

# State of Wisconsin



2015 Senate Bill 293

Date of enactment: **February 26, 2016**

Date of publication\*: **February 27, 2016**

## 2015 WISCONSIN ACT 153

AN ACT *to create* 20.435 (2) (cm), 20.435 (4) (bk), 49.45 (29r), 49.45 (29u) and 51.045 of the statutes; **relating to:** behavioral health care coordination pilot projects, psychiatric consultation reimbursement pilot project, access to information on availability of inpatient psychiatric beds, and making appropriations.

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

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

			2015–16	2016–17
<b>20.435 Health services, department of</b>				
(2)	MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICES; FACILITIES.			
(cm)	Grant program; inpatient psychiatric beds	GPR A	80,000	30,000
(4)	MEDICAID SERVICES			
(bk)	Mental health pilot projects	GPR C	266,600	266,700

**SECTION 2.** 20.435 (2) (cm) of the statutes is created to read:

20.435 (2) (cm) *Grant program; inpatient psychiatric beds.* The amounts in the schedule to award a grant under s. 51.045.

**SECTION 3.** 20.435 (4) (bk) of the statutes is created to read:

20.435 (4) (bk) *Mental health pilot projects.* As a continuing appropriation, the amounts in the schedule to pay the state share of behavioral health care coordination pilot projects under s. 49.45 (29r) and the state share of

a psychiatric consultation reimbursement pilot project under s. 49.45 (29u).

**SECTION 4.** 49.45 (29r) of the statutes is created to read:

49.45 (29r) BEHAVIORAL HEALTH CARE COORDINATION PILOT PROJECTS. (a) In this subsection, “health care provider” does not include a health maintenance organization.

(b) Subject to par. (c), the department shall develop and award at least 2 pilot projects lasting no more than 3 years each to test alternative, coordinated care delivery

\* Section 991.11, WISCONSIN STATUTES: Effective date of acts. “Every act and every portion of an act enacted by the legislature over the governor’s partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication.”

and Medical Assistance payment models designed to reduce costs of recipients of Medical Assistance under this subchapter who have significant or chronic mental illness. A health care provider that is awarded a pilot project shall target a Medical Assistance population of high volume or high intensity users of non-behavioral health medical services, such as individuals with more than 5 emergency department visits in a year or individuals who have frequent or longer than average inpatient hospital stays, who also have significant or chronic mental illness. The department may not limit eligibility for the pilot project or awards under this subsection on the basis that the health care provider that is awarded the pilot project serves a target population that includes individuals enrolled in a Medical Assistance health maintenance organization. Each pilot project under this subsection shall include either a Medical Assistance payment on a per member per month basis for a specified pilot project population that is in addition to existing payment for services provided under the Medical Assistance program, including services reimbursed on a fee-for-service basis and services provided under managed care, or shall include an alternative Medical Assistance payment for a specified pilot project. The department shall require health care providers that are awarded a pilot project to submit to the department interim and final reports analyzing differences in utilization of services and Medical Assistance expenditures between individuals in the pilot project population and individuals in a control group that is agreed upon by the health care provider awarded the pilot project and the department. A health care provider that is awarded a pilot project shall submit the interim report by January 1, 2017, and shall submit a final report by January 1, 2019, and at the conclusion of the pilot project if the project concludes later than January 1, 2019. The department shall provide to a health care provider that is awarded a pilot project the Medical Assistance utilization and expenditure data necessary for the health care provider to create the reports. The department shall award the pilot projects and allocate funding only to health care providers that meet all of the following criteria:

1. The health care provider provides all of the following services directly or through an affiliated entity:
  - a. Emergency department services.
  - b. Outpatient psychiatric services.
  - c. Outpatient primary care services.
  - d. Inpatient psychiatric services.
  - e. General inpatient hospital services.
  - f. Services of a care coordinator or navigator for each individual in the pilot project.
2. The health care provider provides, directly or through an affiliated entity or contracted entity, the coordination of social services fostering the individual's recovery following an inpatient psychiatric discharge.

(c) Subject to approval by the federal department of health and human services of any required waiver of federal Medicaid law or any required amendment to the state Medical Assistance plan, the department shall implement the pilot projects under par. (b) beginning no earlier than January 1, 2016.

(d) Subject to par. (c), the department shall allocate a total state share amount of \$600,000 plus any federal matching moneys as funding for all 3-year pilot projects under this subsection. The department shall seek federal Medicaid moneys to match the state share allocated for the pilot projects under this subsection.

**SECTION 5.** 49.45 (29u) of the statutes is created to read:

**49.45 (29u) PSYCHIATRIC CONSULTATION REIMBURSEMENT PILOT PROJECT.** (a) In this subsection, "health care provider" does not include a health maintenance organization.

(b) Subject to par. (e), the department shall develop and award a pilot project lasting up to 3 years to test a new Medical Assistance payment model for adult recipients of Medical Assistance that is designed to encourage the provision of psychiatric consultations by psychiatrists to health care providers treating primary care issues and to selected specialty health care providers to help those providers manage and treat adults with mild to moderate mental illness and physical health needs. An applicant for the pilot project under this subsection shall submit a strategy to use the pilot project funding to improve mental health access in the applicant's service area and to reduce overall Medical Assistance costs. The department shall require the health care provider that is awarded the pilot project to submit to the department interim and final reports analyzing the differences in utilization of services and Medical Assistance expenditures between individuals in the pilot project population and individuals in a control group that is agreed upon by the health care provider awarded the pilot project and the department. A health care provider that is awarded a pilot project shall submit the interim report by January 1, 2017, and shall submit a final report by January 1, 2019, and at the conclusion of the pilot project if the project concludes later than January 1, 2019. The department shall provide to a health care provider that is awarded a pilot project the Medical Assistance utilization and expenditure data necessary for the health care provider to create the reports.

(c) The department shall award a pilot project only to a health care provider that is an organization that provides outpatient psychiatric services and primary and specialty care outpatient services for physical health conditions. The department shall allocate funding to the health care provider that is awarded a pilot project or to individual psychiatrists providing care within the organization of the health care provider that is awarded a pilot

project. The department shall allocate a total state share amount of \$200,000 plus any federal matching moneys as funding for the 3-year pilot project under this subsection. The department shall seek federal Medicaid moneys to match the state share allocated for the pilot project under this subsection.

(d) The department may limit a pilot project awarded to a health care provider described under par. (c) to specific providers or clinics within the multispecialty outpatient clinic organization.

(e) Subject to approval by the federal department of health and human services of any required waiver of federal Medicaid law or any required amendment to the state Medical Assistance plan, the department shall implement the pilot project under par. (b) beginning no earlier than January 1, 2016.

**SECTION 6.** 51.045 of the statutes is created to read:

**51.045 Availability of inpatient psychiatric beds.**

From the appropriation under s. 20.435 (2) (cm), the department shall award a grant in the amount of \$80,000 in fiscal year 2015-16 and \$30,000 in each fiscal year

thereafter to the entity under contract under s. 153.05 (2m) (a) to develop and operate an Internet site and system to show the availability of inpatient psychiatric beds statewide. To receive the grant, the entity shall use a password protected Internet site to allow an inpatient psychiatric unit or hospital to enter all of the following information and to enable any hospital emergency department in the state to view all of the following information reported to the system:

(1) The number of available child, adolescent, adult, and geriatric inpatient psychiatric beds, as applicable, currently available at the hospital at the time of reporting by the hospital or unit.

(2) Any special information that the hospital or unit reports regarding the available beds under sub. (1).

(3) The date the hospital or unit reports the information under subs. (1) and (2).

(4) The location of the hospital or unit that is reporting.

(5) The contact information for admission coordination for the hospital or unit.