
9 each request, including appropriate referrals to other mental health professionals.

10 c. e (3) When medically appropriate, diagnostic and therapeutic feedback.

11 d. e (4) Recruitment of other practices in the regional hub's service territory to the
12 provider's services.

13 5. e (g) The organization shall have the capability to provide consultation services
14 by telephone, at a minimum.

15 8 (5) (7) (a) An organization providing consultation services through the program
16 under this section may provide services by teleconference, video conference, voice
17 over Internet protocol, electronic mail, pager, or in-person conference.

****NOTE: I added some communication forms to the list to encompass telehealth
or telemedicine. Please ensure that this meets your intent.

18 (b) The organization providing consultation services through the program
19 under this section may provide any of the following services, which are eligible for
20 funding from the department:

21 1. Second opinion diagnostic and medication management evaluations
22 conducted either by a psychiatrist or by a social worker or psychologist either by

1 in-person conference or by teleconference, video conference, or voice over Internet
2 protocol.

3 2. In-person or Internet site-based educational seminars and refresher
4 courses provided to any primary care clinician who uses the program on a medically
5 appropriate topic within child psychiatry.

consultation

^

6 (6) (8) Beginning on January 1, 2016, and annually thereafter, an organization
7 that provides consultation services through the program under this section shall
8 report all of the following to the department in a format required by and on a form
9 created by the department:

consultation

^

10 (a) A record of each request for services that includes all of the following
11 information:

consultation

^

- 12 1. The form of communication used.
- 13 2. Any medically applicable and appropriate background information related
- 14 to the inquiry, including all of the following:
 - 15 a. A brief description of the presenting problem.
 - 16 b. The reason for the request for consultation services.
 - 17 c. Basic demographic information of the patient served, including insurance
 - 18 coverage.
 - 19 d. Type of provider requesting consultation service.

***NOTE: Is this subd. 2. intended to require the report to contain a similar level of detail that would be included in a medical record?

20 3. Information on the consultation provided, including whether the
21 consultation was provided on diagnosis, treatment, or medication management and
22 whether any referral is given.

4. Information on which type of mental health professional provided the consultation.

consultation

1 (b) Consultation service response times, the total number of requests for
2 services, the total number of cases for which consultation services are provided, and
3 the total number of individuals and practices requesting consultation services.

4 (c) A description of the recruitment and educational efforts conducted by the
5 organization providing consultation services.

pediatric mental health

6 (7) (9) (a) The department shall conduct annual surveys of primary care clinicians
7 who use the ^{consultation} program under this section to assess the amount of psychiatric care
8 provided, the satisfaction with the consultations provided, and the educational
9 opportunities provided.

Immediately

10 (b) Six to twelve months after a clinical practice group begins using the child
11 psychiatry access program, the department shall conduct an interview of at least one
12 primary care clinician from that practice group to assess the barriers to and benefits
13 of participation to make future improvements and to determine the primary care
14 clinician's treatment abilities, confidence, and awareness of relevant resources
15 before and after using the child psychiatry access ^{consultation} program.

consultation

under this section and again 6 to 12 months later

16 (c) The department may collect additional data ^{on the consultation} as needed to measure program
17 outcomes.

Program under this section

(END)

D-note

self-perceived levels of confidence in providing
pediatric mental health services, and

2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3212/lins
TJD:.....

1

INSERT ANALYSIS

This bill requires the Department of Health Services (DHS) to create and administer a child psychiatry consultation program (consultation program) to assist primary care clinicians in providing enhanced care to pediatric patients with mild to moderate health care needs, to provide referral support for those patients who need care beyond the scope of primary practice, and provide additional services. The consultation program is not an emergency referral service. Before January 1, 2015, DHS must review proposals submitted by organizations seeking to provide consultation services through this consultation program (consultation providers) and must designate one urban and one rural regional program hub based on the organization's submitted proposals. Beginning on January 1, 2016, DHS must create additional regional program hubs to expand the consultation program statewide. to

Under the bill, DHS must select qualified providers to provide consultation program services. To be a qualified consultation provider, an organization must demonstrate it meets certain criteria as specified in the bill. While required to have the capability to provide consultation services by telephone, a consultation provider may provide services by certain other means of communication including in-person conference. A consultation provider may also provide the following services, which are eligible for funding from DHS: certain second opinion diagnostic and medication management evaluations and certain in-person or Internet site-based educational seminars and refresher courses provided to any primary care clinician who uses the consultation program. Beginning on January 1, 2016, a consultation provider must report annually to DHS all of the following: a record of each request for consultation services including certain information specified in the bill; consultation service response times, the total number of requests for consultation services, the total number of cases for which consultation services are provided, and the total number of individuals and practices requesting consultation services; and a description of the recruitment and educational efforts conducted by the consultation provider.

The bill also requires the department to conduct annual surveys of primary care clinicians who use the consultation program and conduct interviews of certain primary care clinicians who use the consultation program.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

(END INSERT ANALYSIS)

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-3212/1dn

TJD:f:...

SAC

Date

To Representative Steineke:

Please note that this draft does not include an appropriation or any other indication of how the child psychiatry consultation program is funded. If you would like a new appropriation to fund this program or wish to fund the program from existing appropriations, please contact me.

Tamara J. Dodge
Legislative Attorney
Phone: (608) 267-7380
E-mail: tamara.dodge@legis.wisconsin.gov

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-3212/1dn
TJD:sac:rs

October 10, 2013

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Dodge, Tamara

From: Turke, Jon
Sent: Thursday, October 10, 2013 3:40 PM
To: Dodge, Tamara
Subject: RE: Child Psych Line

That's correct. I'm pretty sure the current budget set aside \$5 mil for bills that were coming out of the mental health task force. So I'm pretty sure it will be GPR.

Thanks!

Jon Turke
Office of Rep. Jim Steineke
Assistant Majority Leader
608-266-2418

-----Original Message-----

From: Dodge, Tamara
Sent: Thursday, October 10, 2013 3:39 PM
To: Turke, Jon
Subject: RE: Child Psych Line

Jon,

Do you want the funding to come from GPR then? I assume you want a separate appropriation and don't want the funding to come out of an existing program, correct?

Thanks,
Tami

Tamara J. Dodge
Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov

-----Original Message-----

From: Turke, Jon
Sent: Thursday, October 10, 2013 3:36 PM
To: Dodge, Tamara
Subject: RE: Child Psych Line

Hi Tamara-

We have a few more changes after meeting with my boss today.

1) Putting in the funding. One time appropriation of \$1mil

- 2) On page 5, lines 13-14 it currently reads "2. Any medically applicable and appropriate background information related to the inquiry, including all of the following:" Jim would like to tighten that up to read "limited to the following".
- 3) Jim would like to clarify the staffing requirements on Page 3 line 17 and after. He would like to make sure it doesn't read that the staff need to be 100% dedicated to this phone line. Mostly because he doesn't see how it could be funded with \$500k to have all these people working solely on the line.

Additionally, Nate Berken has one other change which is fine with us:

Thanks for your help today and forwarding the updated draft. I just have one more minor tweak:

- On Page 6, Lines 13-14 (of the updated /1), the bill references DHS interviewing "at least one" primary care clinician from each clinical practice group. Our intention was to interview as many of the primary care clinicians participating in the program as possible. Could the draft be updated to reflect this intent? For example, one solution may simply be to remove the words "at least one" and on line 14, change "clinician" to "clinicians."

Thanks for the quick turnaround time on this!

Jon Turke
Office of Rep. Jim Steineke
Assistant Majority Leader
608-266-2418

-----Original Message-----

From: Dodge, Tamara
Sent: Thursday, October 10, 2013 10:10 AM
To: Turke, Jon
Subject: RE: Child Psych Line

Jon,

The larger list of changes I already had in progress, and I caught the draft before it was sent out to make the last two changes. So, the next version of the draft you receive should contain all of the changes below. You should receive the draft today.

Thanks,
Tami

Tamara J. Dodge
Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov

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Sincerely,

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Nathan Berken
Director of Government Relations
Medical College of Wisconsin
414.955.8588
nberken@mcw.edu<mailto:nberken@mcw.edu>

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Hope you are having a good week. Talk to you soon, feel free to contact me if you have any questions.

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AJ Scholz

Office of Representative Erik Severson
608-267-2365
221 North, State Capitol

Dodge, Tamara

From: Turke, Jon
Sent: Friday, October 11, 2013 9:27 AM
To: Dodge, Tamara
Subject: FW: Child Psych Line

Importance: High

Of course I got ahead of myself... here's another change.

Jon Turke

Office of Rep. Jim Steineke
Assistant Majority Leader
608-266-2418

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Sent: Friday, October 11, 2013 9:27 AM
To: Turke, Jon
Cc: Kuhn, Kathryn
Subject: RE: Child Psych Line
Importance: High

Good morning Jon,

Per our conversation this morning, our group had an additional change for the drafter today:

- Page 2, line 3: Change "primary care clinicians" to "participating clinicians." Therefore, Page 2, lines 2-4 would read, "In this section, "participating clinicians" include pediatricians, family physicians, nurse practitioners, and physician assistants."
- As a result of this change, there are numerous other references in the bill that would be updated.

Please let me know if you have any questions.

Sincerely,

Nathan

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Hi Jon,

Thanks for your help today and forwarding the updated draft. I just have one more minor tweak:

- On Page 6, Lines 13-14 (of the updated /1), the bill references DHS interviewing "at least one" primary care clinician from each clinical practice group. Our intention was to interview as many of the primary care clinicians participating in the program as possible. Could the draft be updated to reflect this intent? For example, one solution may simply be to remove the words "at least one" and on line 14, change "clinician" to "clinicians."

We haven't had a chance to review the updated /1, but we greatly appreciate all of your prompt assistance and the very fast turn-around time of the drafter!

Sincerely,

Nathan

From: Berken, Nathan
Sent: Wednesday, October 09, 2013 4:08 PM
To: Jon Turke
Cc: Kuhn, Kathryn
Subject: Fwd: Child Psych Line

Good afternoon Jon,

Again, thank you for our discussion today. I would like to take this opportunity to provide a couple of additional drafting suggestions from our group. In addition to the list below (see my email to AJ), we would also respectfully recommend the following updates to the draft:

11) Page 5, line 22 - Add in : "4. Information on which program professional provided the consultation (i.e. psychiatrist, therapist or care coordinator)"

12) Page 6, lines 7 and 8 - Edit the text to say, "...to assess the amount of pediatric mental health care provided, self-perceived levels of confidence in providing pediatric mental health services, and satisfaction with consultations and educational opportunities provided."

Please let me know if you have any questions.

Nathan

Sent from my iPad

Begin forwarded message:

From: "Berken, Nathan" <nberken@mcw.edu>
Date: October 8, 2013 at 3:50:08 PM CDT
To: "Scholz, AJ" <AJ.Scholz@legis.wisconsin.gov>
Cc: "Kuhn, Kathryn" <kkuhn@mcw.edu>
Subject: RE: Child Psych Line

Good afternoon AJ!

Thanks so much for the fast turnaround. The draft looks great, and I only have a couple of comments:

- 1) Rep. Ballweg expressed interest in changing the name from "Child Psychiatry Access Program" to "Child Psychiatry Consultation Program." We think this makes sense, and the references in the bill could be updated to reflect this recommendation.

- 2) Page 2, Delete lines 6-8. We did not intend to have DHS providing the educational services. Our intent was to give the access line providers the ability to provide educational services to the clinicians utilizing the service. Since the draft already allows this under Page 5, lines 3-5, the reference on Page 2 should simply be deleted for clarity.
- 3) Page 2, Delete lines 9-13. We spoke with DHS, and it appears they would prefer the draft to not include any prescriptive requirement (or appearance to that effect) in regard to where/how the program would be housed within the department. Therefore, I think this entire paragraph can safely be removed, as Page 1, Lines 7-8, through Page 2, Lines 1-5 already provide DHS with the requirement to create and administer the program.
- 4) Page 2, Line 15: I think we would want DHS to select the first two hubs no later than January 1, 2015, rather than 2016. As a side note, I have preliminarily heard that there is the possibility for federal matching Medicaid funding for the program. As a result, it would be important to give DHS an adequate amount of time to go through the federal waiver process to attempt to obtain this funding. I believe January 1, 2015 would be sufficient, but we may need to be flexible regarding this timing as the bill moves along through the process.
- 5) Page 2, Lines 22-23: Going statewide on January 1, 2016 looks great!! The only caveat would be if the legislature decides to fund the bill at a higher level, we would advocate on behalf of going statewide immediately, rather than starting off with one urban/one rural site initially.. If this is the case, then we would ask for an annual \$3 million appropriation (or less, depending upon the viability/amount of federal Medicaid matching funds).
- 6) Page 3, Lines 1-5: If the drafter believes that the bill would be improved by dividing this list into qualifications needed to become part of the program, vs. qualifications needed to remain in the program, that would be fine. Additionally, as the drafter suggested, requiring the provider to sign a contract promising to do the tasks outlined would also make sense.
- 7) Page 3, Lines 12-14: In regard to the drafter's first note, I think the drafter did a great job with the employment language. In regard to the Drafter's second note, I will have to get back to you regarding "ABPN" as the "board" we are referencing.
- 8) Page 4, Lines 15-17: In regard to the drafter's note, I think the language used in the draft looks good.
- 9) Page 5, Line 19: In regard to the drafter's note, I do not believe that we are intending to require the same level of detail that would be included in a medical record, since the actual patients will be anonymous to the access line providers. I think it would be better to keep this section simple – without modifications.
- 10) Page 6, Lines 10-15. I think this section very nearly captured our intent. We do want to add, however, that the primary care clinicians are also surveyed either before, or at the very beginning, of when they begin utilizing the consultation line services. We believe that this is a very important metric to capture. If we only capture what they perceived their level of expertise to be after utilizing the service for 6-12 months, the data captured may not be as accurate.

Therefore, could you please have the draft modified so that clinicians take the DHS survey data on the front end as well? I think the clinician could theoretically be required to access the survey through a link to DHS' website. This could be done prior to using the service for the first time, or within a set period of time after the first contact is made (such as 30 days, etc.).

I know this looks like a lot AJ, but the draft really looks great overall. Thanks to you and the drafter for such a quick turnaround!

Sincerely,

Nathan

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Nathan Berken
Director of Government Relations
Medical College of Wisconsin
414.955.8588
nberken@mcw.edu

From: Scholz, AJ [<mailto:AJ.Scholz@legis.wisconsin.gov>]

Sent: Tuesday, October 08, 2013 2:06 PM

To: Berken, Nathan

Subject: Child Psych Line

Hey Nathan,

Attached is a copy of the prelim draft for the child psych line. I hate to put you under the gun, but we are looking to have a co-sponsorship out for this by Monday. That means that any thoughts or ideas you have about the bill language needs to be ASAP. Like I said, I apologize for putting you under the gun like this. Also, I will let you know as soon as I find out who is going to introduce the bill in order for you to work with them and possibly assist in a co-sponsorship memo.

Hope you are having a good week. Talk to you soon, feel free to contact me if you have any questions.

Sincerely,

AJ Scholz
Office of Representative Erik Severson
608-267-2365
221 North, State Capitol



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3212/1

TJD:sac:se

RMR

In: 10/10/13
after hours

Due Fri
10/11

2013 BILL

1 AN ACT to create 51.442 of the statutes; relating to: child psychiatry
2 consultation program. and making an appropriation

- gen cont

Analysis by the Legislative Reference Bureau

participating

This bill requires the Department of Health Services (DHS) to create and administer a child psychiatry consultation program (consultation program) to assist primary care clinicians in providing enhanced care to pediatric patients with mild to moderate health care needs, to provide referral support for those patients who need care beyond the scope of primary practice, and to provide additional services. The consultation program is not an emergency referral service. Before January 1, 2015, DHS must review proposals submitted by organizations seeking to provide consultation services through this consultation program (consultation providers) and must designate one urban and one rural regional program hub based on organizations' submitted proposals. Beginning on January 1, 2016, DHS must create additional regional program hubs to expand the consultation program statewide.

Under the bill, DHS must select qualified providers to provide consultation program services. To be a qualified consultation provider, an organization must demonstrate it meets certain criteria as specified in the bill. While required to have the capability to provide consultation services by telephone, a consultation provider may provide services by certain other means of communication including in-person conference. A consultation provider may also provide the following services, which are eligible for funding from DHS: certain second opinion diagnostic and medication management evaluations and certain in-person or Internet site-based educational

BILL

participating

seminars and refresher courses provided to any primary care clinician who uses the consultation program. Beginning on January 1, 2016, a consultation provider must report annually to DHS all of the following: a record of each request for consultation services including certain information specified in the bill; consultation service response times, the total number of requests for consultation services, the total number of cases for which consultation services are provided, and the total number of individuals and practices requesting consultation services; and a description of the recruitment and educational efforts conducted by the consultation provider.

participating

participating

The bill also requires the department to conduct annual surveys of primary care clinicians who use the consultation program and conduct interviews of certain primary care clinicians who use the consultation program.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Insert 2-1

1 SECTION 1. 51.442 of the statutes is created to read:

participating

2 **51.442 Child psychiatry consultation program.** (1) In this section,
3 "primary care clinicians" include pediatricians, family physicians, nurse
4 practitioners, and physician assistants.

5 (2) The department shall create and administer a child psychiatry consultation
6 program to assist primary care *participating* clinicians in providing enhanced care to pediatric
7 patients with mild to moderate mental health care needs, to provide referral support
8 for those pediatric patients who need care that is beyond the scope of primary care
9 practice, and to provide additional services described in this section. The
10 consultation program created under this section is not an emergency referral service.

11 (3) (a) In the period before January 1, 2015, the department shall review
12 proposals submitted by organizations seeking to provide consultation services
13 through the consultation program under this section and shall designate one urban
14 and one rural regional program hub based on the submitted proposals. The
15 department shall select and provide moneys to organizations to provide consultation

BILL

1 services through the consultation program in a manner that maximizes medically
2 appropriate access and services as described under sub. (4).

3 (b) Beginning on January 1, 2016, the department shall create additional
4 regional program hubs in order to provide consultation services statewide.

5 (4) The department shall select qualified organizations to provide consultation
6 program services through the regional hubs. Each regional hub shall make available
7 its own qualified provider or consortium of providers. To be a qualified provider in
8 the program under this section, an organization shall successfully demonstrate it
9 meets all of the following criteria:

10 (a) The organization has the required infrastructure to be located within the
11 geographic service area of the proposed regional hub.

12 (b) Any individual who would be providing consulting services through the
13 program is located on-site at the organization's facility.

14 (c) The organization enters into a contract with the department agreeing to
15 satisfy all of the following criteria as a condition of providing services through the
16 consultation program:

17 1. The organization has at the time of participation in the program and
18 maintains all of the following staffing levels: *at adequate*

19 a. A minimum of one full-time equivalent psychiatrist, who is either eligible
20 for certification or certified by the American Board of Psychiatry and Neurology, Inc.,
21 for either adult psychiatry or child and adolescent psychiatry or both.

22 b. A minimum of one and one-half full-time equivalent social worker or
23 psychologist.

24 c. A minimum of one full-time equivalent care coordinator.

25 d. Appropriate administrative support.

BILL

1 2. The organization operates during the normal business hours of Monday to
2 Friday between 8 a.m. and 5 p.m., excluding weekends and holidays.

3 3. The organization shall be able to provide consultation services as promptly
4 as is practicable.

5 4. The organization shall provide all of the following services:

6 a. Support for primary care ^{participating} clinicians to assist in the management of children
7 and adolescents with mild to moderate mental health problems and to provide
8 referral support for those patients who are considered beyond the scope of primary
9 care practice.

10 b. A triage-level assessment to determine the most appropriate response to
11 each request, including appropriate referrals to other mental health professionals.

12 c. When medically appropriate, diagnostic and therapeutic feedback.

13 d. Recruitment of other practices in the regional hub's service territory to the
14 provider's services.

15 5. The organization shall have the capability to provide consultation services
16 by telephone, at a minimum.

17 (5) (a) An organization providing consultation services through the
18 consultation program under this section may provide services by teleconference,
19 video conference, voice over Internet protocol, electronic mail, pager, or in-person
20 conference.

21 (b) The organization providing consultation services through the consultation
22 program under this section may provide any of the following services, which are
23 eligible for funding from the department:

24 1. Second opinion diagnostic and medication management evaluations
25 conducted either by a psychiatrist or by a social worker or psychologist either by

BILL

1 in-person conference or by teleconference, video conference, or voice over Internet
2 protocol.

3 2. In-person or Internet site-based educational seminars and refresher
4 courses provided to any primary care ^{participating} clinician who uses the consultation program
5 on a medically appropriate topic within child psychiatry.

6 (6) Beginning on January 1, 2016, and annually thereafter, an organization
7 that provides consultation services through the consultation program under this
8 section shall report all of the following to the department in a format required by and
9 on a form created by the department:

10 (a) A record of each request for consultation services that includes all of the
11 following information:

12 1. The form of communication used.

13 2. Any medically applicable and appropriate background information related
14 to the inquiry, including all of the following: ^{limited to}

15 a. A brief description of the presenting problem.

16 b. The reason for the request for consultation services.

17 c. Basic demographic information of the patient served, including insurance
18 coverage.

19 d. Type of provider ^{clinician} requesting consultation service.

20 3. Information on the consultation provided, including whether the
21 consultation was provided on diagnosis, treatment, or medication management and
22 whether any referral is given.

23 4. Information on which type of mental health professional provided the
24 consultation.

BILL

1 (b) Consultation service response times, the total number of requests for
 2 consultation services, the total number of cases for which consultation services are
 3 provided, and the total number of individuals and practices requesting consultation
 4 services.

5 (c) A description of the recruitment and educational efforts conducted by the
 6 organization providing consultation services.

7 (7) (a) The department shall conduct annual surveys of primary care ^{participating} clinicians
 8 who use the consultation program under this section to assess the amount of
 9 pediatric mental health care provided, self-perceived levels of confidence in
 10 providing pediatric mental health services, and the satisfaction with the
 11 consultations and the educational opportunities provided.

12 (b) Immediately after a clinical practice group begins using the consultation
 13 program under this section and again 6 to 12 months later, the department shall
 14 conduct an interview of at least one ^{participating} primary care ^S clinician from that practice group
 15 to assess the barriers to and benefits of participation to make future improvements
 16 and to determine the primary care ^{participating} clinician's treatment abilities, confidence, and
 17 awareness of relevant resources before and after using the consultation program.

18 (c) The department may collect additional data on the consultation program
 19 under this section as needed to measure program outcomes.

(END)

Insert 6-20

Basford, Sarah

From: Turke, Jon
Sent: Friday, October 18, 2013 11:45 AM
To: LRB.Legal
Subject: Draft Review: LRB -3212/2 Topic: Child psychiatry consultation program.

Please Jacket LRB -3212/2 for the ASSEMBLY.



10-18-13
sac

2013 ASSEMBLY BILL 452

October 18, 2013 - Introduced by Representatives STEINEKE, KRUG, KOLSTE, SEVERSON, BALLWEG, BERCEAU, BERNARD SCHABER, BERNIER, BIES, BILLINGS, CZAJA, DANOU, HEBL, HULSEY, JAGLER, JOHNSON, MURPHY, A. OTT, PASCH, RIEMER, SANFELIPPO, STRACHOTA, TITTL, TRANEL, WACHS, WRIGHT and ZEPNICK, cosponsored by Senators DARLING, VUKMIR, MOULTON, COWLES, ERPENBACH, HARRIS, HARS DORF, LASSA and L. TAYLOR. Referred to Committee on Health.

AUTHORS SUBJECT TO CHANGE

- 1 **AN ACT to repeal** 20.435 (5) (bw); and **to create** 20.435 (5) (bw) and 51.442 of the
2 statutes; **relating to:** child psychiatry consultation program and making an
3 appropriation.

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services (DHS) to create and administer a child psychiatry consultation program (consultation program) to assist participating care clinicians in providing enhanced care to pediatric patients with mild to moderate health care needs, to provide referral support for those patients who need care beyond the scope of primary practice, and to provide additional services. The consultation program is not an emergency referral service. Before January 1, 2015, DHS must review proposals submitted by organizations seeking to provide consultation services through this consultation program (consultation providers) and must designate one urban and one rural regional program hub based on organizations' submitted proposals. Beginning on January 1, 2016, DHS must create additional regional program hubs to expand the consultation program statewide.

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10-18-13
sac

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