

2013 DRAFTING REQUEST

Assembly Amendment (AA-AB40)

Received: **5/30/2013** Received By: **tdodge**
Wanted: **As time permits** Same as LRB:
For: **Legislative Fiscal Bureau** By/Representing: **Austin**
May Contact: Drafter: **tdodge**
Subject: **Medical Assistance** Addl. Drafters:
Extra Copies:

Submit via email: **YES**
Requester's email: **Legislative Fiscal Bureau**
Carbon copy (CC) to: **michael.duchek@legis.wisconsin.gov**
tamara.dodge@legis.wisconsin.gov

Pre Topic:

LFB:.....Austin, Motion 520 -

Topic:

Change appropriation funding HIV and AIDS services such that the services are paid by the Medical Assistance program

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 5/30/2013			_____			
/P1		jdyer 5/31/2013	phenry 5/31/2013	_____	sbasford 5/31/2013		

FE Sent For:

<END>

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 Carbon copy (CC) to: michael.duchek@legis.wisconsin.gov
 tamara.dodge@legis.wisconsin.gov

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1?	tdodge	PI 5/30 JLD	5/31 ph	PK/ff			

FE Sent For:

<END>

Dodge, Tamara

From: Austin, Sam
Sent: Thursday, May 30, 2013 10:50 AM
To: Dodge, Tamara; Duchek, Michael; Malaise, Gordon
Cc: CM (Charlie.Morgan@legis.wisconsin.gov)
Subject: JFC Action 5/29/13 -- DHS Other Health Programs and Departmentwide

Hi Tami and Mike,

Just checking in on the Committee's action on DHS items yesterday. I already received the draft for the Office of Children's Mental Health change (thanks, Gordon -- the draft looks good), so there are three other statutory changes that need to be made:

- 2009
1. **AIDS/HIV Programs:** Motion #520 made changes to the provisions that were enacted under 2011 Act 221. I don't have a pdf of that motion yet, but here's the change that was made:

Repeal the current law provision that requires that the non-federal share of HIV-related care coordination services provided under the HIV/AIDS medical home initiative be supported from the DHS Division of Public Health appropriation that funds HIV/AIDS services [(s. 20.435(1)(am))]. Instead, require the non-federal share to be paid by the state's medical assistance (MA) benefits appropriation [(s. 20.435(4)(b))].

Here is the suggested statutory modification from the requester's office, but don't feel bound by this if it doesn't fully accomplish the intent.



- MED
2. **Graduate Medical Education:** The committee adopted Motion #518 to paper #350 (attached below). There was a friendly amendment to the motion that changed Item 1 to read as follows:

Adopt Alternative 2a in LFB Paper #350, which would specify that grants to rural hospitals for the establishment of residency programs only be provided to establish programs in the following specialties: (a) family medicine; (b) pediatrics; (c) psychiatry; (d) general surgery; and (e) internal medicine.

This intent was to have the grants in LRB budget draft 1345 go to rural hospitals. The term "rural" was not further defined. This provision should not apply to the grants for existing residency programs from LRB 1540.



518.pdf



350.docx

3. **Funding for Services for Senior Citizens.** Motion #495 (as modified, as you'll see in the pdf) would provide a one-time GPR allocation to counties that had their federal OAA grant funding reduced due to demographic changes. I'm thinking that some non-stat language telling DHS how to distribute those grants in 2013-14 might be good, but let me know if you disagree.



495.pdf

Thanks very much -- let me know if you have any questions for me on these requests.

Sam

Sam Austin, Fiscal Analyst
Wisconsin Legislative Fiscal Bureau
1 E. Main Street, Suite 301
Madison, WI 53703

Telephone: (608)266-3847

Fax: (608)267-6873

E-Mail: Sam.Austin@legis.wisconsin.gov

Wisconsin statutes specify that the state share of the reimbursement and monthly per-patient care coordination fees for the HIV medical home initiative will be paid from the state's GPR-funded Mike Johnson grant (appropriated under the schedule in 20.435 (1) (am)).

By removing this requirement and having the state share of the reimbursement payment come from the state Medicaid program, (a) funding of all medical homes in the same manner and (b) increasing available funding for HIV care and treatment services can be accomplished.

A. Striking the two statutory provisions, as indicated below, removes the requirement that the Mike Johnson grant serves as the match for the medical home reimbursement payment.

1.) *Wisconsin Statutes 49.45 (25g) (c) The department's proposal under par. (b) shall specify increases in reimbursement rates for providers that satisfy the conditions under par. (b), and shall provide for payment of a monthly per-patient care coordination fee to those providers. The department shall set the increases in reimbursement rates and the monthly per-patient care coordination fee so that together they provide sufficient incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall specify effective dates for the increases in reimbursement rates and the monthly per-patient care coordination fee that are no sooner than January 1, 2011. ~~The increases in reimbursement rates and monthly per-patient care coordination fees that are not provided by the federal government shall be paid from the appropriation under s. 20.435 (1) (am).~~*

2.) *Wisconsin Statutes 252.12 (2) (a) 8. 'Mike Johnson life care and early intervention services grants.' (intro.) The department shall award not more than \$3,569,900 in each fiscal year in grants to applying organizations for the provision of needs assessments; assistance in procuring financial, medical, legal, social and pastoral services; counseling and therapy; homecare services and supplies; advocacy; and case management services. These services shall include early intervention services. The department shall also award not more than \$74,000 in each year from the appropriation account under s. 20.435 (5) (md) for the services under this subdivision. The state share of payment for case management services that are provided under s. 49.45 (25) (be) to recipients of medical assistance shall be paid from the appropriation account under s. 20.435 (1) (am). ~~Subject to approval by the U.S. department of health and human services under s. 49.45 (25g) (d), the state share of payment for HIV-related care coordination that is provided under s. 49.45 (25g) to recipients of medical assistance, and for any increases in reimbursement rates under s. 49.45 (25g), shall be paid from the appropriation under s. 20.435 (1) (am).~~*

B. In addition to striking the above language, Increase the GPR appropriation for MA by \$100,000 in each year of the biennium to cover the change in the funding source of the state match.



State of Wisconsin
2013 - 2014 LEGISLATURE



LRBb0278/P1

TJD:.....

In: 5/30/13 after work hours

LPS -
A Changed on request sheet already

JLD

LFB:..... Austin, Motion 520 – Change appropriation funding HIV and AIDS services such that the services are paid by the Medical Assistance program

**FOR 2013-2015 BUDGET – NOT READY FOR INTRODUCTION
ASSEMBLY AMENDMENT,
TO ASSEMBLY BILL 40**

1 At the locations indicated, amend the bill[✓] as follows:

2 **1.** Page 560, line 2: after that line insert:

3 **“SECTION 1054j.**[✓] 49.45 (25g) (c)^X of the statutes is amended to read:

4 49.45 (25g) (c) The department’s proposal under par. (b) shall specify increases

5 in reimbursement rates for providers that satisfy the conditions under par. (b), and

6 shall provide for payment of a monthly per-patient care coordination fee to those

7 providers. The department shall set the increases in reimbursement rates and the

8 monthly per-patient care coordination fee so that together they provide sufficient

9 incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall

10 specify effective dates for the increases in reimbursement rates and the monthly

1 per-patient care coordination fee that are no sooner than January 1, 2011. The
 2 ~~increases in reimbursement rates and monthly per-patient care coordination fees~~
 3 ~~that are not provided by the federal government shall be paid from the appropriation~~
 4 ~~under s. 20.435 (1) (am).~~ If the department creates a policy under sub. (2m) (c) 4.,
 5 this paragraph does not apply to the extent it conflicts with the policy.

NOTE: NOTE: Par. (c) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:

6 (c) The department's proposal under par. (b) shall specify increases in reimbursement rates for providers that satisfy the conditions under par. (b), and shall provide
 7 for payment of a monthly per-patient care coordination fee to those providers. The department shall set the increases in reimbursement rates and the monthly
 8 per-patient care coordination fee so that together they provide sufficient incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall specify
 9 effective dates for the increases in reimbursement rates and the monthly per-patient care coordination fee that are no sooner than January 1, 2011. The increases in
 10 reimbursement rates and monthly per-patient care coordination fees that are not provided by the federal government shall be paid from the appropriation under s.
 11 20.435 (1) (am).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s.
 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to
 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120,
 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6;
 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107,
 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457;
 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to
 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180,
 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; s. 13.92 (1) (bm) 2.

12 SECTION 1054k. 49.45 (25g) (c) of the statutes, as affected by 2011 Wisconsin

13 Act 32 and 2013 Wisconsin Act ... (this act), is repealed and recreated to read:

14 49.45 (25g) (c) The department's proposal under par. (b) shall specify increases

15 in reimbursement rates for providers that satisfy the conditions under par. (b), and

16 shall provide for payment of a monthly per-patient care coordination fee to those

17 providers. The department shall set the increases in reimbursement rates and the

18 monthly per-patient care coordination fee so that together they provide sufficient

19 incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall

20 specify effective dates for the increases in reimbursement rates and the monthly

21 per-patient care coordination fee that are no sooner than January 1, 2011."

NOTE: NOTE: Par. (c) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:

22 (c) The department's proposal under par. (b) shall specify increases in reimbursement rates for providers that satisfy the conditions under par. (b), and shall provide
 23 for payment of a monthly per-patient care coordination fee to those providers. The department shall set the increases in reimbursement rates and the monthly
 24 per-patient care coordination fee so that together they provide sufficient incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall specify
 25 effective dates for the increases in reimbursement rates and the monthly per-patient care coordination fee that are no sooner than January 1, 2011. The increases in
 26 reimbursement rates and monthly per-patient care coordination fees that are not provided by the federal government shall be paid from the appropriation under s.
 27 20.435 (1) (am).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s.
 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to
 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120,
 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6;
 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107,
 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457;
 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to
 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180,
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2. Page 921, line 11: after that line insert:

“SECTION 2086s. 252.12 (2) (a) 8. (intro.) of the statutes is amended to read:
252.12 (2) (a) 8. ‘Mike Johnson life care and early intervention services grants.’
(intro.) The department shall award not more than \$3,569,900 in each fiscal year in
grants to applying organizations for the provision of needs assessments; assistance
in procuring financial, medical, legal, social and pastoral services; counseling and
therapy; homecare services and supplies; advocacy; and case management services.
These services shall include early intervention services. The department shall also
award not more than \$74,000 in each year from the appropriation account under s.
20.435 (5) (md) for the services under this subdivision. The state share of payment
for case management services that are provided under s. 49.45 (25) (be) to recipients
of medical assistance shall be paid from the appropriation account under s. 20.435
(1) (am). Subject to approval by the U.S. department of health and human services
under s. 49.45 (25g) (d), the state share of payment for HIV-related care coordination
that is provided under s. 49.45 (25g) to recipients of medical assistance, and for any
increases in reimbursement rates under s. 49.45 (25g), shall be paid from the
appropriation under s. 20.435 (1) (am). All of the following apply to grants awarded
under this subdivision.”

History: 1987 a. 27, 70, 399; 1989 a. 31, 201, 336; 1991 a. 39, 80; 1993 a. 16; 1993 a. 27 ss. 318, 319, 321, 323; Stats. 1993 s. 252.12; 1995 a. 27; 1997 a. 27, 79; 1999 a. 9; 2001 a. 16; 2005 a. 25; 2007 a. 20; 2009 a. 28, 209, 221; 2011 a. 32.

(END)

19

1 = Page 1074, line 24: after “(b)” insert “and (25g)(c)”. ✓



State of Wisconsin
2013 – 2014 LEGISLATURE



LRBb0278/P1
TJD:jld:ph

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TO ASSEMBLY BILL 40**

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9 incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall
10 specify effective dates for the increases in reimbursement rates and the monthly

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2 ~~increases in reimbursement rates and monthly per-patient care coordination fees~~
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4 ~~under s. 20.435 (1) (am).~~ If the department creates a policy under sub. (2m) (c) 4.,
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7 Act 32 and 2013 Wisconsin Act ... (this act), is repealed and recreated to read:

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16 2. Page 921, line 11: after that line insert:

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23 These services shall include early intervention services. The department shall also
24 award not more than \$74,000 in each year from the appropriation account under s.
25 20.435 (5) (md) for the services under this subdivision. The state share of payment

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2 of medical assistance shall be paid from the appropriation account under s. 20.435
3 (1) (am). ~~Subject to approval by the U.S. department of health and human services~~
4 ~~under s. 49.45 (25g) (d), the state share of payment for HIV-related care coordination~~
5 ~~that is provided under s. 49.45 (25g) to recipients of medical assistance, and for any~~
6 ~~increases in reimbursement rates under s. 49.45 (25g), shall be paid from the~~
7 ~~appropriation under s. 20.435 (1) (am). All of the following apply to grants awarded~~
8 ~~under this subdivision.”.~~

9 **3.** Page 1074, line 24: after “(b)” insert “and (25g) (c)”.

10

(END)