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Behavioral Health Certification Section

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Bureau of Mental Health and Substance Abuse Services

Variance for Recognizing the Practice and Role of a Physician Assistant in Certified Mental Health Programs

In advance of the rewrite of administrative rules, the Department is issuing a statewide variance to provide immediate regulatory relief regarding the roles of physician assistants (PAs) in certified mental health programs, including:

- Emergency mental health services programs (HFS 34);
- Comprehensive community services programs (HFS 36);
- Mental health day treatment services for children (HFS 40);
- Inpatient mental health, adult day treatment,
- Outpatient mental health clinics (HFS 61); and
- Community support programs (HFS 63).

This variance does not limit the scope and practice of the PAs. Their practice continues to be governed by the credentialing requirements found in Wisconsin Administrative Code Chapters Med 8 and 10, and is under the jurisdiction of the Wisconsin Department of Regulation and Licensing. The variance provides the flexibility for certified mental health programs to use PAs to serve their clients.

PAs Not Recognized by Chapters HFS 34, 36, 40, 61 and 63

Chapters HFS 34, 36, 40, 61 and 63, Wisconsin Administrative Code, do not list PAs as program personnel. Chapter Med 8 outlines the education, training, and experience requirements that a PA must

meet, and Chapter Med 10 provides the criteria for determining unprofessional conduct (see Attachment 1, which contains ss. Med 8.07, 8.08, and 8.10).

The conditions for approval of a variance request to permit a PA to supplement the services of a psychiatrist in a certified mental health program are predicated on the following criteria. Note: For comprehensive community services programs and outpatient mental health clinics only, a physician whose scope of practice includes the assessment and treatment of mental illness may function as the supervising physician; for all other programs, a psychiatrist must be the supervising physician.

Conditions of Variance

1. PAs included as Program Personnel will practice as allowed in ss. Med 8.07, 8.08, and 8.10. Notification of the beginning date of PA services must be provided to the Behavioral Health Certification Section surveyor, prior to the provision of services by a PA, but subsequent to the approval of the variance request.
2. The program shall develop and implement a policy detailing the relationship between the psychiatrist and the PA to ensure that the PA is supplementing, not supplanting, the psychiatrist. The policies and procedures must address the provisions of Med 8.08 (2), the assessments and services the PA may perform in the clinic (in accordance with Med 8.07 (2)). In CSPs, the psychiatrist will be responsible for the initial in-depth psychiatric assessment of all CSP clients, including the development of a working diagnosis and assuring the need for CSP services. The CSP psychiatrist will also be responsible for assessing the need for further medical evaluation, and for making the initial determination for medical/pharmacological treatment. The PA may conduct the aforementioned activities in collaboration with a psychiatrist and in accordance with Med 8.07, 8.08, and 8.10. **A copy of the policy must be submitted to the Behavioral Health Certification Section surveyor with the variance request letter for review to determine if the variance should be granted.**
3. Documentation, in keeping with the provisions of the applicable provider requirements and Med 8.07, 8.08, and 8.10, must be completed and available for review when requested, by DQA staff.
4. All remaining requirements in HFS 36, HFS 63 and HFS 61 remain unchanged, unless the Department previously issued a variance or waiver.
5. The Behavioral Health Certification Section surveyor must be notified immediately if the psychiatrist or PA no longer provides services for the CCS program, CSP, or outpatient mental health clinic. If the PA no longer provides services, the variance will cease to be effective on the last date of employment or contracted services from the PA.

Note: Granting of any of these variances does not constitute granting a variance s. 49.45 (2) (b) 6. f., Stats., of the Medical Assistance (Title XIX) requirements. The Bureau of Quality Assurance does not have the authority to grant waivers or variances for Medical Assistance rules. Please contact Christine Wolf at (608) 266-9195 for further information about requirements for Medical Assistance.

If you have questions about this memo, please contact Dan Zimmerman, Bureau of Mental Health and Substance Abuse Services (608-266-7072), or your Behavior Health Certification Section surveyor. [Contract phone numbers are attached.](#)

cc: Joyce Allen, Director, Bureau of Mental Health and Substance Abuse Services
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Attachment 1

Med 8.07 Practice. (1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician. The scope of practice is limited to providing medical care specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the supervising physician. A medical care task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person.

(2) MEDICAL CARE. Medical care a physician assistant may provide include:

(a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient in a manner meaningful to the supervising physician.

(b) Performing, or assisting in performing, routine diagnostic studies as appropriate for a specific practice setting.

(c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.

(d) Instructing and counseling a patient on physical and mental health, including diet, disease, treatment and normal growth and development.

(e) Assisting the supervising physician in a hospital or facility, as defined in s. 50.01 (1m), Stats., by assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries and accurately writing or executing orders under the supervision of a licensed physician.

(f) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.

(g) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health-care facilities, agencies and resources.

(i) Issuing written prescription orders for drugs under the supervision of a licensed physician and in accordance with procedures specified in s. Med 8.08 (2).

Med 8.08 Prescribing limitations. (1) A physician assistant may not prescribe or dispense any drug independently.

(2) A physician assistant may issue a prescription order only if all the following conditions apply:

(a) The physician assistant issues the prescription order only in patient situations specified and described in established written guidelines. The guidelines shall be reviewed at least annually by the physician assistant and his or her supervising physician.

(b) The supervising physician and physician assistant determine by mutual agreement that the physician assistant is qualified through training and experience to issue a prescription order as specified in the established written guidelines.

(c) The supervising physician is available for consultation as specified in s. Med 8.10 (3).

(d) The prescription orders prepared under procedures in this section contain all information required under s. 450.11 (1), Stats.

- (e) The supervising physician either:
1. Reviews and countersigns the prescription order prepared by the physician assistant, or
 2. Reviews and countersigns within 72 hours the patient record prepared by the physician assistant practicing in the office of the supervising physician or at a facility or a hospital in which the supervising physician has staff privileges, or
 3. Reviews by telephone or other means, as soon as practicable but within a 72-hour period, and countersigns within one week, the patient record prepared by the physician assistant who practices in an office facility other than the supervising physician's main office of a facility or hospital in which the supervising physician has staff privileges.

Med 8.10 Employment requirements; supervising physician responsibilities. (1) No physician may concurrently supervise more than 2 physician assistants unless the physician submits a written plan for the supervision of more than 2 physician assistants and the board approves the plan. A physician assistant may be supervised by more than one physician.

(2) Another licensed physician may be designated by the supervising physician to supervise a physician assistant for a period not to exceed 8 weeks per year. Except in an emergency, the designation shall be made in writing to the substitute supervising physician and the physician assistant. The supervising physician shall file with the board a copy of the substitution agreement before the beginning date of the period of his or her absence.

(3) The supervising physician or substitute supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telephone or by 2-way radio or television communication.

(4) A supervising physician shall visit and conduct an on-site review of facilities attended by the physician assistants at least once a month. Any patient in a location other than the location of the supervising physician's main office shall be attended personally by the physician consistent with his or her medical needs.