



2015 ASSEMBLY BILL 408

October 13, 2015 - Introduced by Representatives CZAJA, KOLSTE, BALLWEG, BERCEAU, BERNIER, BILLINGS, BORN, E. BROOKS, CONSIDINE, EDMING, GENRICH, GOYKE, HEBL, JAGLER, JORGENSEN, KAHL, KITCHENS, KLEEFISCH, KNODL, KRUG, KULP, LOUDENBECK, MEYERS, MILROY, MURSAU, NERISON, NOVAK, NYGREN, OHNSTAD, A. OTT, PETRYK, QUINN, RIEMER, RIPP, RODRIGUEZ, ROHRKASTE, SANFELIPPO, SARGENT, SCHRAA, SHANKLAND, SINICKI, SKOWRONSKI, SPREITZER, STEFFEN, STUCK, SUBECK, SWEARINGEN, TAUCHEN, THIESFELDT, VANDERMEER and VORPAGEL, cosponsored by Senators VUKMIR, BEWLEY, COWLES, DARLING, ERPENBACH, GUDEX, HANSEN, HARRIS DODD, HARSDDORF, C. LARSON, LASSA, MILLER, MOULTON, OLSEN, PETROWSKI, RINGHAND, SHILLING, VINEHOUT, WANGGAARD and WIRCH. Referred to Committee on Mental Health Reform.

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

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services (DHS) to develop mental health pilot projects and create access to information on availability of inpatient psychiatric beds. DHS must create and award at least two pilot projects under the criteria specified in the bill to test alternative, coordinated care delivery and payment models designed to reduce costs of Medical Assistance (MA) recipients who have significant or chronic mental illness. DHS must create and award one pilot project to test new MA payment models for adult recipients 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. Under the bill, DHS awards the pilot projects to health care providers meeting criteria specified in the bill.

The bill also requires DHS to award a grant to an entity that is already under contract to collect, analyze, and disseminate health care information of hospitals and ambulatory surgery centers. To receive the grant, the entity must develop and

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operate an Internet site and system to enable inpatient psychiatric units or hospitals to enter certain information on availability of inpatient psychiatric beds and to enable any hospital emergency department in the state to view the information reported to the system.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

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:

	2015-16	2016-17
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4 **20.435 Health services, department of**

5 (2) **MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES**

6 SERVICES; FACILITIES.

7 (cm) Grant program; inpatient psy-

chiatric beds	GPR	A	80,000	30,000
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9 (4) **MEDICAID SERVICES**

10 (bk) Mental health pilot projects	GPR	C	266,600	266,700
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11 **SECTION 2.** 20.435 (2) (cm) of the statutes is created to read:

12 20.435 (2) (cm) *Grant program; inpatient psychiatric beds.* The amounts in the
13 schedule to award a grant under s. 51.045.

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

15 20.435 (4) (bk) *Mental health pilot projects.* As a continuing appropriation, the
16 amounts in the schedule to pay the state share of behavioral health care coordination
17 pilot projects under s. 49.45 (29r) and the state share of a psychiatric consultation
18 reimbursement pilot project under s. 49.45 (29u).

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

2 49.45 **(29r)** BEHAVIORAL HEALTH CARE COORDINATION PILOT PROJECTS. (a) In this
3 subsection, “health care provider” does not include a health maintenance
4 organization.

5 (b) Subject to par. (c), the department shall develop and award at least 2 pilot
6 projects lasting no more than 3 years each to test alternative, coordinated care
7 delivery and Medical Assistance payment models designed to reduce costs of
8 recipients of Medical Assistance under this subchapter who have significant or
9 chronic mental illness. A health care provider that is awarded a pilot project shall
10 target a Medical Assistance population of high volume or high intensity users of
11 non-behavioral health medical services, such as individuals with more than 5
12 emergency department visits in a year or individuals who have frequent or longer
13 than average inpatient hospital stays, who also have significant or chronic mental
14 illness. The department may not limit eligibility for the pilot project or awards under
15 this subsection on the basis that the health care provider that is awarded the pilot
16 project serves a target population that includes individuals enrolled in a Medical
17 Assistance health maintenance organization. Each pilot project under this
18 subsection shall include either a Medical Assistance payment on a per member per
19 month basis for a specified pilot project population that is in addition to existing
20 payment for services provided under the Medical Assistance program, including
21 services reimbursed on a fee-for-service basis and services provided under managed
22 care, or shall include an alternative Medical Assistance payment for a specified pilot
23 project. The department shall require health care providers that are awarded a pilot
24 project to submit to the department interim and final reports analyzing differences
25 in utilization of services and Medical Assistance expenditures between individuals

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1 in the pilot project population and individuals in a control group that is agreed upon
2 by the health care provider awarded the pilot project and the department. A health
3 care provider that is awarded a pilot project shall submit the interim report by
4 January 1, 2017, and shall submit a final report by January 1, 2019, and at the
5 conclusion of the pilot project if the project concludes later than January 1, 2019. The
6 department shall provide to a health care provider that is awarded a pilot project the
7 Medical Assistance utilization and expenditure data necessary for the health care
8 provider to create the reports. The department shall award the pilot projects and
9 allocate funding only to health care providers that meet all of the following criteria:

10 1. The health care provider provides all of the following services directly or
11 through an affiliated entity:

12 a. Emergency department services.

13 b. Outpatient psychiatric services.

14 c. Outpatient primary care services.

15 d. Inpatient psychiatric services.

16 e. General inpatient hospital services.

17 f. Services of a care coordinator or navigator for each individual in the pilot
18 project.

19 2. The health care provider provides, directly or through an affiliated entity or
20 contracted entity, the coordination of social services fostering the individual's
21 recovery following an inpatient psychiatric discharge.

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

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

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

6 49.45 (29u) PSYCHIATRIC CONSULTATION REIMBURSEMENT PILOT PROJECT. (a) In
7 this subsection, "health care provider" does not include a health maintenance
8 organization.

9 (b) Subject to par. (e), the department shall develop and award a pilot project
10 lasting up to 3 years to test a new Medical Assistance payment model for adult
11 recipients of Medical Assistance that is designed to encourage the provision of
12 psychiatric consultations by psychiatrists to health care providers treating primary
13 care issues and to selected specialty health care providers to help those providers
14 manage and treat adults with mild to moderate mental illness and physical health
15 needs. An applicant for the pilot project under this subsection shall submit a
16 strategy to use the pilot project funding to improve mental health access in the
17 applicant's service area and to reduce overall Medical Assistance costs. The
18 department shall require the health care provider that is awarded the pilot project
19 to submit to the department interim and final reports analyzing the differences in
20 utilization of services and Medical Assistance expenditures between individuals in
21 the pilot project population and individuals in a control group that is agreed upon by
22 the health care provider awarded the pilot project and the department. A health care
23 provider that is awarded a pilot project shall submit the interim report by January
24 1, 2017, and shall submit a final report by January 1, 2019, and at the conclusion of
25 the pilot project if the project concludes later than January 1, 2019. The department

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1 shall provide to a health care provider that is awarded a pilot project the Medical
2 Assistance utilization and expenditure data necessary for the health care provider
3 to create the reports.

4 (c) The department shall award a pilot project only to a health care provider
5 that is an organization that provides outpatient psychiatric services and primary
6 and specialty care outpatient services for physical health conditions. The
7 department shall allocate funding to the health care provider that is awarded a pilot
8 project or to individual psychiatrists providing care within the organization of the
9 health care provider that is awarded a pilot project. The department shall allocate
10 a total state share amount of \$200,000 plus any federal matching moneys as funding
11 for the 3-year pilot project under this subsection. The department shall seek federal
12 Medicaid moneys to match the state share allocated for the pilot project under this
13 subsection.

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

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

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

22 **51.045 Availability of inpatient psychiatric beds.** From the appropriation
23 under s. 20.435 (2) (cm), the department shall award a grant in the amount of \$80,000
24 in fiscal year 2015-16 and \$30,000 in each fiscal year thereafter to the entity under
25 contract under s. 153.05 (2m) (a) to develop and operate an Internet site and system

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1 to show the availability of inpatient psychiatric beds statewide. To receive the grant,
2 the entity shall use a password protected Internet site to allow an inpatient
3 psychiatric unit or hospital to enter all of the following information and to enable any
4 hospital emergency department in the state to view all of the following information
5 reported to the system:

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

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

11 (3) The date the hospital or unit reports the information under subs. (1) and
12 (2).

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

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

15 (END)