



ENGROSSED 2013 ASSEMBLY BILL 452

December 16, 2013 – Printed by direction of SENATE CHIEF CLERK.

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

Analysis by the Legislative Reference Bureau

Engrossment information:

The text of Engrossed 2013 Assembly Bill 452 consists of the following documents adopted in the assembly on November 12, 2013: the bill as affected by Assembly Amendments 1 and 3.

Content of Engrossed 2013 Assembly Bill 452:

This bill requires the Department of Health Services (DHS) to create and administer a child psychiatry consultation program (consultation program) to assist participating clinicians in providing enhanced care to pediatric patients with mental health care needs, to provide referral support for those patients, 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 regional program hubs, in a number determined by DHS, based on organizations' submitted proposals. Beginning on January 1, 2016, DHS must create any 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

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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 participating clinician who uses the consultation program. A consultation provider must report to DHS any information requested by DHS.

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

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

1 **SECTION 1.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert
2 the following amounts for the purposes indicated:

3				2013-14	2014-15
4	20.435	Health services, department of			

5 (5) **MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

6 (bw) **Child psychiatry consultation**

7	program	GPR	B	500,000	500,000
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8 **SECTION 2.** 20.435 (5) (bw) of the statutes is created to read:

9 20.435 (5) (bw) *Child psychiatry consultation program.* Biennially, the
10 amounts in the schedule for operating the child psychiatry consultation program
11 under s. 51.442.

12 **SECTION 4.** 51.442 of the statutes is created to read:

13 **51.442 Child psychiatry consultation program.** (1) In this section,
14 “participating clinicians” include pediatricians, family physicians, nurse
15 practitioners, and physician assistants.

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1 (2) The department shall create and administer a child psychiatry consultation
2 program to assist participating clinicians in providing enhanced care to pediatric
3 patients with mental health care needs, to provide referral support for pediatric
4 patients, and to provide additional services described in this section. The
5 consultation program created under this section is not an emergency referral service.

6 (3) (a) In the period before January 1, 2015, the department shall review
7 proposals submitted by organizations seeking to provide consultation services
8 through the consultation program under this section and shall designate regional
9 program hubs, in a number determined by the department, based on the submitted
10 proposals. The department shall select and provide moneys to organizations to
11 provide consultation services through the consultation program in a manner that
12 maximizes medically appropriate access and services as described under sub. (4).

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

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

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

22 (b) Any individual who would be providing consulting services through the
23 program is located in this state.

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

4 1. The organization has at the time of participation in the program a
5 psychiatrist, who is either eligible for certification or certified by the American Board
6 of Psychiatry and Neurology, Inc., for either adult psychiatry or child and adolescent
7 psychiatry or both, and has and maintains additional staff as specified by the
8 department.

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

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

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

14 a. Support for participating clinicians to assist in the management of children
15 and adolescents with mental health problems and to provide referral support for
16 pediatric patients.

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

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

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

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

24 **(5)** (a) An organization providing consultation services through the
25 consultation program under this section may provide services by teleconference,

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1 video conference, voice over Internet protocol, electronic mail, pager, or in-person
2 conference.

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

6 1. Second opinion diagnostic and medication management evaluations
7 conducted either by a psychiatrist or by a social worker or psychologist, or a
8 registered nurse with psychiatric training, either by in-person conference or by
9 teleconference, video conference, or voice over Internet protocol.

10 2. In-person or Internet site-based educational seminars and refresher
11 courses provided to any participating clinician who uses the consultation program
12 on a medically appropriate topic within child psychiatry.

13 (6) An organization that provides consultation services through the
14 consultation program under this section shall report to the department any
15 information as requested by the department.

16 (7) (a) The department shall conduct annual surveys of participating clinicians
17 who use the consultation program under this section to assess the amount of
18 pediatric mental health care provided, self-perceived levels of confidence in
19 providing pediatric mental health services, and the satisfaction with the
20 consultations and the educational opportunities provided.

21 (b) Immediately after a clinical practice group begins using the consultation
22 program under this section and again 6 to 12 months later, the department shall
23 conduct an interview of participating clinicians from that practice group to assess the
24 barriers to and benefits of participation to make future improvements and to

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1 determine the participating clinician’s treatment abilities, confidence, and
2 awareness of relevant resources before and after using the consultation program.

3 (END)