

HEALTH SERVICES -- MEDICAL ASSISTANCE

Omnibus Motion

Motion:

Move to adopt the Governor's recommendations as follows:

MEDICAL ASSISTANCE

1. **Medical Assistance Cost-to-Continue (Paper #360).** Provide \$192,551,700 (\$89,305,200 GPR, \$112,358,400 FED, -\$13,905,700 PR, and \$4,793,800 SEG) in 2019-20 and \$584,990,700 (\$264,657,600 GPR, \$249,975,200 FED, \$68,345,200 PR, and \$2,012,700 SEG) in 2020-21 to fund projected MA benefits under a cost-to-continue scenario (no program changes to benefits or eligibility).

2. **Hospital Supplement Payments (Paper #361).**

a. *Disproportionate Share Hospital Payments.* Provide \$71,428,600 (\$29,000,000 GPR and \$42,428,600 FED) annually to increase disproportionate share hospital (DSH) payments to hospitals under MA. Modify statutory provisions relating to the program by: (a) increasing, from \$27,500,000 to \$56,500,000 per year, the state share of payments, in addition to the federal matching funds, that DHS is required to pay to hospitals that serve a disproportionate share of low income patients; (b) increasing, from \$4,600,000 to \$9,200,000 the maximum amount any single hospital can receive in each fiscal year; and (c) provide that a hospital that is a free-standing pediatric teaching hospital located in Wisconsin for which 50 percent or more of its total inpatient days are for MA recipients may receive up to \$12,000,000 in each fiscal year.

b. *Acute Care Hospital Access Payments.* Provide \$100,000,000 (-\$7,400,000 GPR and \$107,400,000 FED) annually to increase the total annual hospital access payments under MA. Require DHS to make total hospital supplement payments equal to the amount collected under the hospital assessment divided by 53.69%, instead of, under current law, the amount of the assessment divided by 61.68%, which has the effect of increasing the annual total from \$672,028,700 to \$772,028,700.

c. *Critical Access Hospital Access Payments.* Provide \$1,500,000 (-\$300,000 GPR and \$1,800,000 FED) annually to increase the total amount of critical access hospital (CAH) access payments under MA. Require DHS to make total supplemental payments to critical access hospitals equal to the amount collected under the CAH assessment divided by 53.69%, instead of, under current law, the amount of the assessment divided by 61.68%.

d. *Pediatric Inpatient Supplement.* Increase MA benefits funding by \$10,000,000 (\$1,407,000 GPR and \$8,593,000 FED) in 2019-20 and \$10,000,000 (\$2,557,000 GPR and \$7,443,000 FED) in 2020-21 to fund a pediatric supplemental hospital payment. Authorize DHS, using a method determined by the Department, to distribute \$10,000,000 in each fiscal year to hospitals that are free-standing pediatric teaching hospitals located in Wisconsin, and for which 45 percent or more of their total inpatient days are for MA recipients. Require DHS, using a method determined by the Department, to distribute a total sum of \$2,000,000 each state fiscal year to acute care hospitals in Wisconsin that have inpatient days in the hospital's acute care and intensive care pediatric units that exceed 12,000 days in the second calendar year prior to the hospital's current fiscal year. Specify that, for the purposes of this calculation, days for neonatal intensive care units are not included.

e. *Rural Critical Care Hospital Supplement.* Provide \$615,800 (\$250,000 GPR and \$365,800 FED) annually to increase funding for supplemental payments made to rural critical care access hospitals under the MA program. Increase, from \$250,000 to \$500,000, the total amount of the state share of payments for the supplement. Delete the current law eligibility criteria for receiving a supplemental payment under the program, which is any hospital that does not have obstetric services, but would otherwise meet all of the requirements for a payment under the disproportionate share hospital payment program. Specify, instead, that payments be made to hospitals that meet the following criteria: (a) the hospital is located in Wisconsin and provides a wide array of services, including emergency department services; and (b) in the most recent year for which information is available, the hospital charged at least six percent of overall charges for services to the medical assistance program for MA recipients. Specify that DHS may determine the amount of the payment based on MA charges as a percentage of total charges rather than, under current law, MA inpatient days as a percentage of total inpatient days.

3. **Crisis Intervention Services and Regional Crisis Stabilization Facility Grant Program (Paper #362).** Increase MA benefits funding by \$9,210,100 (\$6,960,700 GPR and \$2,249,400 FED) in 2019-20 and by \$28,047,900 (\$18,420,300 GPR and \$9,627,600 FED) in 2020-21 to reflect estimated costs of provisions in the bill that would increase the state's share of the cost of county crisis intervention services provided to MA recipients. Require DHS to reimburse crisis intervention providers for MA eligible services provided after January 1, 2020, an amount equal to the total federal and nonfederal share of costs, minus a county maintenance of effort contribution, if the services are provided in a county that elects to deliver crisis intervention services on a regional basis according to criteria established by the Department. Establish the county maintenance of effort for crisis intervention services equal to 75% of the county's expenditures for crisis intervention services in 2017. Specify that any amount of the nonfederal share of crisis intervention services paid by the state may not be counted as a county cost for the purpose of claiming federal reimbursement for unreimbursed county costs. Modify the statutory description of "mental health crisis intervention services" by deleting the reference to "mental health" and instead specifying that such services are for the treatment of mental illness, intellectual disability, substance abuse, and dementia. Provide \$2,500,000 in 2020-21 for a new grant program to fund regional crisis stability facilities for adults. Create an annual, sum certain appropriation for the program and require DHS to establish criteria for stabilization facilities for adults and to award grants under the program. The 2017-19 budget established a grant program for youth crisis stabilization facilities, with base funding of \$996,400 from program revenues collected by the state

mental health institutes.

4. **Physician and Behavioral Health Services (Paper #363).** Provide \$22,471,900 (\$8,732,800 GPR and \$13,739,100 FED) in 2019-20 and \$46,642,500 (\$18,217,800 GPR and \$28,424,700 FED) in 2020-21 to increase MA reimbursement rates for mental health, behavioral health, and psychiatric services provided by physicians and medical clinics. The administration's funding estimate assumes implementation of the rate increases on January 1, 2020, and includes services paid both on a fee-for-service basis and services paid by health maintenance organizations. The administration estimates that the funding in the bill would allow for a rate increase for the targeted services of approximately 6.8% if the increases were applied uniformly to all rates. However, the Department would have discretion to apply different percentage increases to procedure codes within these categories to address areas of particular concern.

5. **Community Health Benefit (Paper #364).** Provide \$45,000,000 (\$22,500,000 GPR and \$22,500,000 FED) in 2020-21 to fund a new MA benefit, subject to federal approval, for nonmedical services that contribute to the determinants of health. Direct the Department to determine which specific nonmedical services that contribute to the determinants of health would be included as an MA benefit, and require the Department to seek any necessary plan amendment or request any waiver of federal Medicaid law to implement this benefit. Specify that DHS is not required to provide these services as a benefit if the federal Department of Health and Human Services does not provide federal financial participation for these services.

6. **Dental Access Incentives (Paper #365).** Provide \$18,290,900 (\$7,894,700 GPR and \$10,396,200 FED) in 2019-20 and \$20,528,800 (\$8,789,800 GPR and \$11,739,000 FED) in 2020-21 to reflect the net effect of: (a) providing enhanced reimbursement rates under the MA program to dental providers who meet certain qualifications; and (b) eliminating the dental reimbursement pilot project. Require the Department to increase reimbursement in the following manner, for dental services rendered on or after January 1, 2020, by a provider meeting the above criteria: (a) for a qualified non-profit provider, a 50 percent increase above the rate that would otherwise be paid to that provider; (b) for a qualified for-profit provider, a 30 percent increase above the rate that would otherwise be paid to that provider; and (c) for providers rendering services to individuals enrolled in managed care under the MA program, increase reimbursement on the basis of the rate that would have been paid to the provider had the individual not been enrolled in managed care. Specify that if a provider has more than one service location, the eligibility thresholds described above apply to each location, and payment for each service location would be determined separately.

7. **SeniorCare Cost-to-Continue Estimate (Paper #366).** Provide \$6,699,800 (-\$1,310,200 GPR, -\$1,139,600 FED, and \$9,149,600 PR) in 2019-20 and \$18,661,700 (\$2,679,700 GPR, \$2,389,400 FED, and \$13,592,600 PR) in 2020-21 to fund projected increases in the cost of benefits under the SeniorCare program in the 2019-21 biennium.

8. **Post-Partum Eligibility (Paper #367).** Increase MA benefits funding by \$22,880,000 (\$9,609,600 GPR and \$13,270,400 FED) in 2020-21 to reflect the estimated cost of extending benefits for MA-eligible pregnant women until the last day of the month in which the 365th day after the last day of the pregnancy falls. Require DHS to seek approval from the federal

Department of Health and Human Services to implement this change in program eligibility.

9. **Family Care Direct Care Funding (Paper #368).** Provide \$14,763,800 (\$6,000,000 GPR and \$8,763,800 FED) in 2019-20 and \$14,760,100 (\$6,000,000 GPR and \$8,760,100 FED) in 2020-21 to increase the direct care and services portion of the capitation rates DHS provides to managed care organizations (MCOs) in recognition of the direct caregiver workforce challenges facing the state.

10. **Nursing Home Reimbursement (Paper #369).** Provide \$8,676,200 (\$3,525,900 GPR and \$5,150,300 FED) in 2019-20 and \$17,757,800 (\$7,216,600 GPR and \$10,541,200 FED) in 2020-21 to increase the MA reimbursement rates paid to nursing homes and intermediate care facilities for individuals with intellectual disabilities (ICFs-IID). In session law, require DHS to increase the MA rates paid for direct care to nursing facilities and ICFs-IID with a 1 percent annual rate increase related to an increase in acuity of patients in these facilities and an additional 1.5 percent annual rate increase to support staff in those facilities who perform direct care, for a total increase of 2.5 percent in 2019-20 and an additional increase of 2.5 percent in 2020-21.

11. **Personal Care Reimbursement Rate (Paper #370).** Provide \$3,330,300 (\$1,352,100 GPR and \$1,978,200 FED) in 2019-20 and \$13,421,400 (\$5,449,100 GPR and \$7,972,300 FED) in 2020-21 to increase the MA reimbursement rates paid to personal care agencies to support staff in those agencies who perform direct care. In session law, require DHS to increase the MA rates paid to agencies that provide personal care services by 1.5 percent annually to support staff in those agencies who perform direct care.

12. **Children's Long-Term Care Services (Paper #371).** Require DHS to ensure that any child who is eligible, and applies, for the children's long-term support (CLTS) waiver program receives services under the CLTS waiver program.

13. **Blood-Lead Testing -- HMO Incentives (Paper #394).** Provide \$3,500,100 (\$1,422,800 GPR and \$2,077,300 FED) annually to increase pay-for-performance incentives to BadgerCare Plus HMOs. Currently, DHS imposes a \$10,000 fine on HMOs for failure to meet benchmarks standards for blood-lead testing for children, which is testing of 80.9% of enrolled children by age 2. This item would provide funding for incentive payments to increase the percentage of children tested. The amounts are based on approximately 0.25% of BadgerCare Plus HMO capitation payments.

14. **Telehealth Expansion.** Increase MA benefits funding by \$2,681,100 (\$1,088,200 GPR and \$1,592,900 FED) in 2019-20 and \$4,170,600 (\$1,692,900 GPR and \$2,477,700 FED) in 2020-21 to fund anticipated increases in the use of MA services rendered by providers using telehealth technology. This increase is expected to result from a statutory change in the bill that would expand the definition of telemedicine and the services that may be provided through telehealth technology. Modify the definition of "telehealth" for the purposes of reimbursement of mental health or substance abuse treatment services provided under MA to include: (a) real-time communications between providers; and (b) in circumstances determined by DHS, asynchronous transmissions of digital clinical information through a secure electronic communications system from one provider to another provider. Require DHS to develop, by rule, a method of reimbursing

providers for MA services that are either: (a) a consultation between a provider at an originating site and a provider at a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment; or (b) an asynchronous transmission of digital clinical information through a secure electronic system from an MA recipient or provider to a provider.

15. **Dental Services for Individuals with Disabilities.** Provide \$2,000,000 (\$812,000 GPR and \$1,188,000 FED) in 2019-20 and \$3,000,000 (\$1,218,000 GPR and \$1,782,000 FED) in 2020-21 to increase reimbursement rates for dental services that are covered under MA and provided to recipients who have disabilities. Require DHS to allocate a total of \$2,000,000 in 2019-20 and \$3,000,000 in 2020-21 for such increases.

16. **Behavioral Health Technology -- Incentive Payments.** Increase MA benefits funding by \$4,000,000 (\$2,000,000 GPR and \$2,000,000 FED) in 2020-21 for DHS to make incentive grants to behavioral health providers that adopt electronic health records systems or participate in the state's health information exchange. A health information exchange allows a provider to access their patients' records, such as test results, prescribed medications, and services patients received, including information relating to services rendered by other providers. The Wisconsin Statewide Health Information Network (WISHIN) serves as the health information exchange for providers in Wisconsin.

17. **Substance Abuse Hub-and-Spoke Treatment Model.** Provide \$89,900 GPR and \$808,900 FED in 2020-21 for supportive services delivered under the Medicaid medical health home benefit for persons with substance abuse disorders. Under the medical health home benefit, supportive services are rendered by a designated provider to persons with chronic conditions, including mental health conditions or substance use disorder.

18. **Doula Services.** Provide \$192,000 GPR in 2019-20 and \$426,700 (\$192,000 GPR and \$234,700 FED) in 2020-21 to provide grants for community-based doulas in 2019-20, and to provide reimbursement for certified doula services provided through the MA program in select counties, beginning in 2020-21. Increase MA benefits funding by \$426,700 (\$192,000 GPR and \$234,700 FED) in 2020-21 to fund doula services as an MA benefit. Specify that doula services are eligible for reimbursement under MA when the services are rendered by a certified doula to pregnant women enrolled in MA who reside in Brown, Dane, Milwaukee, Rock, Sheboygan, or another county as determined by the Department. For these purposes, define a "certified doula" as an individual who has received certification from a doula certifying organization recognized by the Department. Specify that services provided by a certified doula include continuous emotional and physical support during labor and birth of a child and intermittent services during the prenatal and postpartum periods. Require DHS to seek any necessary federal approval to allow reimbursement for services provided by a certified doula through the MA program and specify that the Department may not provide reimbursement for these services unless such approval is granted. Provide \$192,000 GPR in 2019-20 and require DHS to allocate this amount in 2019-20 from an appropriation that funds Division of Medicaid Services contracts to support grants to public or private entities, American Indian tribes or tribal organizations, or community-based organizations for grants for community-based doulas. Require grant recipients to use the money to identify and train local community workers to mentor pregnant women.

19. **MA Reimbursement for Clinical Consultations.** Increase MA benefits funding by \$250,000 (\$101,500 GPR and \$148,500 FED) annually to reflect the administration's estimate of the cost to continue to reimburse mental health professionals for clinical consultations. Repeal a provision that prohibits DHS from providing reimbursement for a clinical consultation that occurs after June 30, 2019.

20. **Long-Term Care Services -- Statutory Revisions to Reflect Current Programs and Federal Requirements.** Modify statutory provisions relating to the state's long-term care programs to: (a) reflect the completion of the statewide expansion of Family Care, including the termination of the community options program (COP), a county-administered program that previously offered MA-supported long-term care services; (b) conform the state's statutes to be consistent with new federal rules as they relate to grievances, appeals, and fair hearings for individuals enrolled in MA managed care plans; and (c) repeal obsolete provisions, correct references, and make minor changes to reflect current practice relating to the state's long-term care programs.

Restore Items Previously Removed from Budget Consideration:

21. **Full Medicaid Expansion** (Page 165, #3).

MEDICAID SERVICES ADMINISTRATION

1. **Division of Medicaid Services Administration -- Contracts and Other Supplies and Services (Paper #385).** Provide \$51,136,100 (\$11,270,100 GPR and \$39,866,000 FED) in 2019-20 and \$32,755,400 (\$8,542,900 GPR and \$24,212,500 FED) in 2020-21 to reflect the net effect of funding adjustments to appropriations that support contracted services and general program operations for the Division of Medicaid Services (DMS). Factors resulting in these funding adjustments include projects to modify claims and eligibility information systems to implement state and federal law and policy changes, and rate increases incorporated into current contracts.

2. **Children's Long-Term Support Waiver Program -- Administration (Paper #371).** Provide \$2,090,300 (\$687,800 GPR and \$1,402,500 FED) in 2019-20 and \$2,439,100 (\$874,600 GPR and \$1,564,500 FED) in 2020-21 to implement a statewide contract for children's long-term care intake, application, and screening functions. The contract would include administration of all Katie Beckett MA screens and all initial screens for the children's long-term support (CLTS) waiver program and the children's community options program. The funding for this contract was budgeted in the Department's MA benefits appropriations, but should instead be budgeted in appropriations that support contracted MA services. As part of the contract, funding would be provided for: (a) five children's services navigators to help direct families towards available community resources, programs, and services; (b) two children's disability resource specialists to assist families with complex or multisystem concerns experienced when seeking support for their children with disabilities; and (c) two children's disability ombudsmen to provide advocacy services for children with long-term support needs.

3. **Funeral and Cemetery Aids (Paper #386).** Reduce funding by \$370,800 in 2019-

20 and \$143,100 in 2020-21 to reflect estimates of the amount of funding necessary to support payments under the Wisconsin funeral and cemetery aids program (WFCAP). Under the program, DHS reimburses costs incurred by funeral homes, cemeteries, and crematories for services they provide to certain deceased individuals who were eligible for medical assistance or Wisconsin Works benefits at the time of their death. DHS is required to pay up to \$1,000 for cemetery expenses and up to \$1,500 for funeral and burial expenses not covered by the decedent's estate or other persons. The program does not provide any reimbursement if the total funeral expenses exceed \$4,500 or total cemetery expenses exceed \$3,500.

4. **SSI and Caretaker Supplement Reestimate.** Reduce funding by \$6,369,000 (-\$4,652,200 GPR and -\$1,716,800 PR) in 2019-20 and by \$5,258,600 (-\$3,541,800 GPR and -\$1,716,800 PR) in 2020-21 to reflect the administration's estimates of funding that will be needed to support supplemental security income (SSI) state supplement and caretaker supplement payments in the 2019-21 biennium. SSI provides federal and GPR-funded benefits to low-income residents who are elderly, blind, or disabled. Recipients with dependent children may also receive a caretaker supplement payment supported by federal temporary assistance to needy families (TANF) funds transferred as program revenue from the Department of Children and Families (DCF).

PUBLIC HEALTH

1. **Lead Exposure and Poisoning Prevention (Paper #390).** Provide \$19,945,900 (\$3,859,600 GPR and \$16,086,300 FED) in 2019-20 and \$16,058,600 (\$5,044,400 GPR and \$11,014,200 FED) in 2020-21 and 2.14 GPR positions, beginning in 2019-20, to support lead exposure prevention activities, as described below. Modify the lead poisoning or lead exposure prevention grant program to specify that grants may be made for residential lead hazard abatement, residential lead hazard reduction, and lead abatement worker training. CHIP Provide \$17,973,400 (\$2,136,200 GPR and \$15,837,200 FED) in 2019-20 and \$14,335,700 (\$3,321,500 GPR and \$11,014,200 FED) in 2020-21 for lead abatement involving residential properties occupied by children and pregnant women eligible for MA or the children's health insurance program (CHIP). The state and federal share of these amounts reflects the CHIP federal matching rate applicable for the biennium, which is projected at 85.92% in 2019-20, and to 74.42% in 2020-21. The federal funding would be provided from the state's federal CHIP allocation. Lead abatement involves the removal of lead-based paint from homes of children who have been identified as having elevated blood lead levels or who are at risk of lead poisoning. Provide \$1,000,000 GPR annually for lead abatement grants for properties not occupied by children enrolled in MA or CHIP. Provide \$50,900 GPR and \$249,100 FED in 2019-20 to fund lead abatement training grants, with the intent of expanding the certified lead abatement workforce. Since this initiative would use federal CHIP funds, it would also require a CHIP plan amendment. Provide \$500,000 GPR annually for grants to physician groups to establish a peer-to-peer public health outreach programs to increase lead testing among children at risk for lead poisoning. Provide \$172,500 GPR in 2019-20 and \$222,900 GPR in 2020-21 and 2.14 positions, beginning in 2019-20, for lead exposure and poisoning prevention activities. Of these positions, 1.0 would be a public health educator project position in the Division of Public Health, to administer the public health outreach initiative. The other 1.14 positions would be permanent positions to enhance the Department's lead poisoning prevention programs. The Department indicates that it would reallocate 2.86 existing federal positions to supplement the permanent 1.14 GPR

positions, to provide a total of 4.0 positions for the program. These positions would replace 4.0 contract positions currently conducting program activities (a contract specialist, a public health nurse, a database specialist, and an epidemiologist).

2. **Birth to 3 Program Expansion (Paper #391).** Provide \$1,550,000 GPR in 2019-20 and \$7,600,000 GPR in 2020-21 to expand access to services under the Birth to 3 Program. Under this item, DHS would increase the number of children who would be eligible for services to include all at-risk children with lead exposure levels at or above five micrograms per deciliter (mg/dl). Wisconsin's current eligibility standard for the program, as it pertains to lead exposure, is 10 mg/dl. The administration estimates that this change would result in an additional 2,000 children becoming eligible for Birth to 3 services. In 2017, approximately 12,100 children received services under the program.

3. **Tobacco Use Control (Paper #392).** Provide \$3,300,000 GPR annually to increase state-funded tobacco use control activities administered by the Division of Public Health, from \$5,315,000 annually to \$8,615,000 annually. Although not specified in the bill, the funding increase has three purposes. First, \$2,300,000 annually would be provided to increase support for the University of Wisconsin Center for Tobacco Research and Intervention's (UW-CTRI) Wisconsin Tobacco Quit Line. In addition, \$500,000 of the additional funding in each year would be provided to the Wisconsin Nicotine Treatment Integration Project, which integrates evidence-based nicotine dependence treatment into behavioral health services. Finally, the bill would provide \$500,000 in each year to improve outreach and cessation resources to individuals who have adverse childhood experiences (ACEs).

4. **Dementia Initiatives (Paper #393).** Provide \$2,883,600 (\$2,461,600 GPR and \$422,000 FED) in 2019-20 and \$2,900,200 (\$2,478,200 GPR and \$422,000 FED) in 2020-21 to expand the dementia care specialist program on a statewide basis (by funding an additional 27 dementia care specialists and three tribal dementia care specialists) and to create a dementia training program for health care providers.

5. **Dental Services -- Public Health (Paper #394).** Provide \$1,189,500 GPR in 2019-20 and \$1,789,500 GPR in 2020-21 and 4.60 positions, beginning in 2019-20, to support three dental health initiatives in the Division of Public Health. First, provide \$275,000 in 2019-20 and \$450,000 in 2020-21 to increase the scope and funding levels for grants DHS provides under the Seal-A-Smile program. Second, provide \$425,000 in 2019-20 and \$850,000 in 2020-21 to increase funding for grants provided to dental clinics that serve low-income patients. Provide \$489,500 annually to support 4.60 positions, beginning in 2019-20, in the Division of Public Health to expand dental services to MA, BadgerCare Plus, and other low-income patients.

6. **Healthy Aging Grant (Paper #395).** Provide \$250,000 GPR annually and require DHS to award a grant of \$250,000 in each fiscal year to an entity that conducts programs in healthy aging. Create an appropriation in the Department's Division of Public Health for this purpose.

7. **Minority Health.** Provide \$250,000 (\$383,600 GPR and -\$133,600 PR) annually to increase funding for grants under the minority health program, and to reflect a change in the program's funding source from PR to GPR. Modify the criteria used to distribute these grants to specify that

DHS must give priority to applicants that provide maternal and child health services.

8. **Wisconsin Chronic Disease Program.** Reduce funding by \$399,300 (-\$346,100 GPR and -\$53,200 PR) in 2019-20 and by \$198,400 (-\$189,000 GPR and -\$9,400 PR) in 2020-21 to reflect estimates of the amounts needed to fund the Wisconsin Chronic Disease Program (WCDP) in the 2019-21 biennium. The WCDP funds services for individuals with chronic renal disease, hemophilia, and adult cystic fibrosis that are not covered by other public or private health insurance plans.

9. **Dispatcher Assisted Cardiopulmonary Resuscitation.** Provide \$105,900 GPR annually, beginning in 2019-20, for DHS to assist public safety answering points (PSAPs) in complying with dispatcher training requirements on telephonic assistance on administering cardiopulmonary resuscitation (CPR) enacted in 2017 Wisconsin Act 296. This funding includes: (a) \$75,900 GPR annually for DHS to distribute, either as grants to PSAPs or to contract with an entity to provide training to PSAPs; and (b) \$30,000 annually to fund supplies and services for the program, budgeted in the Division of Public Health's general program operations appropriation.

10. **Well Woman Program.** Increase funding budgeted for the Wisconsin Well Woman Program by \$100,000 GPR annually, from \$2,328,200 to \$2,428,200 in each year. In addition, modify a current provision that requires DHS to expend at least \$60,000 annually for the provision of multiple sclerosis (MS) services to women to instead require DHS to expend up to \$60,000 annually for the provision of MS services to women.

11. **Infant Mortality Prevention.** Require the Department to reallocate 5.0 current full-time equivalent positions to staff an infant mortality prevention program. Require DHS to report in its 2021-23 budget request any necessary budget adjustments to reflect this reallocation of positions.

12. **Graduate Medical Education Support Grants.** Modify statutory provisions relating to graduate medical education (GME) programs as follows. First, repeal an appropriation for the Division of Public Health that currently funds grants to establish graduate medical training programs in rural hospitals, and transfer base funding from this appropriation (\$2,500,000 GPR annually) to a current appropriation for the Division of Medicaid Services that support graduate medical training programs, for which base funding is \$865,000 GPR annually. Consequently, a total of \$3,313,000 GPR would be budgeted annually to support both types of grants, beginning in 2019-20. Second, expand the eligibility criteria for both types of grants to include the development of, or support of accredited GME programs in all medical specialties. Under current law, in order to be eligible for a grant, a hospital must have an existing GME program, or plan to develop a GME program, in one of the following specialties: (a) family medicine; (b) pediatrics; (c) psychiatry; (d) general surgery; or (e) internal medicine. Third, correct a statutory reference to the appropriation from which grants are funded by deleting a reference to the MA benefits appropriation.

13. **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).** Modify statutory provisions relating to the special supplemental nutrition program for women, infants, and children (WIC), in order to make state statutory language consistent with federal language, and to remove language rendered obsolete by the implementation of electronic benefit transfer for WIC in 2015. Specifically, modify statutory provisions in the following manner: (a) allow DHS to identify an alternate participant, who is someone authorized by a WIC program

participant to request benefits and otherwise participate in the WIC program, as the WIC program cardholder for purposes of electronic administration; (b) add to the criteria to be an authorized vendor or authorized distribution center that the vendor or distribution center has an electronic benefit transfer-capable cash register system or payment device that meets the criteria specified in the bill; (c) specify that, except for certain mobile stores specially authorized in accordance with federal law, each store is a separate vendor, must have a single, fixed location, and must be separately authorized under the WIC program; (d) add to the activities prohibited under the WIC program engaging in trafficking. Trafficking in WIC benefits is defined in the bill as engaging in any of the following: buying, selling, stealing, or otherwise exchanging, including exchanging firearms, ammunition, explosives, or controlled substances, a payment method of obtaining WIC-approved foods for cash or consideration other than WIC approved foods; intentionally purchasing and reselling for cash or consideration a product that is obtained using a method of obtaining WIC-approved foods; or intentionally purchasing with cash or consideration a product that was originally purchased with a method of obtaining WIC-approved foods. A person who performs any of the prohibited practices under the bill or under current law is subject to a felony with a penalty of a fine not to exceed \$10,000 or imprisonment not to exceed three years and six months, or both for the first offense and for a second or subsequent offense a felony with a penalty of a fine not to exceed \$10,000 or imprisonment not to exceed six years, or both; (e) incorporate infant formula suppliers into the types of entities for which DHS must promulgate rules regarding standards for authorization; (f) add civil monetary penalties, warning letters, and implementations of corrective action plans to the list of consequences for violating a rule promulgated by DHS relating to the WIC program; and (g) specify that information about an applicant for, participant in, or vendor in the WIC program is confidential and then specifies who may access that confidential information and for what purposes.

FOODSHARE

1. **FoodShare Employment and Training (FSET) Program Cost-to-Continue (Paper #415).** Provide \$4,668,000 (\$2,334,000 GPR and \$2,334,000 FED) in 2019-20 and \$5,724,000 (\$2,862,000 GPR and \$2,862,000 FED) in 2020-21 to increase funding for the FoodShare employment and training (FSET) program. The funding increase reflects: (a) anticipated increases in caseload, (b) increases to vendors to reflect actual and projected average service costs; and (c) reestimates of the amount of federal funding that will be available to support program costs. Base funding for the program is \$41,071,400 (\$17,625,000 GPR and \$23,446,400 FED).

2. **Repeal FSET Drug Screening Requirements (Paper #416).** Repeal the requirement that eligibility for an able-bodied adult without dependents (ABAWD) to participate in the FoodShare employment and training (FSET) program is subject to compliance with the statutory screening, testing, and treatment policy for illegal use of a controlled substance without a valid prescription for the controlled substance. Repeal provisions, enacted as part of 2017 Act 370, that require DHS to implement a drug screening, testing, and treatment policy for ABAWDs participating in FSET. In addition, repeal nonstatutory provisions contained in 2017 Act 370 as they pertain to implementing the drug screening, testing, and treatment provisions by October 1, 2019, and requiring compliance with the waiver provisions contained in 2017 Act 370, as though the drug screening, testing, and treatment provisions were a waiver request approved on December 16, 2018.

3. **Repeal FoodShare Work Requirement for Able-Bodied Adults with Dependents**

(Paper #417). Modify current law relating to required participation in the FoodShare employment and training (FSET) program to specify that DHS must require, to the extent allowed by the federal government, that able-bodied adults without dependents (ABAWDs) participate in FSET, except for ABAWDs who are employed, as determined by DHS. Specify that DHS may require able individuals who are 18 to 60 years of age, or a subset of those individuals to the extent allowed by the federal government, who are not in a Wisconsin Works employment position, to participate in FSET.

4. Repeal Pay-for-Performance Payment System for FSET Vendors (Paper #418). Repeal provisions enacted in 2017 Act 266 that require DHS to create and implement a payment system based on performance for FoodShare Employment and Training (FSET) program vendors. Current law requires DHS to establish performance outcomes for the payment system based on: (a) the placement of participants into unsubsidized employment; (b) whether the placement is full or part-time; (c) the job retention rate; (d) wages and benefits earned; (e) appropriate implementation of FSET; and (f) customer satisfaction. Implementation of the payment system is contingent on federal approval and must not affect the funding available for supportive services for participants in FSET. These provisions first apply to contracts DHS enters into or renews on the Act's effective date (April 12, 2018). However the Department's current contracts with the FSET vendors, effective for federal fiscal year 2018-19 (October 1, 2018 through September 30, 2019), do not include performance outcomes as the basis for payments.

BEHAVIORAL HEALTH

1. Comprehensive Mental Health Consultation Program Planning. Provide \$66,700 in 2019-20 in a new appropriation for developing a plan for a mental health consultation program. Specify that no moneys may be encumbered from this appropriation after June 30, 2021. Require DHS to convene a statewide group of interested persons to develop a concept paper, business plan, and standards for a comprehensive mental health consultation program that incorporates general, geriatric, and addiction psychiatry, a perinatal psychiatry consultation program, and the child psychiatry consultation program.

2. Opioid and Methamphetamine Treatment Center Grants. Repeal a provision that prohibits DHS from providing grants to programs that offer methadone treatment under the opioid and methamphetamine treatment center grant program. Modify a related provision to remove the phrase "both long-acting opioid antagonist and partial agonist" from a description of medication-assisted treatment options. With this modification, medication-assisted treatment would not be restricted to those types of treatment medications. Naltrexone (an opioid antagonist) and buprenorphine (a partial agonist) are commonly used for the treatment of opioid addiction. Methadone, also commonly used in medication-assisted treatment, is an opioid agonist.

3. Crisis Team Grants. Modify the purposes for which counties or multi-county regions may use grants DHS currently provides to establish certified mobile crisis teams in rural areas of the state by: (a) deleting references to "mobile crisis team" and replacing the term with "crisis program;" (b) permitting DHS to grant funds to enhance, as well as to establish, crisis programs; and (c) deleting references to "certified" programs. With these changes, DHS would award grants to counties or multi-county regions to establish or enhance crisis programs to serve individuals having crises in rural areas.

DEPARTMENTWIDE AND QUALITY ASSURANCE

1. **Bureau of Assisted Living Staff (Paper #425).** Provide \$886,100 (\$327,800 FED and \$558,300 PR) in 2019-20 and \$1,181,400 (\$437,100 FED and \$744,300 PR) in 2020-21, to fund an additional 12.0 project positions (4.44 FED positions and 7.56 PR positions), beginning in 2019-20 and ending June 30, 2021, to provide 9.0 additional surveyor positions and 3.0 non-surveyor professional positions within the DHS Bureau of Assisted Living to meet workload due to the growth in the number of assisted living facilities in the state.

2. **Reporting and Fee Requirements for Assisted Living Facilities (Paper #425).** Provide \$500,000 in 2019-20 on a one-time basis to fund IT infrastructure improvements as part of an automated licensing project and to enable assisted living providers to enter reports online. Require adult day care centers and residential care apartment complexes (RCACs) to submit a report to DHS, every 24 months on a schedule determined by DHS, using an online system prescribed by DHS. Require the report to: (a) be in a format determined by DHS; and (b) contain the information required by DHS, including payment of any fee due. Require DHS to issue a warning to any operator of an adult day care centers or RCAC who does not file a complete report in a timely manner. Authorize DHS to revoke an adult day care center's or RCAC's certification, or an RCAC's registration, for failure to timely and completely report within 60 days after the report date established under the schedule determined by DHS. Modify current law to require licensed community-based residential facilities and licensed adult family homes to submit required reports every 24 months, through an online system prescribed by DHS. Current law requires these types of assisted living facilities to submit reports every 24 months containing information DHS requires, but does not require online submissions.

3. **Standard Budget Adjustments.** Provide \$19,486,000 (\$8,874,500 GPR, \$5,044,200 FED, \$5,540,800 PR and \$26,500 SEG) in 2019-20 and \$19,734,000 (\$9,016,100 GPR, \$5,108,300 FED, \$5,582,700 PR and \$26,900 SEG) in 2020-21, and the reduction of 3.0 FED positions in 2019-20 and 4.5 FED positions in 2020-21, to reflect the net effect of the following standard budget adjustments: (a) turnover reduction (-\$3,231,600 GPR, -\$1,748,600 FED, and -\$2,361,600 PR annually); (b) removal of noncontinuing elements (-\$253,000 FED and -3.0 FED positions in 2019-20 and -\$295,800 FED and -4.5 FED positions in 2020-21); (c) full funding of continuing salaries and fringe benefits (\$5,381,000 GPR, \$5,189,800 FED, \$2,823,000 PR and \$25,100 SEG annually); (d) overtime (\$3,486,100 GPR and \$2,559,700 PR annually); (e) night and weekend salary differentials (\$2,072,100 GPR, \$101,100 FED and \$2,254,900 PR annually); (f) increases in lease costs (\$1,166,900 GPR, \$1,754,900 FED, \$264,800 PR and \$1,400 SEG in 2019-20 and \$1,308,500 GPR, \$1,861,800 FED, \$306,700 PR and \$1,800 SEG in 2020-21); and (g) minor transfers within appropriations (\$0 annually).

4. **Program Revenue Funding Adjustments.** Provide \$17,202,800 in 2019-20 and \$17,302,800 in 2020-21 to reflect the net effect of funding adjustments to certain program revenue appropriations.

5. **Federal Revenue Reestimates.** Provide \$55,282,300 in 2019-20 and \$55,212,300 in 2020-21 to reflect the net effect of funding adjustments to certain federal appropriations that are not included in other items in the Governor's budget.

6. **Position and Funding Transfers.** Provide \$36,100 FED and reduce funding by \$36,100 PR annually, and convert the funding sources for current positions to create a net decrease of 0.9 FED position and a net increase of 0.9 PR position, beginning in 2019-20. The transfer of funding and position authority between appropriations is intended to accurately align funding with the activities of current positions. These transfers reflect reorganizations within the Department and the reassignment of positions that occurred in the current biennium.

NOTE: As modified by JFC Motion #5 total change to bill for this motion is \$364,547,900 (-\$159,473,300 GPR and \$524,021,200 FED) in 2019-20 and by \$376,213,700 (-\$165,011,600 GPR and \$541,225,300) in 2020-21, to reflect retention of the full MA expansion.

As modified by JFC Motion #5, but retaining the full MA expansion, total change to base for this motion is shown in the attached table.

FISCAL EFFECT OF MOTION #109 (CHANGE TO BASE)

Funding

Item #	Title	2019-20					2020-21				
		GPR	FED	PR	SEG	Total	GPR	FED	PR	SEG	Total
MA Services											
1	MA Cost to Continue	\$89,305,200	\$112,358,400	-\$13,905,700	\$4,793,800	\$192,551,700	\$264,657,600	\$249,975,200	\$68,345,200	\$2,012,700	\$584,990,700
2a	Hospitals- DSH Payments	29,000,000	42,428,600	0	0	71,428,600	29,000,000	42,428,600	0	0	71,428,600
2b	Hospitals- Acute Care Access Payments	-7,400,000	107,400,000	0	0	100,000,000	-7,400,000	107,400,000	0	0	100,000,000
2c	Hospitals- Critical Access Payments	-300,000	1,800,000	0	0	1,500,000	-300,000	1,800,000	0	0	1,500,000
2d	Hospitals- Peds Inpatient Supp.	1,407,000	8,593,000	0	0	10,000,000	2,557,000	7,443,000	0	0	10,000,000
2e	Hospitals- Rural Critical Care Supp.	250,000	365,800	0	0	615,800	250,000	365,800	0	0	615,800
3	Crisis Intervention Services	6,960,700	2,249,400	0	0	9,210,100	18,420,300	9,627,600	0	0	28,047,900
	Regional Crisis Stab. Facility Grant	0	0	0	0	0	2,500,000	0	0	0	2,500,000
4	Non-Inst. Behavioral Health Services	8,732,800	13,739,100	0	0	22,471,900	18,217,800	28,424,700	0	0	46,642,500
5	Community Health Benefit	0	0	0	0	0	22,500,000	22,500,000	0	0	45,000,000
6	Dental Services	7,894,700	10,396,200	0	0	18,290,900	8,789,800	11,739,000	0	0	20,528,800
7	SeniorCare Cost to Continue	-1,310,200	-1,139,600	9,149,600	0	6,699,800	2,679,700	2,389,400	13,592,600	0	18,661,700
8	Post-Partum Eligibility	0	0	0	0	0	9,609,600	13,270,400	0	0	22,880,000
9	Family Care Direct Care Reimburse.	6,000,000	8,763,800	0	0	14,763,800	6,000,000	8,760,100	0	0	14,760,100
10	Nursing Home Reimbursement	3,525,900	5,150,300	0	0	8,676,200	7,216,600	10,541,200	0	0	17,757,800
11	Personal Care Reimbursement	1,352,100	1,978,200	0	0	3,330,300	5,449,100	7,972,300	0	0	13,421,400
12	CLTS - Ensure Services	0	0	0	0	0	0	0	0	0	0
13	Blood Lead Testing - HMO Incentives	1,422,800	2,077,300	0	0	3,500,100	1,422,800	2,077,300	0	0	3,500,100
14	Telehealth Services	1,088,200	1,592,900	0	0	2,681,100	1,692,900	2,477,700	0	0	4,170,600
15	Dental Services for Individuals. With Dis.	812,000	1,188,000	0	0	2,000,000	1,218,000	1,782,000	0	0	3,000,000
16	Behavioral Health Tech - Incentives	0	0	0	0	0	2,000,000	2,000,000	0	0	4,000,000
17	Substance Abuse Hub and Spoke	0	0	0	0	0	89,900	808,900	0	0	898,800
18	Doula Services	192,000	0	0	0	192,000	192,000	234,700	0	0	426,700
19	MA Reimburse. for Clinical Consults.	101,500	148,500	0	0	250,000	101,500	148,500	0	0	250,000
20	LTC Services - Stat. Revisions	0	0	0	0	0	0	0	0	0	0
21	Full MA Expansion	-159,473,300	524,021,200	0	0	364,547,900	-165,011,600	541,225,300	0	0	376,213,700
MA Administration											
1	DMS Admin	11,270,100	39,866,000	0	0	51,136,100	8,542,900	24,212,500	0	0	32,755,400
2	CLTS Admin	687,800	1,402,500	0	0	2,090,300	874,600	1,564,500	0	0	2,439,100
3	Funeral and Cem	-370,800	0	0	0	-370,800	-143,100	0	0	0	-143,100
4	SSI & Caretaker Reest	-4,652,200	0	-1,716,800	0	-6,369,000	-3,541,800	0	-1,716,800	0	-5,258,600

2020-21

2019-20

Total

Item # Title

GPR

FED

PR

SEG

Total

GPR

FED

PR

SEG

Total

Public Health

1 Lead Exposure & Poisoning Prevent.

2 Birth to 3

3 Tobacco Use Control

4 Dementia Initiatives

5 Dental Services

6 Healthy Aging Grant

7 Minority Health

8 W1 Chronic Disease

9 Dispatcher Assisted CPR

10 Well Woman Program

11 Infant Mortality Prevention

12 GME Support Grants

13 WIC

19,945,900

1,550,000

3,300,000

2,883,600

1,189,500

250,000

250,000

-399,300

105,900

100,000

0

0

0

11,014,200

0

0

422,000

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16,058,600

7,600,000

3,300,000

2,900,200

1,789,500

250,000

250,000

-198,400

105,900

100,000

0

0

0

FoodShare

1 FSET Cost to Continue

2 FSET Drugs

3 FSET Non-ABAWDs

4 FSET P4P

4,668,000

0

0

0

2,862,000

0

0

0

0

0

0

5,724,000

0

0

Behavioral Health

1 Comp. Mental Health Consult. Prog.

2 Opioid and Meth Treatment centers

3 Crisis Team Grants

66,700

0

0

0

0

0

0

0

0

Departmentwide and Quality Assurance

1 Bureau of Assisted Living Staff

2 Reporting for Assisted Living

3 SBAs

4 PR Reestimate

5 FED Reestimate

6 Funding and Position Transfer

886,100

500,000

19,486,000

17,202,800

55,282,300

437,100

0

5,108,300

0

55,212,300

744,300

0

5,582,700

17,302,800

0

1,181,400

0

26,900

0

17,302,800

55,212,300

Total

\$20,625,600

\$963,912,300

\$17,106,100

\$4,820,300

\$1,006,464,300

\$270,326,300

\$1,176,260,700

\$103,671,700

\$2,039,600

\$1,552,918,300

Positions

Item #	Title	2019-20				2020-21			
		<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>Total</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>Total</u>
Public Health									
1	Lead Exposure & Poisoning Prevent.	2.14	0.00	0.00	2.14	2.14	0.00	0.00	2.14
5	Dental Services	4.60	0.00	0.00	4.60	4.60	0.00	0.00	4.60
Departmentwide and Quality Assurance									
1	Bureau of Assisted Living Staff	0.00	4.44	7.56	12.00	0.00	4.44	7.56	12.00
3	SBAs	0.00	-3.00	0.00	-3.00	0.00	-4.50	0.00	-4.50
6	Funding and Position Transfer	0.00	-0.90	0.90	0.00	0.00	-0.90	0.90	0.00
Total		6.74	0.54	8.46	15.74	6.74	-0.96	8.46	14.24