

Governor's 2017-19 Biennial Budget
Selected Department of Health Services Items

Medicaid Cost to Continue

- Provides \$279.4 million GPR increase to fund Medicaid services under existing eligibility, benefits, provider rates, and rate setting methodologies.
- Provides an increase of \$4.2 million GPR for a cost-to-continue re-estimate of the SeniorCare program; maintains current eligibility and benefits coverage under the program.

Medicaid Long Term Care

- Provides \$39.2 million All Funds (\$15.9 million GPR) over the biennium to serve children currently waiting for Children's Long Term Supports (CLTS) Medicaid Waiver. The amount provided is the estimated funding needed to serve all children on current waitlists.
 - The bill authorizes DHS to require counties to maintain a specified level of contribution for CLTS services.
 - Directs counties to cooperate with DHS on an equitable funding methodology and county contribution mechanism.
- Nursing home rate increase equal to 2% in FY 18 and an additional 2% in FY 19, plus an increase to the Behavioral/Cognitive Impairment (BEHCI) incentive payment. Includes a 1%/1% increase for Intermediate Care Facilities for people with Intellectual Disabilities (ICFs-ID).
 - Maintains current Medicaid supplemental payment for county homes.
- Personal care provider rate increase equal to 2% in FY 18 and an additional 2% in FY 19.
- Continues the ongoing expansion of Family Care into the remaining counties through January 2018.
- Maintains current funding levels and statutes for Aging and Disability Resource Centers.
- For the Birth to 3 program, includes a statutory change allowing the Birth to 3 GPR appropriation to fund the non-federal share of any newly implemented Birth to 3 Medicaid services for counties.
- Provides funding for IRIS Ombudsman services.

Other Medicaid Items

- Provides funding and staff resources for the initial stages of the Medicaid Management Information System (MMIS) procurement (\$86.9 million All Funds (\$10.4 million GPR) and 8.0 FTE over the biennium)
- Eliminates the Ambulatory Surgical Center Assessment, effective in FY 18.
 - Federal policy changes had limited the amount of FED that could be claimed through the assessment.
 - Assumes a reduction of (\$7,287,900) FED and (\$10,000,000) SEG revenue. Provides \$5,239,700 GPR to replace what was the net gain to the Medicaid program from the assessment.

Mental Health

- Creates a Children's Crisis Treatment Facility provider certification category
 - Up to 8 beds; intended for short term (non-emergency detention) placements.
 - DHS determines the number of certifications to issue.
 - Budget provides \$1,245,500 PR over the biennium to support the provider during its initial years of operation.
 - On an ongoing basis, it is expected that the provider will enter into purchase of services contracts with individual counties for placements of county residents.
 - Counties can bill Medicaid under the existing crisis intervention benefit.
 - This provision is intended as alternative to institutional placements for children in crisis.
- Adds 73 FTE and \$7.2 million All Funds per year to staff two additional treatment units for forensic patients at Mendota Mental Health Institute, totaling 40 beds. The additional positions will staff forensic treatment beds in temporary locations until renovations for the new Mendota units are complete in 2020.
 - The additional beds will help the Department reduce waiting time for forensic patients on the admissions list and reduce population pressures in county jails
 - Costs for the new positions will be funded with mental health institutes program revenue balances for the first 18 months, with the remainder funded with GPR.
- Funds a fourth peer-run respite center in the state with a focus on veterans in the Milwaukee area. Allocates \$450,000 PR in mental health institute program revenue in FY 19.

- Increases funding for the Child Psychiatry Consultation Program from \$500,000 GPR to \$1,000,000 GPR per year.

Public Health

- Updates statutory definitions of childhood lead poisoning and lead exposure to match current federal standards; increases Medicaid reimbursement rates for local health departments for residential lead investigations from \$158 to \$800.
 - Maintains current standard as to what exposure level requires residential investigations by local health departments

Income Maintenance

- Maintains Consortia contracts at CY 17 levels through CY 19. Combines the base allocation, the Affordable Care Act workload supplemental payment, and the FSET workload supplemental payment into a single allocation.
- Maintains current staffing and funding for Milwaukee Enrollment Services (MiES)
- Provides additional funding for IM workload related to initiatives in the Governor's Wisconsin for Works for Everyone Initiative (details below)

Wisconsin Works for Everyone – DHS Items

- Reforms the Medicaid Purchase Plan (MAPP) to eliminate barriers to work for people with disabilities and strengthen work requirements.
 - Eliminates the current “premium cliff”; establishes a minimum \$25 monthly premium for all enrollees, with an additional 3% premium for any income above 100% FPL
 - Requires enrollees to prove gainful employment and earned income or prove in-kind work income by federal tax filing documentation.
 - Increases the income eligibility limit for the Elderly, Blind, Disabled (EBD) Medically Needy eligibility group to 100% FPL
- Re-establishes FoodShare work requirements for non-disabled parents whose children are school age, namely to require they participate in the Food Share Employment and Training (FSET) program. The change would begin with a pilot in selected regions in April 2019.

- The budget provides an increase to IM consortia contracts of \$268,400 All Funds in State Fiscal Year 2019 to respond to the additional workload in the selected pilot regions.
- Directs income maintenance agencies to refer all non-elderly, non-disabled FoodShare participants to FSET agencies for voluntary participation, effective in July 2018.
- Restores child support cooperation requirements for FoodShare participants effective July 2018.
 - The budget provides an increase to IM consortia contracts of \$58,200 All Funds per year to respond to the additional workload.
- Offers employment and training services for Medicaid childless adult enrollees effective April 2019.
 - The budget provides an increase to IM consortia contracts of \$1,465,600 All Funds in State Fiscal Year 2019 to respond to the additional workload.
- Establishes a liquid-asset limit for FoodShare enrollees of up to \$25,000 effective July 2018.
 - The budget provides an increase to IM consortia contracts of \$1,085,000 All Funds in State Fiscal Year 2019 to respond to the additional workload.
 - Assumption is that the requirement would be implemented through a self-attestation by the applicant.