

## HEALTH SERVICES

Medical Assistance, Medicaid Services Administration, Public Health, FoodShare,  
Behavioral Health, Departmentwide and Quality Assurance

[LFB Papers #360 thru #371, #385 and #386, #390 thru #395, #415 thru #419]  
Omnibus Motion

Motion:

Move to adopt the following.

### A. Medical Assistance

1. *Medical Assistance Cost-to-Continue. (Paper #360).* Adopt Alternative 1 to adopt the cost-to-continue reestimate, resulting in an increase base funding for medical assistance (MA) benefits by \$245,771,400 (\$82,691,300 GPR, \$128,506,300 FED, \$27,463,800 PR and \$7,110,000 SEG) in 2019-20 and by \$671,613,300 (\$273,384,600 GPR, \$306,713,400 FED, \$94,862,300 PR and -\$3,347,000 SEG) in 2020-21.

2. *Hospital Supplemental Payments (Paper #361).* Modify the bill as follows:

a. *Disproportionate Share Hospital Payments.* Increase base funding for disproportionate share hospital payments by \$73,889,200 (30,000,000 GPR and \$43,889,200 FED) in 2019-20 and by \$73,900,800 (\$30,000,000 GPR and \$43,900,800 FED) in 2020-21 and require the Department to increase the GPR allocation for DSH payments by \$30,000,000 in 2019-20 and 2020-21. Set the maximum payment in each year of the 2019-21 biennium to any hospital at \$9,200,000, except that the maximum for a free-standing pediatric teaching hospital would be \$12,200,000. The increases to the total distribution and changes to the maximum payment would only apply during the biennium.

b. *Rural Critical Care Hospital Supplement.* Increase base funding by \$4,921,900 (\$2,000,000 GPR and \$2,921,900 FED) in 2019-20 and by \$4,942,100 (\$2,000,000 GPR and \$2,942,100 FED) in 2020-21 for the rural critical care hospital supplement.

3. *Crisis Intervention Services (Paper #362).* Adopt Alternatives A1, B2, and C2 to: (a) approve the Governor's recommendation to have the state pay a portion of the state share of crisis intervention services and increase base funding by \$3,043,000 (\$2,855,500 GPR and \$187,500 FED) in 2019-20 and \$10,353,600 (\$9,242,000 GPR and \$1,111,600 FED) in 2020-21; (b) modify the calculation of county MOE by specifying that the MOE is the annual average of county expenditures in 2016, 2017, and 2018; and (c) delete the Governor's recommendation to provide \$2,500,000 GPR



in 2020-21 for a new grant program for regional crisis stability facilities.

4. *Physician and Behavioral Health Services (Paper #363)*. Increase base funding for provider reimbursement for physician and behavioral health services by \$12,303,100 (\$5,000,000 GPR and \$7,303,100 FED) in 2019-20 and \$12,360,900 (\$5,000,000 GPR and \$7,360,900 FED) in 2020-21, but transfer \$5,000,000 GPR annually to the Committee's program supplements appropriation, which would enable the Department to submit a request under s. 13.10 of the statutes for an appropriation supplement for reimbursement rate increases.

5. *SeniorCare Cost-to-Continue Estimate (Paper #366)*. Adopt the cost-to-continue reestimate modification, resulting in a decrease to base funding of \$4,892,600 (-\$4,436,000 GPR, -\$6,897,700 FED, and \$6,441,100 PR) in 2019-20 and an increase in base funding of \$6,003,700 (-\$837,300 GPR, -\$3,734,200 FED, and \$10,575,200 PR) in 2020-21.

6. *Family Care Direct Care Funding (Paper #368)*. Increase base funding by \$29,527,600 (\$12,000,000 GPR and \$17,527,600 FED) in 2019-20 and \$37,009,800 (\$15,000,000 GPR and \$22,082,800 FED) in 2020-21 to support the Family Care direct care supplement.

7. *Nursing Home Reimbursement (Paper #369)*. Increase base funding by \$36,909,400 (\$15,000,000 GPR and \$21,909,400 FED) in 2019-20 and by \$37,082,800 (\$15,000,000 GPR and \$22,082,800 FED) in 2020-21 to increase the average MA daily reimbursement rate for nursing homes on July 1, 2019.

8. *Personal Care Reimbursement Rate (Paper #370)*. Increase base funding by \$37,647,600 (\$15,300,000 GPR and \$22,347,600 FED) in 2019-20 and \$53,399,300 (\$21,600,000 GPR and \$31,799,300 FED) in 2020-21 to increase the MA personal care reimbursement rates.

9. *Children's Long-Term Care Services (Paper #371)*. Adopt Alternatives A1 to approve the Governor's recommendation to fund intake, application, and screening costs for children's long-term care services, and provide \$1,604,200 (\$444,700 GPR and \$1,159,500 FED) in 2019-20 and \$1,523,000 (\$416,500 GPR and \$1,106,500 FED) in 2020-21. In addition, transfer the GPR funding provided under A1 from the MA benefits appropriations to the Committee's program supplements appropriation, and enable the Department to submit a request under s. 13.10 of the statutes to seek the release of this funding and transfer the FED funding provided to the MA contracts appropriation.

10. *Racine County Nursing Home Labor Region*. Require that the Department shall in the single labor region that is composed of Milwaukee, Ozaukee, Washington, and Waukesha Counties include Racine County and shall adjust payment so that the direct care cost targets of facilities in Milwaukee, Ozaukee, Washington, and Waukesha Counties are not reduced as a result of including facilities in Racine in this labor region.

11. *Telehealth Expansion (LFB Summary #17)*. Adopt the Governor's recommendation, which would modify the definition of telehealth and provide an increase in base funding for telehealth reimbursement of \$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, but transfer the GPR funding to the Committee's program supplements appropriation, which would enable the Department to submit a request under



s. 13.10 of the statutes for an appropriation supplement for telehealth reimbursement increases.

12. *Dental Services for Individuals with Disabilities (LFB Summary #18)*. Increase base funding of \$1,000,000 (\$406,000 GPR and \$594,000 FED) in 2019-20 and \$1,500,000 (\$609,000 GPR and \$891,000 FED) in 2020-21 for dental services provided to MA recipients who have disabilities.

13. *Substance Abuse Hub and Spoke Treatment Model (LFB Summary #20)*. Adopt the Governor's recommendation, which would increase base funding by \$89,900 GPR and \$808,900 FED in 2020-21 for supportive services delivered under the Medicaid medical home health benefit for persons with substance abuse disorders, but transfer the GPR funding to the Committee's program supplements appropriation, which would enable the Department to submit a request under s. 13.10 of the statutes for an appropriation supplement for hub and spoke treatment model increases.

14. *MA Reimbursement for Clinical Consultations (LFB Summary #22)*. Adopt the Governor's recommendation, which would eliminate the sunset date on MA reimbursement for clinical consultations and increase MA base funding by \$250,000 (\$101,500 GPR and \$148,500 FED) annually.

15. *Long-Term Care Services -- Statutory Revisions to Reflect Current Programs and Federal Requirements*. Adopt the Governor's recommendation.

16. *Physical Health Service Provider Reimbursement*. Provide \$1,230,300 (\$500,000 GPR and \$730,300 FED) in 2019-20 and \$1,236,100 (\$500,000 GPR and \$736,100 FED) for MA reimbursement rate increases for physical health service providers, but transfer \$500,000 GPR annually to the Committee's program supplements appropriation, which would enable the Department to submit a request under s. 13.10 of the statutes for an appropriation supplement for reimbursement rate increases for physical health service providers.

## **B. Medicaid Services Administration**

1. *Division of Medicaid Services Administration -- Contracts and Other Supplies and Services (Paper #385)*. Provide \$21,940,600 (\$6,889,200 GPR and \$15,051,400 FED) in 2019-20 and \$22,138,800 (\$6,992,400 GPR and \$15,146,400) to increase base funding for contracted services. Reduce PR expenditure authority for costs funded from SeniorCare enrollment fees by \$1,070,500 annually to more closely reflect anticipated fee revenue that will be collected from this source in the 2019-21 biennium.

2. *Funeral and Cemetery Aids (Paper #386)*. Adopt Alternative 2, which would decrease base funding by \$1,410,600 GPR in 2019-20 and \$910,600 GPR in 2020-21 to reflect an alternative estimate of program costs in the 2019-21 biennium.

3. *SSI and Caretaker Supplement Reestimate (LFB Summary #2)*. Adopt the Governor's recommendation, which would 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.

### C. Public Health

1. *Lead Exposure and Poisoning Prevention (Paper #390)*. Provide \$2,000,000 GPR and \$12,214,600 FED in 2019-20 to fund lead abatement to residential properties occupied by children and pregnant women eligible for MA or the federal children's health insurance program (CHIP).

2. *Birth to Three Program Expansion (Paper #391)* Adopt Alternative 2, which would require that DHS transfer \$2,250,000 on a one-time basis from CCOP in 2019-20 to Birth to 3. Subsequently require that DHS transfer carry over funding from COP to maintain funding for CCOP in each year of the 2019-21 biennium at its current budgeted level (\$11.2 million annually).

3. *Dementia Initiatives (Paper #393)*. Provide \$846,000 (\$720,000 GPR and \$126,000 FED) annually to fund eight dementia care specialists and one tribal dementia care specialist.

4. *Dental Services -- Public Health (Paper #394)*. Adopt Alternatives 1 and 2E to provide \$700,000 GPR in 2019-20 and \$1,300,000 GPR for DHS to increase funding for dental services funded by the Division of Public Health. Adopt the statutory changes in the bill relating to Seal-a-Smile funding allocations.

5. *Minority Health (LFB Summary #7)*. Adopt the Governor's recommendation, which would 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.

6. *Wisconsin Chronic Disease Program (LFB Summary #9)*. Adopt the Governor's recommendation, which would 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.

7. *Dispatcher Assisted Cardiopulmonary Resuscitation (LFB Summary #10)*. Adopt the Governor's recommendation, which would provide \$105,900 GPR annually beginning in 2019-20 for DHS to assist public safety answering points 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 GPR annually to fund supplies and services for the program, budgeted in the Division of Public Health's general program operations appropriation.

8. *Well Woman Program (LFB Summary #11)*. Adopt the Governor's recommendation, which would increase funding budgeted for the Wisconsin Well Woman Program by \$100,000 GPR annually. 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.



9. *Infant Mortality Prevention (LFB Summary #12).* Adopt the Governor's recommendation, which would 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.

10. *Graduate Medical Education Support Grants (LFB Summary #13).* Adopt the Governor's recommendation, which would 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. Third, correct a statutory reference to the appropriation from which grants are funded by deleting a reference to the MA benefits appropriation.

11. *Special Supplemental Nutrition Program for Women, Infants and Children (LFB Summary #16).* Adopt the Governor's recommendation, which would 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.

12. *Qualified Treatment Trainee Program Grants.* Provide \$500,000 GPR annually in a new appropriation within the Division of Public Health for qualified treatment trainee program grants. Incorporate LRB draft 1663/p3, which would do the following.

For purposes of these grants, define "qualified treatment trainee" to mean an individual who has a graduate degree from an accredited institution and course work in psychology, counseling, marriage and family therapy, social work, nursing, or a closely related field who has not yet completed the applicable supervised practice requirements for licensure as a clinical social worker, certification as a social worker, licensure as a professional counselor, licensure or certification as a marriage and family therapist, or licensure as a psychologist.

Require DHS to distribute a total of \$500,000 in grant moneys each fiscal year to hospitals, federally qualified health centers, or affiliates of a hospital or health care system that establish and maintain a child, adolescent, and family qualified treatment trainee program that provides qualified treatment trainees an opportunity to complete clinically supervised practice requirements in order to be licensed professional counselors or licensed clinical social workers, as well as specialized training in providing mental and behavioral health services to children, youth, and families.

Require that, in order to be eligible for a grant under this section, a hospital, federally qualified health center, or affiliate of a hospital or health care system shall match the grant amount.

Require that grant recipients under this provision use the moneys awarded under this program for clinical supervision, training, and resources, including salaries, benefits, and other related costs



for trainees and clinical supervisors.

13. *Nitrate Testing for Private Wells.* Provide \$3,000,000 GPR in 2019-20 to the Committee's program supplements appropriation, and enable the Department to submit a request under s. 13.10 of the statutes to seek the release of this funding. Create a continuing appropriation within the Division of Public Health, from which DHS must award grants of up to \$2,500 to eligible private well owners, which recipients must use to cover remediation costs with a primary purpose of providing potable water for human consumption to either a residential or nonprofit business property if the owner has a well that has nitrate levels exceeding ten parts per million. Eligible costs include well testing, installation of an appropriate filtration system, repair or replacement of the well, or replacement of the water supply.

Require DHS to distribute up to a total of \$500,000 to counties that apply to participate in the pilot testing program to provide reimbursement for the actual costs of administering the testing and reporting requirements. Authorize a county to contract with other counties, with well drillers or pump installers licensed through the Department of Natural Resource, or with plumbers licensed by the Department of Safety and Professional Services to provide these testing services. Authorize counties to use moneys received from DHS for the pilot to ensure reimbursement for the county's cost or those incurred by other entities with which the county has a contract.

Private well owners may make a request to the local health department to have the nitrate levels tested in their wells. If the well owner's county has chosen to participate in the pilot program, the local health department must provide a list of public or private entities that are available to complete the testing. The private well owner may contact any of the available entities on the list provided by the local health department. An available public or private entity that agrees to do the testing for the private well owner must collect the necessary samples and do the following: (a) submit the samples for testing to the state laboratory of hygiene or another state certified laboratory; (b) report the test results to DHS and the private well owner, together with a recommendation for one or more of the remediation approaches set forth in the bill, if appropriate, and, if the testing indicates nitrate levels exceeding ten parts per million, a statement of the fees charged for the testing, and a recommendation that the well owner receive reimbursement for those costs; and (c) notify the private well owner that the owner may contact DHS within 30 days to request a grant for a different approach than was recommended by the entity that completed the testing.

Specify that a private well owner is eligible to apply for a grant if the report provided to DHS indicates that nitrate levels in the owner's well water exceed ten parts per million. Specify that a private well owner may only receive one grant per parcel. Further, specify that DHS may not set an income limitation for an applicant to be eligible for a grant.

Require that, in considering grant applications under the pilot, DHS must give preference to applicants who have a household member who is: pregnant, breast-feeding, under the age of three years, or over the age of 65 years. Require that DHS must, after subtracting the \$500,000 available for distribution to counties, reserve one-third of the remaining moneys for grants to applicants given preference.

Require, in a non-statutory provision, that no later than September 1, 2020, DHS must submit



a report on the pilot grant program to the legislature. DHS must include, in the report, information on the status of the program and provide recommendations regarding continuation of the program, proposed changes to the program, if any, and a recommendation regarding funding.

Authorize DHS to promulgate emergency rules under state statute to implement the pilot program. Emergency rules promulgated under this provision, remain in effect until January 1, 2021, or the date on which permanent rules take effect, whichever is sooner.

14. *Suicide Prevention Grant.* Provide \$100,000 GPR in 2019-20 to DHS to create a one-time grant of \$100,000 to the Wisconsin United Coalition of Mutual Assistance Association for suicide prevention activities.

15. *Vaccination Outreach and Education.* Increase base funding by \$100,000 GPR in 2019-20 for the Division of Public Health to conduct a statewide, science-based public outreach and educational campaign related to vaccination.

16. *Respite Care.* Increase base funding by \$125,000 GPR annually to increase funding for the respite care program.

17. *Free and Charitable Clinics.* Provide \$500,000 GPR annually in the Department's appropriation for community health services to provide grants for free and charitable clinics.

#### **D. FoodShare**

1. *FSET -- Cost-to-Continue and Services for Certain MA Recipients (Paper #415).* Adopt Alternative A2b to reduce base funding by \$8,446,100 (-\$2,412,300 GPR and -\$6,033,800 FED) in 2019-20 and by \$7,823,900 (-\$2,001,200 GPR and -\$5,822,700 FED) in 2020-21 to use actual 2017-18 average FSET vendor enrollee costs as the base rate and average monthly enrollment of 8,048, and to provide \$1,000,000 GPR annually to fund FSET services for childless adults enrolled in MA.

2. *FSET -- Drug Screening, Testing and Treatment (Paper #416).* Adopt Alternative 3 to retain the drug screening, testing, and treatment requirements and increase base funding by \$66,400 (\$27,800 GPR and \$38,600 FED) in 2019-20 and \$88,500 (\$36,900 GPR and \$51,600 FED) in 2020-21.

3. *FSET -- Required Participation by Able-Bodied Adults (Paper #417).* Adopt Alternative B3 to retain the mandatory FSET requirement for able-bodied adults and increase base funding by \$9,786,600 (\$4,893,300 GPR and \$4,893,300 FED) in 2019-20 and by \$31,319,600 (\$15,659,800 GPR and \$15,659,800 FED) in 2020-21. Place the \$20,553,100 GPR funding provided under this alternative in the Committee's program supplements appropriation in 2019-20 and require DHS to seek the release of the funds through the statutory provisions of Wis. Stat. 13.10. Further, specify that DHS may not seek the release of this funding until April 1, 2020, and as part of the request, DHS must report on able-bodied FSET enrollment between October 1, 2019, and March 31, 2020, as part of its justification for seeking the additional funding.



4. *FSET and MA -- Administration of Eligibility Requirements and Contract Provisions (Paper #419)*. Adopt Alternatives A2, B1, C1, D1, and E1 to increase base funding by \$1,777,400 (\$547,800 GPR and \$1,229,600 FED) in 2019-20 and \$2,601,200 (\$805,400 GPR and \$1,795,800 FED) in 2020-21, for the income maintenance consortia to implement (a) the FSET pay-for-performance system for FSET vendors; (b) the FSET drug screening, testing, and treatment; (c) the FSET for able-bodied adults requirement; (d) the childless adult waiver provisions under MA; and (e) the health savings accounts for MA. Require DHS to reallocate existing positions and funding to implement these requirements and to provide MilES services relating to these requirements.

5. *Income Maintenance Fraud Prevention*. Provide \$500,000 (\$250,000 GPR and \$250,000 FED) annually to increase funding available for income maintenance fraud prevention efforts.

#### **E. Behavioral Health**

1. *Comprehensive Mental Health Consultation Program Planning (LFB Summary #2)*. Adopt the Governor's recommendation, which would provide \$66,700 GPR in 2019-20 in a new appropriation for developing a plan for a mental health consultation program.

2. *Opioid and Methamphetamine Treatment Center Grants (LFB Summary #3)*. Adopt the Governor's recommendation, which would repeal a provision that prohibits DHS from providing grants to programs that offer methadone treatment under the opioid and methamphetamine treatment center grant program.

3. *Crisis Team Grants (LFB Summary #4)*. Adopt the Governor's recommendation, which would 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.

4. *Child Psychiatry Consultation Program*. Provide \$500,000 GPR in 2020-21 for the child psychiatry consultation program, to increase total funding for the program to \$1,500,000 in that year.

#### **F. Departmentwide and Quality Assurance**

1. *Bureau of Assisted Living -- Staff and Online Reporting (Paper #425)*. Adopt Alternatives A3 and B1 to: (a) provide \$465,700 (\$172,300 FED and \$293,400 PR) in 2019-20 and \$600,800 (\$222,300 FED and \$378,500 PR) in 2020-21 to fund 6.0 permanent positions (2.22 FED positions and 3.78 PR positions) within the Bureau of Assisted Living beginning in 2019-20; (b) \$500,000 PR in 2019-20 on a one-time basis to fund IT infrastructure improvements; and (c) approve the Governor's recommendation to require all assisted living facilities to complete biennial facility reports using an online system but clarify the administration's intent that certified RCAC's continue to pay their fees on the schedule established by DHS in administrative code.

2. *Standard Budget Adjustments (LFB Summary #1)*. Adopt the Governor's recommendation, which would 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).

3. *Program Revenue Funding Adjustments (LFB Summary #2).* Adopt the Governor's recommendation, which would 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.

4. *Federal Revenue Reestimates (LFB Summary #3).* Adopt the Governor's recommendation, which would 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.

5. *Position and Funding Transfers (LFB Summary #4).* Adopt the Governor's recommendation, which would 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.

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Note:

This motion addresses: (a) each item in the bill proposed by the Governor that has not been previously addressed by the Committee, except the Mendota Juvenile Treatment Center expansion (LFB Summary Page 210, #3), which will be addressed as part of the Committee's consideration of juvenile justice items; and (b) additional DHS items not addressed in the Governor's budget. The fiscal changes are expressed as change to the appropriation base. Items in the Governor's bill that would not be approved under the motion are not included.

The attached table show the funding changes for all items, expressed as both change to bill and change to base on a biennial basis.

[Change to Base: \$588,165,400 GPR, \$858,365,800 FED, \$180,166,800 PR, and \$3,816,400 SEG, and -3.18 FED, and 4.68 PR positions]

[Change to Bill: -\$27,271,400 GPR, -\$216,560,700 FED, \$59,389,000 PR, and -\$3,043,500 SEG, and -6.74 GPR, -2.22 FED, and -3.78 PR positions]



# **Motion #113 Funding Changes**

	2019-21 Change to Bill					2019-21 Change to Base				
	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>SEG</u>	<u>Total</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>SEG</u>	<u>Total</u>
MA Cost-to-Continue	\$2,113,100	\$72,886,100	\$67,886,600	-\$3,043,500	\$139,842,300	\$356,075,900	\$435,219,700	\$122,326,100	\$3,763,000	\$917,384,700
Disproportionate Share Hospital	2,000,000	2,932,800	0	0	4,932,800	60,000,000	87,790,000	0	0	147,790,000
Hospital Access Payments	14,800,000	-214,800,000	0	0	-200,000,000	0	0	0	0	0
Critical Access Hospital Payments	600,000	-3,600,000	0	0	-3,000,000	0	0	0	0	0
Pediatric Supplement	-3,964,000	-16,036,000	0	0	-20,000,000	0	0	0	0	0
Rural Critical Care Hospital	3,500,000	5,132,400	0	0	8,632,400	4,000,000	5,864,000	0	0	9,864,000
Crisis Intervention	-15,783,500	-10,577,900	0	0	-26,361,400	12,097,500	1,299,100	0	0	13,396,600
Physician and Behavioral Services	-16,950,600	-27,499,800	0	0	-44,450,400	10,000,000	14,664,000	0	0	24,664,000
Community Health Benefit	-22,500,000	-22,500,000	0	0	-45,000,000	0	0	0	0	0
Dental Access Incentives	-16,684,500	-22,135,200	0	0	-38,819,700	0	0	0	0	0
SeniorCare Cost-to-Continue	-6,642,800	-11,881,700	-5,725,900	0	-24,250,400	-5,273,300	-10,631,900	17,016,300	0	1,111,100
Post-Partum Eligibility	-9,609,600	-13,270,400	0	0	-22,880,000	0	0	0	0	0
Family Care Direct Care	15,000,000	22,013,500	0	0	37,013,500	27,000,000	39,537,400	0	0	66,537,400
Nursing Home Reimbursement	19,257,500	28,300,700	0	0	47,558,200	30,000,000	43,992,200	0	0	73,992,200
Personal Care Reimbursement	30,098,800	44,196,400	0	0	74,295,200	36,900,000	54,146,900	0	0	91,046,900
Children's Long-Term Care	-701,200	-701,000	0	0	-1,402,200	861,200	2,266,000	0	0	3,127,200
Telehealth Expansion	0	0	0	0	0	2,781,100	4,070,600	0	0	6,851,700
Dental Services for Disabilities	-1,015,000	-1,485,000	0	0	-2,500,000	1,015,000	1,485,000	0	0	2,500,000
Behavioral Health Technology	-2,000,000	-2,000,000	0	0	-4,000,000	0	0	0	0	0
Hub and Spoke Treatment	0	0	0	0	0	89,900	808,900	0	0	898,800
Doula Services	-384,000	-234,700	0	0	-618,700	0	0	0	0	0
Clinical Consultations	0	0	0	0	0	203,000	297,000	0	0	500,000
Long-Term Care Services	0	0	0	0	0	0	0	0	0	0
Physical Health Providers	1,000,000	1,466,400	0	0	2,466,400	1,000,000	1,466,400	0	0	2,466,400
Medicaid Services Contracts	-5,931,400	-33,880,700	-2,141,000	0	-41,953,100	13,881,600	30,197,800	-2,141,000	0	41,938,400
Funeral and Cemetery Aids	-1,807,300	0	0	0	-1,807,300	-2,321,200	0	0	0	-2,321,200
SSI Reestimate	0	0	0	0	0	-8,194,000	0	-3,433,600	0	-11,627,600
Lead Exposure Prevention	-9,749,600	-19,040,500	0	0	-28,790,100	2,000,000	12,214,600	0	0	14,214,600
Birth to Three Expansion	-9,150,000	0	0	0	-9,150,000	0	0	0	0	0
Tobacco Control	-6,600,000	0	0	0	-6,600,000	0	0	0	0	0



	2019-21 Change to Bill					2019-21 Change to Base				
	GPR	FED	PR	SEG	Total	GPR	FED	PR	SEG	Total
Dementia Initiatives	-3,499,800	-592,000	\$0	\$0	-\$4,091,800	\$1,440,000	\$252,000	\$0	\$0	\$1,692,000
Public Health Dental Services	-979,000	0	0	0	-979,000	2,000,000	0	0	0	2,000,000
Health Aging Grant	-500,000	0	0	0	-500,000	0	0	-267,200	0	500,000
Minority Health	0	0	0	0	0	767,200	0	-62,600	0	-597,700
Chronic Disease Program	0	0	0	0	0	-535,100	0	0	0	211,800
Dispatcher Assisted CPR	0	0	0	0	0	211,800	0	0	0	200,000
Well Woman	0	0	0	0	0	200,000	0	0	0	0
Infant Mortality Prevention	0	0	0	0	0	0	0	0	0	0
Graduate Medical Education	0	0	0	0	0	0	0	0	0	0
WIC Supplement	0	0	0	0	0	0	0	0	0	0
Qualified Treatment Trainee	1,000,000	0	0	0	1,000,000	1,000,000	0	0	0	1,000,000
Nitrate Well Testing	3,000,000	0	0	0	3,000,000	3,000,000	0	0	0	3,000,000
Suicide Prevention Grant	100,000	0	0	0	100,000	100,000	0	0	0	100,000
Vaccination Outreach	100,000	0	0	0	100,000	100,000	0	0	0	100,000
Respite Care	250,000	0	0	0	250,000	250,000	0	0	0	250,000
Free and Charitable Clinics	1,000,000	0	0	0	1,000,000	1,000,000	0	0	0	1,000,000
FSET Cost-to-Continue	-9,609,500	-17,052,500	0	0	-26,662,000	-4,413,500	-11,856,500	0	0	-16,270,000
FSET Drug Screening and Testing	64,700	90,200	0	0	154,900	64,700	90,200	0	0	154,900
FSET Mandatory Participation	20,553,100	20,553,100	0	0	41,106,200	20,553,100	20,553,100	0	0	41,106,200
FSET Vendor Pay for Performance	0	0	0	0	0	0	0	0	0	0
FSET and MA Eligibility Admin.	1,353,200	3,025,400	0	0	4,378,600	1,353,200	3,025,400	0	0	4,378,600
IM Fraud Prevention	500,000	500,000	0	0	1,000,000	500,000	500,000	0	0	1,000,000
Consultation Program Planning	0	0	0	0	0	66,700	0	0	0	66,700
Opioid Treatment Centers	0	0	0	0	0	0	0	0	0	0
Crisis Team Grants	0	0	0	0	0	0	0	0	0	0
Child Psychiatry Consultation	500,000	0	0	0	500,000	500,000	0	0	0	500,000
Bureau of Assisted Living	0	-370,300	-630,700	0	-1,001,000	0	394,600	1,171,900	0	1,566,500
Standard Budget Adjustments	0	0	0	0	0	17,890,600	10,152,500	11,123,500	53,400	39,220,000
Program Revenue Adjustments	0	0	0	0	0	0	0	34,505,600	0	34,505,600
Federal Reestimates	0	0	0	0	0	0	110,494,600	0	0	110,494,600
Position and Funding Transfers	0	0	0	0	0	0	-72,200	-72,200	0	0
<b>Total</b>	<b>-\$27,271,400</b>	<b>-\$216,560,700</b>	<b>\$59,389,000</b>	<b>-\$3,043,500</b>	<b>-\$187,486,600</b>	<b>\$588,165,400</b>	<b>\$858,365,800</b>	<b>\$180,166,800</b>	<b>\$3,816,400</b>	<b>\$1,630,514,400</b>



AMENDMENT TO MOTION 113

Motion:

Move to amend Motion #113 by modifying item A2a to establish a maximum payment for any hospital at \$9,600,000, applicable for all hospitals.