

ROGER BRESKE

STATE SENATOR

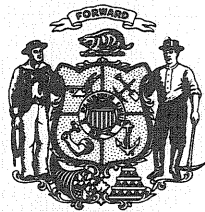
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MEMORANDUM

August 30, 2002

TO: Senate Committee on Insurance, Tourism and Transportation
FR: Senator Roger Breske, Chair
RE: Proposed Clearinghouse Rule 02-051; *relating to transitional treatment.*

Clearinghouse Rule 02-051 was recently referred to the Senate Committee on Insurance, Tourism and Transportation. For your reference, I have attached the analysis by the Office of the Commissioner of Insurance. If you would like to request a hearing on this proposed rule, please contact Beth in my office before *Friday, September 20th, 2002.*

Analysis by the Office of the Commissioner of Insurance

Section 632.89 (4), Stats., requires the Office of the Commissioner of Insurance to define services for which insurance coverage applies to various transitional treatment of mental health and alcohol and other drug abuse treatment services. Due to recent changes in regulations issued by the Department of Health and Family Services (DHFS), several cross reference cites within s. Ins 3.37, Wis. Admin. Code, are invalid and require amendment and modification.

In addition, developments in mental health treatment options have created additional transitional treatment options, including crisis intervention, that should be incorporated within the scope of services covered under transitional treatment. Coordinated emergency mental health intervention treatment provides immediate treatment options to persons experiencing a mental health crisis or are in a situation that if left untreated would likely become a crisis if proper support is not provided. These coordinated emergency mental health treatment services are not provided within a hospital setting, rather the treatment and intervention occurs where the crisis is occurring. If the person is at risk for repeated need for intervention, intervention plans would be developed with the goal of decreasing the frequency and intensity of future crises. Coordinated emergency mental health programs also known as crisis intervention programs, have been found to be effective both in terms of care to consumers and as a cost efficient alternative to traditional urgent or emergency treatment.

Crisis intervention programs must be certified by the Department of Health and Family Services and may be utilized by insurers as an alternate transitional treatment program.