



State of Wisconsin
2025 - 2026 LEGISLATURE

LRB-0947/1

SWB:skw

2025 SENATE BILL 110

March 7, 2025 - Introduced by JOINT LEGISLATIVE COUNCIL. Referred to Committee on Mental Health, Substance Abuse Prevention, Children and Families.

- 1 **AN ACT** *to create* 49.45 (29t) and 49.46 (2) (b) 14r. of the statutes; **relating to:**
- 2 authorizing youth behavioral health program under the Medical Assistance
- 3 program and granting rule-making authority.

Analysis by the Legislative Reference Bureau

This bill is explained in the NOTES provided by the Joint Legislative Council in the bill.

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

JOINT LEGISLATIVE COUNCIL PREFATORY NOTE: This bill was prepared for the Joint Legislative Council Study Committee on Emergency Detention and Civil Commitment of Minors.

The bill authorizes the Department of Health Services (DHS) to create a new youth behavioral health Medical Assistance (MA) program. The program is expected to coordinate access and services across programs for children and youth under age 21 who are experiencing complex behavioral health needs, particularly in multiple systems of care.

To accomplish this, the bill directs DHS to collaborate with the Departments of Children and Families and Public Instruction, Office of Children's Mental Health, DHS's "Children Come First" advisory committee, and county human or social services agencies, to create the new MA program. DHS must also seek feedback from county

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human or social services agencies on the operability of the proposed funding structure under the MA program. DHS may submit an MA waiver or state plan amendment to the U.S. Department of Health and Human Services to provide reimbursement for the services, and implementation of the program is contingent on that approval.

The bill specifies that the goal of the new program is to keep families supported in the community and to prevent institutionalization and out of home care placement. In furtherance of that goal, the bill directs DHS to design the program to provide services that include any of the following: mobile response and stabilization services, intensive home-based treatment, behavioral health services (including inpatient behavioral health services), psychiatric residential treatment facilities, substance use disorder services, psychiatry services, outpatient services, and developmental disabilities services. DHS must ensure that care management is delivered according to the child's or youth's and the family's needs.

Care coordination under the program must be provided on a regional basis (as determined by DHS), by community-based organizations or county human or social services agencies. DHS may procure a single, statewide managed care plan that is responsible for building a sufficient provider network to ensure access to behavioral health services, including residential treatment services and home and community-based services, in order to offer a full continuum of behavioral health care. DHS or a managed care organization may manage administrative care coordination, utilization management, and quality improvement efforts.

Lastly, the bill specifies that DHS may promulgate rules to implement the program, may establish standards and enforce staffing, network adequacy, and complaint and grievance requirements, and is authorized to add one full-time equivalent project position for the purpose of developing and implementing the program.

SECTION 1. 49.45 (29t) of the statutes is created to read:

49.45 (29t) YOUTH BEHAVIORAL HEALTH PROGRAM. (a) In this subsection, “program” means the youth behavioral health program described under par. (b).

(b) The department shall collaborate with the department of children and families, the department of public instruction, the office of children's mental health in the department of health services, the state advisory committee under s. 46.56 (14) (a), and county human or social services agencies to create, under the Medical Assistance program, a program that coordinates access and services across programs for individuals under the age of 21 who are experiencing complex behavioral health needs. The department shall seek feedback from county human or social services agencies on the operability of the proposed funding structure under the Medical Assistance program.

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1 (c) The department shall ensure that the program addresses the behavioral
2 health needs of individuals under the age of 21 who have complex, multisystem
3 needs, with the goal of keeping families supported in the community and
4 preventing institutionalization and out-of-home care placement. The department
5 shall ensure that care management under the program is delivered according to the
6 needs of the child or youth and of the family of the child or youth.

7 (d) The department shall design the program to provide services, including
8 any of the following:

- 9 1. Mobile response and stabilization services.
- 10 2. Intensive home-based treatment.
- 11 3. Behavioral health services, including inpatient behavioral health services.
- 12 4. Psychiatric residential treatment facilities.
- 13 5. Substance use disorder services.
- 14 6. Psychiatry services.
- 15 7. Outpatient services.
- 16 8. Developmental disabilities services.

17 (e) Care coordination through the program shall be provided on a regional
18 basis, as determined by the department, by community-based organizations or
19 county human or social services agencies. The department may procure a single,
20 statewide managed care plan that builds a sufficient provider network to ensure
21 access to behavioral health services, including residential treatment services and
22 home and community-based services, in order to offer a full continuum of
23 behavioral health care. The department or a managed care organization may

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1 manage administrative care coordination, utilization management, and quality
2 improvement efforts under this paragraph.

3 (f) The department may promulgate rules to implement the program and may
4 establish standards and enforce staffing, network adequacy, and complaint and
5 grievance requirements.

6 (g) The department may submit to the federal department of health and
7 human services any request for a state plan amendment, waiver, or other federal
8 approval necessary to provide reimbursement for services under s. 49.46 (2) (b) 14r.
9 The department may implement the program under this subsection and provide
10 reimbursement under s. 49.46 (2) (b) 14r. only if any necessary federal approval
11 from the federal department of health and human services under this paragraph is
12 granted or if no federal approval is required. If federal approval is necessary but is
13 not granted, the department may not provide reimbursement for services under s.
14 49.46 (2) (b) 14r.

15 **SECTION 2.** 49.46 (2) (b) 14r. of the statutes is created to read:

16 49.46 (2) (b) 14r. Youth behavioral health services, as specified under s. 49.45
17 (29t).

18 **SECTION 3. Nonstatutory provisions.**

19 (1) POSITION AUTHORIZATION FOR THE DEPARTMENT OF HEALTH SERVICES. The
20 authorized FTE positions for the department of health services are increased by 1.0
21 GPR project position, to be funded from the appropriation under s. 20.435 (4) (b), for
22 the purpose of developing and, subject to the approval requirements of s. 49.45 (29t)
23 (g), implementing the youth behavioral health program under s. 49.45 (29t).

24 **(END)**