

State of Wisconsin



2013 Assembly Bill 452

Date of enactment: **February 6, 2014**
Date of publication*: **February 7, 2014**

2013 WISCONSIN ACT 127

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

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:

				2013–14	2014–15
20.435	Health services, department of				
(5)	MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES				
(bw)	Child psychiatry consultation program	GPR	B	500,000	500,000

SECTION 2. 20.435 (5) (bw) of the statutes is created to read:

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

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

51.442 Child psychiatry consultation program.

(1) In this section, “participating clinicians” include pediatricians, family physicians, nurse practitioners, and physician assistants.

(2) The department shall create and administer a child psychiatry consultation program to assist participating clinicians in providing enhanced care to pediatric patients with mental health care needs, to provide referral support for pediatric patients, and to provide additional services described in this section. The consultation pro-

gram created under this section is not an emergency referral service.

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

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

* 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.”

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

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

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

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

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

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

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

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

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

b. 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, diagnostic and therapeutic feedback.

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

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

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

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

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

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

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

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

(b) Immediately after a clinical practice group begins using the consultation program under this section and again 6 to 12 months later, the department shall conduct an interview of participating clinicians from that practice group to assess the barriers to and benefits of participation to make future improvements and to determine the participating clinician's treatment abilities, confidence, and awareness of relevant resources before and after using the consultation program.