

2003 DRAFTING REQUEST

Bill

Received: **09/20/2002**

Received By: **dkennedy**

Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget 267-7980**

By/Representing: **Blaine**

This file may be shown to any legislator: **NO**

Drafter: **dkennedy**

May Contact:

Addl. Drafters:

Subject: **Health - medical assistance**

Extra Copies: **RLR, PG, MES, PJK**

Submit via email: **NO**

Pre Topic:

DOA:.....Blaine - BB0033

Topic:

IGT claims

Instructions:

See Attached

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~~Appropriation~~ for IGT claims

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DHFS

Department of Health and Family Services
2003-2005 Biennial Budget Statutory Language Request
June 10, 2002

Appropriation for Making Wire Transfers for IGT Claims

Current Language

Under current law, there is not an established appropriation for making payments to counties during the cycle of wire transfers of funds between the State and counties. These wire transfers serve as the basis for maximizing claims of federal matching funds under Medical Assistance relating to county-owned nursing homes (IGT claims). As a result of 1999 Act 16, a segregated Medicaid trust was created for the receipt of IGT funds. However, the two appropriations established for expenditures from the segregated MA trust fund (s. 20.435(4)(w) and s. 20.435(4)(wm)) are biennial appropriations and do not have sufficient expenditure authority to support the needed wire transfers. Until a statutory change can be made, the State has and will continue to utilize "custody accounts." Funds transferred to the State from the counties will be deposited into a general fund custody account. Funds from the custody account will be transferred to the Department, and will be paid by the Department to the counties from an interagency PR appropriation to establish the basis for the federal MA claim.

Proposed Change

Create a separate, sum sufficient appropriation, funded by the segregated MA trust account, that would be used to make wire transfers to the counties. Specify that payments from this appropriation would be limited to the amount of funds transferred by counties to the segregated MA trust account.

Effect of the Change

This would create a separate appropriation for funding wire transfers to counties that would be limited to the amounts transferred by the counties. A separate appropriation would allow clearer tracking of the wire transfers from the counties and the wire transfers to the county nursing homes, which is an MA payment from the state.

Rationale for the Change

Although custody accounts have and will provide a mechanism for wire transfers, two concerns can be raised. First, custody accounts are intended for unexpected or unplanned receipts of funding. Under current federal laws and regulations, it is likely that wire transfers will be needed for many years. A second concern is that current statutory language could be read to require that

funds transferred from the counties for purposes of the wire transfer are required to be deposited into the segregated MA trust account. However, custody accounts can only be used for general fund transactions, and cannot be used in connection with a segregated fund.

A sum sufficient appropriation is recommended since the needed amount of the wire transfer may not be known at the time of the passage of the budget bill, and so, could avoid unnecessary legislation if there is a change in the needed amount. Since the wire transfer is limited to the amount of county funds transferred to the state, the sum sufficient status of the appropriation would not imply any actual obligation or burden upon the State.

Desired Effective Date:	Upon passage of the bill.
Agency:	DHFS
Agency Contact:	Richard Megna
Phone:	266-9359



DAK: King

DOA:.....Blaine – BB0033 Appropriation for IGT claims

FOR 2003-05 BUDGET — NOT READY FOR INTRODUCTION

1 AN ACT ^{DON'T GEN. CAT.} relating to: creating an appropriation account for intergovernmental
2 transfer reimbursements and making an appropriation

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current law, counties make intergovernmental transfers of moneys to the state as the nonfederal share of public moneys that serves as the basis for claims for federal matching moneys under the federal medical assistance program (commonly known as "Medicaid"). The federal matching moneys are deposited into the medical assistance trust fund and are expended for services provided under the state Medical Assistance Program. Counties making these intergovernmental transfers are, in turn, reimbursed by ~~the Department of Health and Family Services~~ ^{DHFS} from an appropriation account of interagency program revenue.

This bill creates a sum sufficient appropriation account, from the medical assistance trust fund, for reimbursement to a county of moneys transferred by the county to the state as the nonfederal share of public moneys in support of a claim for federal Medicaid matching funds. Payment to a county under the appropriation account is limited to the amount that the county has transferred.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 SECTION 1. 20.435 (4) (wp) of the statutes is created to read:

2 20.435 (4) (wp) Medical assistance trust fund; county reimbursement. From the
3 medical assistance trust fund, a sum sufficient to provide reimbursement to a county
4 for moneys transferred by the county to the medical assistance trust fund as the
5 nonfederal share of public moneys used for the purpose of claiming federal moneys
6 under 42 CFR 433.51. Payment to a county under this paragraph may not exceed
7 the amount transferred by the county to the medical assistance trust fund.
8 → NOTE: B u D

(END)

Kennedy, Debora

From: Blaine, Robert
Sent: Friday, November 22, 2002 4:48 PM
To: Kennedy, Debora
Subject: Regarding draft 0194 -- IGT Claims

Hi Debora,

Per our conversation --

In the context of draft 0194/1, I would like to amend s. 25.77 state statutes, with regards to the Medical Assistance trust fund. The intent is to broaden the Trust Fund so that it might become a repository for federal funds from other revenue maximization projects. The suggested changes are:

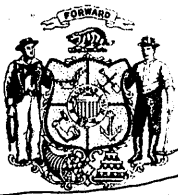
(1) All federal moneys received, including moneys that the department of health and family services may transfer from the appropriation under s. 20.435 (4) (o), that ~~are related to payments under s. 49.45 (6m)~~ and are based on public funds that are transferred or certified under 42 CFR 433.51 (b) and used as the non- federal share of medical assistance funding.

(2) All public funds ~~that are related to payments under s. 49.45 (6m)~~ and that are transferred or certified under 42 CFR 433.51 (b) and used as the non-federal and federal share of medical assistance funding. under s. 14.64 and from distributions and fees paid by the vendor under s. 16.255 (3).

This will likely be the first step in several other modifications. As we discussed, we may request language compelling county governments to participate in said transfers, according to a schedule set by the department. But, I'm not quite there yet...

Many thanks
Robert Blaine

State Budget Office -- WI Dept. of Administration
608/267-7980
608/267-0372 (fax)
robert.blaine@doa.state.wi.us



D-NOTE

LPS: fix request sheet

DOA:.....Blaine - BB0033 Appropriation for IGT claims

FOR 2003-05 BUDGET - NOT READY FOR INTRODUCTION

modifying the Medical Assistance Trust Fund,

INSERT A1

- 1 AN ACT ^{DON'T GEN. CRT.} relating to: creating an appropriation account for intergovernmental
- 2 transfer reimbursements and making an appropriation.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current law, counties make intergovernmental transfers of moneys to the state as the nonfederal share of public moneys that serves as the basis for claims for federal matching moneys under the federal Medical Assistance program (commonly known as "Medicaid"). The federal matching moneys ~~are deposited into the Medical Assistance Trust Fund~~ are expended for services provided under the state Medical Assistance program. Counties ~~making~~ these intergovernmental transfers are, in turn, reimbursed by DHFS from an appropriation account of interagency program revenue.

This bill creates a sum sufficient appropriation account, from the ~~Medical Assistance Trust Fund~~ for reimbursement to a county of moneys transferred by the county to the state as the nonfederal share of public moneys in support of a claim for federal Medicaid matching ~~funds~~. Payment to a county under the appropriation account is limited to the amount that the county has transferred.

{MA}

received (MA)

MATE

moneys

that make

INSERT A2

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 20.435 (4) (wp) of the statutes is created to read:

② 20.435 (4) (wp) ~~Medical Assistance Trust Fund~~; county reimbursement. From
③ the Medical Assistance ~~Trust Fund~~, a sum sufficient to provide reimbursement to a
④ county for moneys transferred by the county to the Medical Assistance ~~Trust Fund~~
5 as the nonfederal share of public moneys used for the purpose of claiming federal
6 moneys under 42 CFR 433.51. Payment to a county under this paragraph may not
⑦ exceed the amount transferred by the county to the Medical Assistance ~~Trust Fund~~.

***NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

8

(END)

INSERT 2-7

D-NOTE

2003-2004 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0194/2ins
DAK:kmg:pg

no #

INSERT A 1 ✓

The Medical Assistance Trust Fund (MATF), then, is composed of all public funds that are related to MA nursing home payments and that are transferred to the MATF as the nonfederal share for the purpose of claiming federal moneys, and all of the federal Medicaid matching moneys received in return.

INSERT A 2 ✓

In addition, the bill modifies the accounts within the MATF to eliminate the requirement that limits the MATF to funds that are related to MA nursing home payments; instead, the bill permits the MATF to include moneys that are related to any MA service.

INSERT 2-7 ✓

1 SECTION 1. 25.77 (1) of the statutes is amended to read:

2 25.77 (1) All federal moneys received, including moneys that the department
3 of health and family services may transfer from the appropriation under s. 20.435
4 (4) (o), that are related to payments under s. 49.45 (~~6m~~) and are based on public funds
5 that are transferred or certified under 42 CFR 433.51 (b) and used as the ~~non-federal~~
6 share of medical assistance funding.

non-federal

History: 2001 a. 13, 16.

7 SECTION 2. 25.77 (2) of the statutes is amended to read:

8 25.77 (2) All public funds that are related to payments under s. 49.45 (~~6m~~) and
9 that are transferred or certified under 42 CFR 433.51 (b) and used as the ~~non-federal~~
10 and federal share of medical assistance funding.

History: 2001 a. 13, 16.

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0194/2dn

DAK:kmg:pg



To Robert Blaine:

In this redraft, I did not strike "are related to payments under s. 49.45" in s. 25.77 (1) and (2), stats., because 42 CFR 433.51 (b) requires that claims for IGT money be related to MA payments; however, by striking "(6m)," a claim for any MA payment may be included in the trust fund. Okay?

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0194/2dn
DAK:kmg:pg

December 9, 2002

To Robert Blaine:

In this redraft, I did not strike "are related to payments under s. 49.45" in s. 25.77 (1) and (2), stats., because 42 CFR 433.51 (b) requires that claims for IGT money be related to MA payments; however, by striking "(6m)," a claim for any MA payment may be included in the trust fund. Okay?

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

Kennedy, Debora

From: Blaine, Robert
Sent: Thursday, December 19, 2002 8:02 AM
To: Kennedy, Debora
Subject: FW: budget drafts



MA rev max legve
draft 12-18-0...

Debora --

Attached are some suggested amendments to the IGT draft, which will allow us to expand the scope of state "revenue maximization" projects. Unfortunatley, the instructions are quite extensive -- I had originally been told that there wouldn't be any complicated stat language attached to this initiative, but as is usually the case, the original assumption has failed. As for what this language accomplishes:

>> We're trying to do for local government-provided services what what we did for county nursing home services last biennium, except that we have to require all providers to do an IGT rather than just a few, because the federal UPL for these services is individual (provider-by-provider) rather than aggregate (all local government providers). [Sections 1, 1m, 2m and 3]

>> We're also trying to generate additional funding from counties to make supplemental payments for waiver services, and we're doing this by redirecting county shared revenue payments to the MA appropriations, such that the moneys that would have been transferred to counties as shared revenue would instead be paid to county agencies as MA payments for waiver services. [Sections 1m, 2m, 3 and 5 thru 16]

>> Finally, we're trying to recharacterize grant moneys paid to Marquette dental as increased MA payments for the services Marquette-affiliated dentists provide to MA recipients. [Sections 2, 4 and 17]

Please contact me with any questions. To be honest, I understand how the projects should work, but the statutory issues addressed in these instructions are beyond me. I am comfortable if you would prefer contacting Neil Gebhart directly with any questions. So you know, after Friday, he is out until after the new year.

As always, I appreciate your help, and would be happy to try and answer any questions you may have.

-----Original Message-----

From: Gebhart, Neil
Sent: Wednesday, December 18, 2002 3:25 PM
To: Blaine, Robert
Cc: Johnston, James; Handrich, Peggy; Wilhelm, Charles
Subject: Re: budget drafts

I am attaching a second draft of the statutory changes that will be necessary to implement the three MA revenue maximization proposals for which public notices are being published the end of the month. The changes from the 12/17/02 draft are as follows:

>> Section 1m was added, amending one of the MA trust fund appropriations to permit expenditures from the appropriation for local government-provided services and waiver services as well as nursing home services.

>> Section 2m was added, amending the MA trust fund statute to provide that county transfers related to waiver services, as well as county transfers

related to nursing home services, are to be deposited in the MA trust fund.

>> Section 13 was revised by inserting "(6t)" after "49.45," thus clarifying that the supplemental MA payments to be made with recharacterized shared revenue funds are those supplemental payments authorized under s. 49.45 (6t) for waiver services.

Please let me know if you have any questions.

**MA REVENUE MAXIMIZATION
BUDGET DRAFT 12/18/02**

Section 1. 16.() of the statutes is created to read:

16.() Municipal payments. (1) Definition. As used in this section, "municipality" has the meaning set forth in s. 16.70 (8).

(2) Upon demand by the department, each municipality that is certified under s. 49.45 (2) (a) 11, or that has one or more subunits certified under s. 49.45 (2) (a) 11, shall transfer to the department, for deposit in the appropriation under s. 20.435 (4) (b), an amount of funds determined by the department. The transferred funds may not be federal funds, except for federal funds authorized by federal law to be used to match other federal funds. The amount of funds transferred by a municipality shall be sufficient for the department of health and family services to make supplemental payments under s. 49.45 (6t), except supplemental payments attributable to services under s. 49.46 (2) (b) 8, to each subunit of the municipality that is certified under s. 49.45 (2) (a) 11.

Section 1m. 20.435 (4) (wm) of the statutes is amended to read:

20.435 (4) (wm) [title] Medical assistance trust fund; nursing homes. From the medical assistance trust fund, the amounts appropriated for meeting medical assistance reimbursement under s. 49.45 (6m), (6t) and (6u).

~~Section 2. 20.435 (5) (de) of the statutes is repealed.~~

Section 2m. 25.77(1) and (2) are amended to read:

25.77 (1) All federal moneys received, including moneys that the department of health and family services may transfer from the appropriation under s. 20.435 (4) (o), that are related to payments under s. 49.45 (6m) and (6t) and are based on public funds that are transferred or certified under s. 16.() or 42 CFR 433.51 (b) and used as the non-federal share of medical assistance funding.

25.77(2) All public funds that are related to payments under s. 49.45 (6m) and (6t) and that are transferred or certified under s. 16.() or 42 CFR 433.51 (b) and used as the non-federal and federal share of medical assistance funding.

Section 3. 49.45 (6t) of the statutes is repealed and recreated to read:

49.45 (6t) Supplemental payments to municipal providers. (a) Definition. As used in this subsection, "municipality" has the meaning set forth in s. 16.70 (8).

This all seems unnecessary why would it 25.77 (2) suffice plus directive to pay into it?

Is 20.435 (4)(wp) in draft to be retained?

*Not GPR, wd have to be pr
How does dept determine which mun. pays what
Don't this backwards? (wavers)?*

and municipal supplements

unnecessary

see 79.038
- why not (4) (w)?

(b) From the appropriations under s. 20.435 (4) (b) and (o), the department may make supplemental payments for services enumerated under s. 49.46 (2) that are provided or arranged by a municipality or a subunit thereof that is certified under s. 49.45 (2) (a) 11, in amounts that, as determined by the department, do not to exceed any applicable upper payment limit under federal law.

Section 4. 49.45 (51) of the statutes is created to read:

49.45 (51) Enhanced rate for certain dental services. The department shall pay for dental services provided by dentists certified under this section who are affiliated with Marquette University School of Dentistry at a higher rate than dental services provided by other certified providers, in recognition of the significant amount of dental services provided to Wisconsin's Medicaid population at that institution and the additional costs incurred by that institution in the training and supervision of dental students. The amount of the rate increase under this subsection shall result in a total increase in payments of \$2,970,500 per fiscal year, provided that total units of service for that fiscal year equal or exceed total units of service provided during the most recently completed fiscal year. If total units of service for a fiscal year are less than total units of service provided during the most recently completed fiscal year, the total increase in payments under this subsection shall be reduced on a pro rata basis.

(b) 8.?

Section 5. 79.02(1) of the statutes is amended to read:

79.02(1) Subject to s. 79.038, the The department of administration, upon certification by the department of revenue, shall distribute shared revenue payments to each municipality and county on the 4th Monday in July and the 3rd Monday in November.

Section 6. 79.02 (2) (b) of the statutes is amended to read:

79.02 (2) (b) Subject to ss. s. 59.605 (4) and 79.038, payments in July shall equal 15% of the municipality's or county's estimated payments under ss. 79.03, 79.035, 79.036, 79.04, 79.058, and 79.06 and 100% of the municipality's estimated payments under s. 79.05.

Section 7. 79.02 (3) of the statutes is amended to read:

79.02 (3) Subject to ss. s. 59.605 (4) and 79.038, payments to each municipality and county in November shall equal that municipality's or county's entitlement to shared

revenues under ss. 79.03, 79.035, 79.036, 79.04, 79.05, 79.058, and 79.06 for the current year, minus the amount distributed to the municipality or county in July. In November 2002, the amount of the payments to each municipality and county under ss. 79.03, 79.04, 79.05, 79.058, and 79.06 to be paid from the appropriation account under s. 20.855 (4) (rb) shall be the amount of such payments to the municipality or county multiplied by the quotient of an amount equal to the moneys available, as determined by the department of administration, from the appropriation account under s. 20.855 (4) (rb) divided by \$826,068,930.

Section 8. 79.03 (1) of the statutes is amended to read:

79.03 (1) Ending with the distributions in 2003, subject to s. 79.038, each municipality and county is entitled to shared revenue, consisting of an amount determined on the basis of population under sub. (2), plus an amount determined under sub. (3).

Section 9. 79.03 (3) (a) of the statutes is amended to read:

79.03 (3) (a) Subject to s. 79.038, ~~the~~ The amount in the shared revenue account for municipalities and the amount in the shared revenue account for counties, less the payments under sub. (2) and s. 79.04, shall be allocated to each municipality and county respectively in proportion to its entitlement. In this paragraph, "entitlement" means the product of aidable revenues and tax base weight.

Section 10. 79.03 (4) of the statutes is amended to read:

79.03 (4) In 1991, the total amount to be distributed under ss. 79.03, 79.04, and 79.06 from s. 20.835 (1) (d) is \$869,000,000. In 1992, the total amount to be distributed under ss. 79.03, 79.04, and 79.06 from s. 20.835 (1) (d) is \$885,961,300. In 1993, the total amount to be distributed under ss. 79.03, 79.04, and 79.06 from s. 20.835 (1) (d) is \$903,680,500. In 1994, the total amounts to be distributed under this section and ss. 79.04 and 79.06 from s. 20.835 (1) (d) are \$746,547,500 to municipalities and \$168,981,800 to counties. Beginning in 1995 and ending in 2001, the total amounts to be distributed under ss. 79.03, 79.04, and 79.06 from s. 20.835 (1) (d) are \$761,478,000 to municipalities and \$168,981,800 to counties. In 2002, the total amounts to be distributed under ss. 79.03, 79.04, and 79.06 from ss. 20.835 (1) (d) and 20.855 (4) (rb) are \$769,092,800 to municipalities and \$170,671,600 to counties. Subject to s. 79.038, in ~~the~~

2003, the total amounts to be distributed under ss. 79.03, 79.04, and 79.06 from s. 20.835 (1) (d) are \$776,783,700 to municipalities and \$172,378,300 to counties.

Section 11. 79.035 of the statutes is amended to read:

79.035 (1) Subject to reductions under s. 79.036 (3) and subject to s. 79.038, in 2004 and subsequent years, each county and municipality shall receive a payment from the county and municipal aid account in an amount determined under sub. (2).

(2)(a)1. Subject to s. 79.038, for ~~For~~ the distribution in 2004, each county and municipality will receive a payment that is equal to the amount of the payments the county or municipality received in 2003 under ss. 79.03, 79.058, and 79.06, less the amount of the reduction under subd. 2.

2. The department of revenue shall reduce the amount of the payments to be distributed to each county and municipality, as determined under subd. 1., by subtracting from such payments an amount based on the county's or municipality's population, as determined by the department, so that the total amount of the reduction under this subdivision to all such payments in 2004 is \$40,000,000, except that the reduction under this subdivision applied to any county's or municipality's payment shall not exceed the amount of the payments specified under subd. 1. distributed to the county or municipality in 2003.

(b) Subject to s. 79.038, for ~~For~~ the distribution in 2005 and subsequent years, each county and municipality shall receive a payment under this section that is equal to the amount of the payment determined for the county or municipality under par. (a) in 2004 prior to the reductions under s. 79.036.

Section 12. 79.036(2)(a) of the statutes is amended to read:

79.036 (2) (a) Subject to review and approval under sub. (1) (c) and the limitations provided under this subsection and subject to s. 79.038, each county and municipality that is eligible for a payment under this section shall receive one payment in the first year of the consolidation specified in the agreement submitted under sub. (1) (a) that is equal to 75% the estimated savings to each such county or municipality that result from the consolidation. No county or municipality may receive more than one payment under this section related to the same consolidation agreement.

Section 13. 79.038 of the statutes is created to read:

needs to be a (pr) - service?

79.038 The department of administration may transfer to the appropriation under s. 20.435 (4) (b) part or all of the moneys otherwise payable to a county under this subchapter, for the purpose of making supplemental payments under s. 49.45 (6t) to the county or a subunit thereof that is certified under s. 49.45 (2) (a) 11, attributable to services under s. 49.46 (2) (b) 8 provided or arranged by the county or subunit.

Section 14. 79.04(2)(a) of the statutes is amended to read:

79.04 (2) (a) Subject to s. 79.038 ~~Annually~~, the department of administration, upon certification by the department of revenue, annually shall distribute from the shared revenue account to any county having within its boundaries a production plant or a general structure, including production plants and general structures under construction, used by a light, heat or power company assessed under s. 76.28 (2) or 76.29 (2), except property described in s. 66.0813 unless the production plant is owned or operated by a local governmental unit that is located outside of the municipality in which the production plant is located, or by an electric cooperative assessed under ss. 76.07 and 76.48, respectively, or by a municipal electric company under s. 66.0825 an amount determined by multiplying by 6 mills in the case of property in a town and by 3 mills in the case of property in a city or village the first \$125,000,000 of the amount shown in the account, plus leased property, of each public utility except qualified wholesale electric companies, as defined in s. 76.28 (1) (gm), on December 31 of the preceding year for either "production plant, exclusive of land" and "general structures", or "work in progress" for production plants and general structures under construction, in the case of light, heat and power companies, electric cooperatives or municipal electric companies, for all property within the municipality in accordance with the system of accounts established by the public service commission or rural electrification administration, less depreciation thereon as determined by the department of revenue and less the value of treatment plant and pollution abatement equipment, as defined under s. 70.11 (21) (a), as determined by the department of revenue plus an amount from the shared revenue account determined by multiplying by 6 mills in the case of property in a town, and 3 mills in the case of property in a city or village, of the total original cost of production plant, general structures and work-in-progress less depreciation, land and approved waste treatment facilities of each qualified wholesale electric company, as defined in s. 76.28

*When does
muni. get
the
shared
revenue
???*

(1) (gm), as reported to the department of revenue of all property within the municipality. The total of amounts, as depreciated, from the accounts of all public utilities for the same production plant is also limited to not more than \$125,000,000. The amount distributable to a county in any year shall not exceed \$100 times the population of the county.

Section 15. 79.058 (1), (2) and (3) (intro) of the statutes are amended to read:

79.058 (1) Ending with the distributions in 2003 and subject to s. 79.038, each county is entitled to a mandate relief payment equal to the per person distribution under sub. (2) times the county's population for the year in which the statement under s. 79.015 is provided as determined under s. 16.96 (2).

(2) Subject to s. 79.038, ~~the~~ The per person distribution is determined by dividing the total amount to be distributed to counties from s. 20.835 (1) (f) by the state population for the year in which the statement under s. 79.015 is provided as determined under s. 16.96.

(3) Subject to s. 79.038, ~~the~~ The total amount to be distributed to counties under sub. (1) from s. 20.835 (1) (f) is:

Section 16. 79.06 (1) (b) of the statutes is amended to read:

79.06 (1) (b) Ending with the distributions in 2003 and subject to s. 79.038, if the payments to any municipality or county under s. 79.03, excluding payments under s. 79.03 (3c), in 1986 or any year thereafter are less than 95% of the combined payments to the municipality or county under this section and s. 79.03, excluding payments under s. 79.03 (3c), for the previous year, the municipality or county has an aids deficiency. The amount of the aids deficiency is the amount by which 95% of the combined payments to the municipality or county under this section and s. 79.03, excluding payments under s. 79.03 (3c), in the previous year exceeds the payments to the municipality or county under s. 79.03, excluding payments under s. 79.03 (3c), in the current year.

~~Section 17. 250.10 of the statutes is repealed.~~²¹

¹ Section 20.435(5)(de) currently provides:

"Dental services. The amounts in the schedule for the provision of dental services under s. 250.10."

² Section 250.10 currently provides:

"Grant for dental services. From the appropriation under s. 20.435 (5) (de), the department shall provide funding in each fiscal year to the Marquette University School of Dentistry for clinical education of

Marquette University School of Dentistry students through the provision of dental services by the students and faculty of the Marquette University School of Dentistry in underserved areas and to underserved populations in the state, as determined by the department in conjunction with the Marquette University School of Dentistry; to inmates of correctional centers in Milwaukee County; and in clinics in the city of Milwaukee. Beginning July 1, 2000, the department shall also distribute to qualified applicants grants totaling \$25,000 for fluoride supplements, \$25,000 for a fluoride mouth-rinse program and \$60,000 for a school-based dental sealant program.”

- PROJECT II = County Services

Mechanics Same as Proj I (Waivers)
Services Different

= Mental health, AODA, Services
 UPPER LIMIT

NEW/ROB Doc. CTES

WHAT STATE PAYS

GAP

49.46 (2)(b) b. c.
 f.
 fm.
 (b) 15.
 18.

Same PR APPROP

DIFF. TRUST FUNDS ALPHA

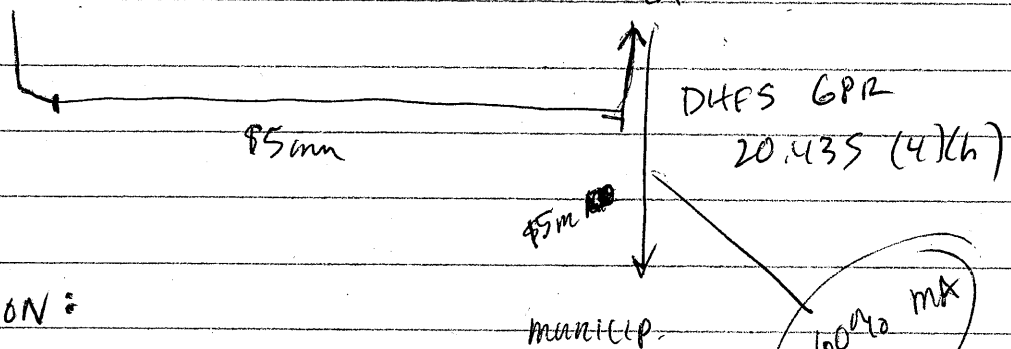
1. MA Covered Services
2. Provided by county dept. 9142, 9147

another approach = more broad services provided thru county department

PROJECT III: MUNICIPAL SERVICES - Emergency Transport

Shared Revenue

PROB NO LANGUAGE
 but way (-0.94/2) change to 25.77(1)



ASSUMPTION:

PROJECT IV:

same mech as III
 SERVICES - SCHOOL DISTRICTS

may need new GPR requires approp.

TRUST FUND

WAVEN PROJECT

Phase I: Retrospective Claims CY01, 02, 03

SPRING as late as Aut

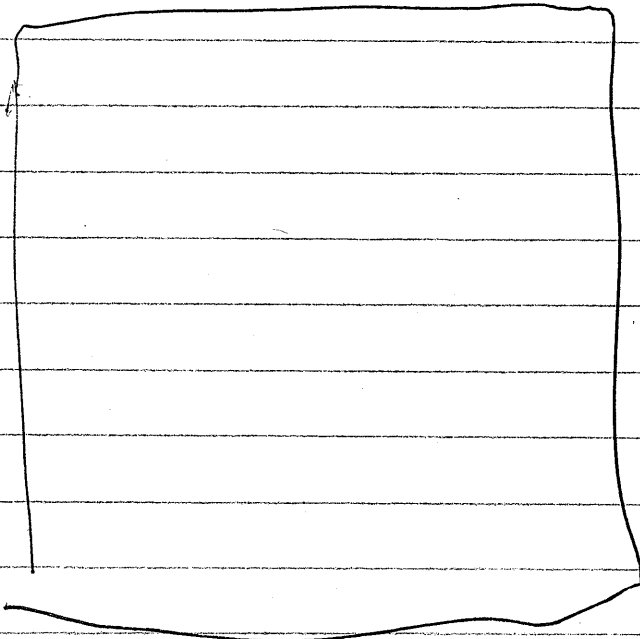
Phase II: Future years CY04 $\frac{1}{2}$ CY05

Pay PROSPECTIVELY

CIP/IA/IB waivers

PR - continuing

For payment of waiver services/expenditures

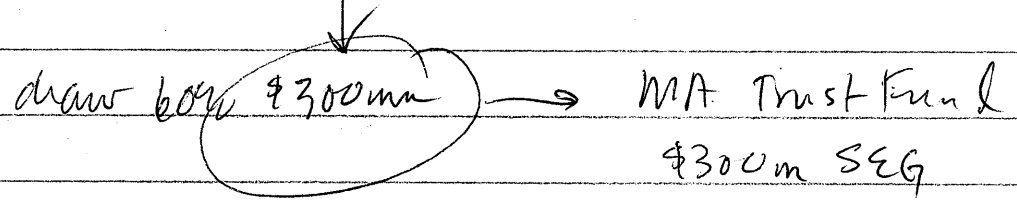
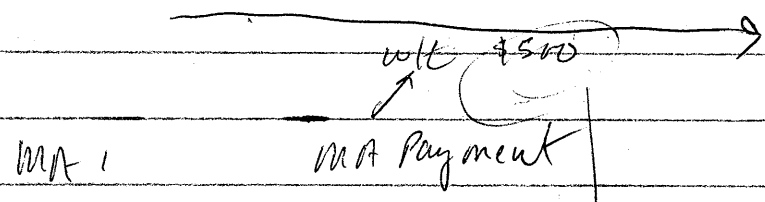
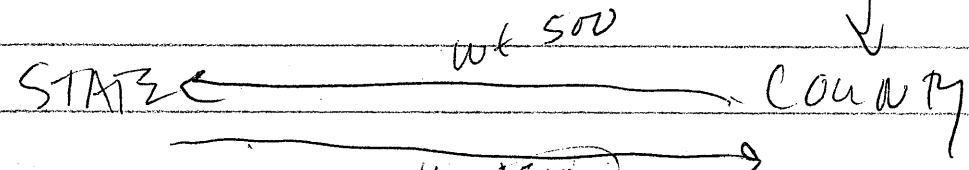


Rev. ~ funds transf to state from counties per a schedule determined by the depart

Upper limit
 what we pay

NH IGT

\$500



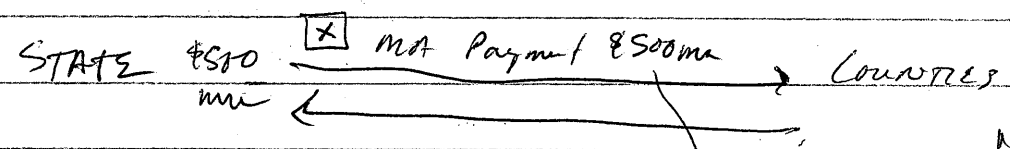
PROJECT I Home & Comm BASED WAIVER

"Reasonable UPL"
 what we pay) gap

1. 12 countries
- 2.

Shared revenue is not involved

\$500



less amount = to the job share of the cost of services provided outside a state contract.

1. mandate place in ch. 67?
2. create appropriation

Next: Need to know how to word what cos. are paying back (Phase III)

claim 60% PEP

PR Contingency

- 0 -

MA Trust Fund
 new alpha - separate from n. h.

Kennedy, Debora

From: Blaine, Robert
Sent: Wednesday, January 29, 2003 10:18 AM
To: Kennedy, Debora
Subject: RE: last e-mail for tonight

Ok -- here's the list for the county-provided services:

- s.49.46 (2)(a)1. Physician services
- (2)(a)2. EARly and periodic screening
- (2)(a)4.d. Home health
- (2)(a)4.e. Laboratory / X-ray

- (2)(b)6.b. Physical & occup therapy
- (2)(b)6.c. Speech therapy
- (2)(b)6.d. Medical Supplies
- (2)(b)6.f. Meical day treatment
- (2)(b)6.fm Mental health
- (2)(b)6.j. Personal care
- (2)(b)6.k. AODA
- (2)(b)6.L Mental health rehab
- (2)(b)6.m. Respiratory care
- (2)(b)9. Case management
- (2)(b)12. Care coordination
- (2)(b)12m. Prenatal care
- (2)(b)13. Care coordination
- (2)(b)15. Mental health crisis
- (2)(b)16. Case management cronic illness

Kennedy, Debora

From: Blaine, Robert
Sent: Friday, January 17, 2003 2:57 PM
To: Kennedy, Debora
Cc: Kahler, Pam
Subject: Drafting -- head's up!

OK (deep breath for Rob) -- it's not as bad as I had feared --- here are the items I'll be sending over soon:

New Items (these will come over formally, but you might not see them until Sun / Mon -- depending on if they're making runs).

1) MA -- personal needs allowance for nursing home residents. Reduce the allowance from \$45 / month to \$30 / month. s. 49.45 (7)(a)

2) Family Care Expansion to Kenosha (see attached language request).



Standard DD
Eligibility.doc

3) Eliminate the County Services Deficit Reduction Benefit (CSDRB).

In addition to this, the following drafts need to be modified.

Items to be Modified

Draft# (no draft received -- SENIORCARE):

- Change the deductible structure as follows: \$500 for persons < 200% FPL. \$750 for persons between 200-240% FPL. \$850% for persons > 240%.
- Increase the enrollment fee as follows: \$25 for persons with incomes < 200% FPL. \$30 for those with incomes above 200% FPL.

Draft# (no draft yet received -- MA & BC cost-sharing): reduce the emergency room copayment to \$10 (previously specified as \$40).

Draft#: 1253 Revise to original 1253/1, repealing 49.45 (6x) (thus, we'll eliminate both the EACH and rural adjustments).

Draft# 0207: increase the assessment charged from \$32 per licensed bed to \$115 per bed

IGT / Revenue Maximization

I sent you an e-mail on Dec. 19 with some instructions. I think you can just scrap this since most of it is now irrelevant (esp. a portion that dealt with a grant to Marquette dental school).

We have been working on four discrete projects under the heading of "revenue maximization." Before I had thought that we could just do them all as one draft, using the IGT draft as a starting point, but it may make more sense to do them separately. What I will do is this. I will put together a plain language description of the projects and send them to you, if not by the end of today, by Sunday. It may be helpful if we met Sunday afternoon or Monday to talk about them (I'd be happy to come to your office for a change!). The broad ideas are as follows:

- 1) Home & Community Based Waivers IGT: do an IGT with counties for waiver services, where the upper limit is a % of the maximum specified in the CIP 1A/1B waiver.
- 2) County Based Services IGT: do an IGT with counties for other county provided services such as mental health services, AODA.
- 3) Municipality-based Services: reallocate some state GPR (shared revenue) to the MA program, and make enhanced payments for health services (e.g., EMS) provided by cities).
- 4) School-based Services: same as the municipal projects, but targeted to school districts for special education services.

Most of the language for these projects (I think) is related to compelling these entities to work with us on these projects, re-working the MA trust fund to park the money, and creating appropriations to budget the money.

Kennedy, Debora

From: Blaine, Robert
Sent: Sunday, January 19, 2003 12:50 PM
To: Kennedy, Debora
Cc: Gebhart, Neil
Subject: Revenue Maximization / IGT

Hi Debora --

I keep flip flopping on this, but after putting together this summary, I'm starting to think again that maybe this would be appropriate to include in the current IGT draft. Let me know what you think. I did this on my own, but have cc'd Neil assuming he will chime in if there are any egregious errors.

I will be in most of Monday. Call me and we can either discuss on the phone, or I can come over if it would be helpful to talk in person. Also -- if you get this today and wanted to talk about it right away, don't hesitate to call me at home (663-9188) if I've already left the office.

Thanks,
Robert



RevMax
instructions.doc

Wisconsin Medicaid Revenue Maximization Efforts –

Background:

The state is pursuing a series of new "Revenue Maximization" projects in an effort to bring to the state more Medical Assistance federal revenue.

Current Frame of Reference: IGT and the Nursing Home Industry

Broad Concepts:

- Upper limit: what is the maximum we can pay nursing homes?
→ Medicare upper limit, as specified by the federal government.
- "The Gap": the difference between what Medicaid / MA pays and the federal upper limit.
- MA Payment: The state made an MA payment to counties in an amount equal to the gap, using funds that had been transferred to the state from the counties via an intergovernmental wire transfer.
- MA Claim: Federal funds were claimed equal to 60% of the MA payment, or 60% of the gap.

Next Phase of Revenue Maximization

Project I: Home and Community-Based Waivers (CIP 1A / 1B)

- Upper Limit:
 - Only federal constraint on payments for waiver services is that the payment must be reasonable, efficient and economical.
 - The state is constrained by the waivers, in that MA cannot pay more in total for waiver services than what it would cost to serve the same individuals in nursing homes. *total no. of*
 - MA is prepared to argue that a reasonable payment, i.e., a reasonable upper limit, is an amount greater than current reimbursement but less than the waiver limit.
- The MA Payment: The project will involve two phases, one for a prior years claim and a second for on-going efforts. Similar to the nursing home IGT, the payment will involve an IGT with one key distinction.

What money will the state transfer?

1. The state will transfer revenue equal to the gap to all county governments, using a method determined by the Department of Health and Family Services. This will be the MA payment.
2. The counties will then return the funds to the state.

Essentially, the wire transfer is backwards compared to the current IGT involving nursing homes. The state, through inter-fund borrowing, will use cash balances to make the enhanced payments to counties, and then the counties will return the money to the state. The returned funds will be considered GPR-Earned.

Statutory Language Needed:

1. An appropriation at DHFS will be needed to make this payment, and to receive the returned revenue. It should be either a GPR sum sufficient or (ideally) a SEG sum sufficient within the MA Trust Fund.
2. A mandate will be needed to require counties to return the funds to the state. The consequence for a county failing to return the revenue will be (at the state's determination) a loss of shared revenue payments, county mandate relief, community aids or youth aids.

Project II: County Provided Services

There are a basket of services, such as mental health and AODA services, that the counties provide and for which they are reimbursed by the state under MA. These reimbursement rates have been historically low, and have not grown at the rate of inflation.

Upper Limit: What the reimbursement rates would be, had the state increased its reimbursement rates using a standardized inflationary formula.

The Gap: The difference between current reimbursement and this upper limit.

MA Payment: Using the identical process outlined above for waivers, use an IGT originating from the state, in an amount equal to the gap.

Statutory Language Needed:

- Same as above. If the appropriation for this project could be consolidated with the one for the waiver project, this would be ideal.

Kennedy, Debora

From: Blaine, Robert
Sent: Friday, January 24, 2003 4:10 PM
To: Kennedy, Debora
Cc: Ziegler, Paul; Gebhart, Neil
Subject: IGT / Rev Max -- School-Districts Piece

Dearest Debora --

I've been giving the school-districts piece of our IGT draft some more thought. The Governor is being briefed on this project this afternoon, and on the assumption that we will stay the course and proceed with the projects as we discussed Wednesday, we will need some additional language on the school districts project. Attached is a one page summary I put together on how it works.

Basically, the project works as follows:

1. We will appropriate new GPR at DHFS in appropriation 4(b) (don't need any language).
2. We will need a new statutory section in chapter 49.45, authorizing DHFS to make supplemental payments to school districts. Neil -- could you get Debora some verbage on how we describe what the supplemental payments are for?
3. We will need a statutory requirement that DPI lapse from appropriation under s. 20.255 (2)(b) an amount equal to the payments made under our new supplemental payment language.

I points 2. and 3. are different than we discussed on Wed (or, at least, I think they are different-- Wed. seems like 3 weeks ago).

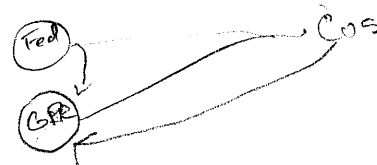
Thanks,
Robert



RevMax

SchoolsMunicip.doc

State Budget Office -- WI Dept. of Administration
608/267-7980
608/267-0372 (fax)
robert.blaine@doa.state.wi.us



SECTION 1. 49.45 (39) (b) 1 is amended to read:

49.45 (39) (b) 1. 'Payment for school medical services.' If a school district or a cooperative educational service agency elects to provide school medical services and meets all requirements under par. (c), the department shall reimburse the school district or the cooperative educational service agency for 60% of the federal share of allowable charges for the school medical services that it provides and, as specified in subd. 2., for allowable administrative costs. If the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing elects to provide school medical services and meets all requirements under par. (c), the department shall reimburse the department of public instruction for 60% of the federal share of allowable charges for the school medical services that the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing provides and, as specified in subd. 2., for allowable administrative costs. A school district, cooperative educational service agency, the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing may submit, and the department shall allow, claims for common carrier transportation costs as a school medical service unless the department receives notice from the federal health care financing administration that, under a change in federal policy, the claims are not allowed. If the department receives the notice, a school district, cooperative educational service agency, the Wisconsin Center for the Blind and Visually Impaired, or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing may submit, and the department shall allow, unreimbursed claims for common carrier transportation costs incurred before the date of the change in federal policy. The department shall promulgate rules establishing a methodology for making reimbursements under this paragraph. Except as provided in subd. 1m, all ~~At~~ other expenses for the school medical services provided by a school district or a cooperative educational service agency shall be paid for by the school district or the cooperative educational service agency with funds received from state or local taxes. The school district, the Wisconsin Center for the Blind and Visually Impaired, the Wisconsin Educational Services Program for the Deaf and Hard of Hearing, or the

cooperative educational service agency shall comply with all requirements of the federal department of health and human services for receiving federal financial participation.

SECTION 2. 49.45 (39) (b) 1m is created to read:

49.45 (39) (b) 1m. In addition to the reimbursement the department provides under subd. 1 to a school district or cooperative educational service agency for school medical services, the department may make supplementary payments under s. 20.435 (4) (b) and (o). The total of such supplementary payments and allowable charges recognized under subd. 1 shall not exceed applicable limitations on payments under 42 USC 1396a (a) (30) (A).

1/28/03 From Robert Blaine, Chuck Wilhelm, Neil Gebhart, -1740
Richard Megra

✓ 1. 20.435 (4) (hm)

✓ a. MA payments to counties - (title)

✓ b. 46.275 + 46.278, rather than p. 2, l. 4
"49.45" - delete rest, except last sentence

✓ c. Last sentence: transfer to MA trust fund
↳ from this approp
those funds in excess of the payments
made under this paragraph

✓ 2. Only secs to keep are 4, 5 + 22

3. 59.53 (24)

✓ a. Fix title: County payments made under MA

b. ^{paym} not to exceed payments made under

4 hm + 0 less ① fed share assoc.

with co contributions to services
provided under 46.275 + 46.278

and ② fed funds assoc w/ services
funded under 20.435 (4) (b)

? D Note;
this doesn't
seem to
work
money paid
under
46.275
(5)(d)

✓ 4. Take out first 2 sentences of analysis

Kennedy, Debora

From: Gebhart, Neil
Sent: Wednesday, January 29, 2003 10:40 AM
To: Blaine, Robert; Kennedy, Debora
Cc: Boroniec, Priscilla; Handrich, Peggy; Pifer, Marjorie; Vavra, James
Subject: Re: IGT / Rev Max -- School-Districts Piece



MA SBS rev max
legn.doc

Please see attached. It would involve one minor amendment to part of the existing school medical services statute, plus the creation of a new subdivision authorizing the supplementary payment and setting a total payment limit consistent with federal law. A few observations:

1. Robert, I'm not sure this meets your needs for "verbage on how we describe what the supplemental payments are for." Please advise.

2. I was concerned about leaving the term "allowable charges" in the existing language of subd. 1 as is. If we're already drawing FFP on all "allowable charges" (regardless of the fact we're only passing on 60% of that FFP to the school district), how can we claim additional FFP on payments that are above and beyond "allowable charges." However, for two reasons, I decided to leave this language alone:

a. There is no definition of the term "allowable charges."

b. The current language of subd. 1 refers to "all other expenses for the school medical services," which suggests that "allowable charges" does not cover all expenses. Note that I have proposed amending the "all other expenses" sentence by prefacing it with "Except as provided in subd. 1m."

c. For the DHCF folks: as I read our state plan in this regard, I'm fairly certain we will need to amend it in a number of respects in order to pull this off. Let's discuss.

Please let me know if you have questions, comments, etc. Thanks very much.

>>> Blaine, Robert 01/24/03 04:09PM >>>
Dearest Debora --

I've been giving the school-districts piece of our IGT draft some more thought. The Governor is being briefed on this project this afternoon, and on the assumption that we will stay the course and proceed with the projects as we discussed Wednesday, we will need some additional language on the school districts project. Attached is a one page summary I put together on how it works.

Basically, the project works as follows:

1. We will appropriate new GPR at DHFS in appropriation 4(b) (don't need any language).
2. We will need a new statutory section in chapter 49.45, authorizing DHFS to make supplemental payments to school districts. Neil -- could you get Debora some verbage on how we describe what the supplemental payments are for?
3. We will need a statutory requirement that DPI lapse from appropriation under s. 20.255 (2)(b) an amount equal to the payments made under our new supplemental payment language.

I points 2. and 3. are different than we discussed on Wed (or, at least, I think they are different-- Wed. seems like 3 weeks ago).

115.882
less the
amount
paid by
DHFS
from

Also lapse
from 20.255(2)(b) (0) under 49.45(3)
(b) 1m
20.435(4)(b) +

Thanks,
Robert

State Budget Office -- WI Dept. of Administration
608/267-7980
608/267-0372 (fax)
robert.blaine@doa.state.wi.us

1/30 From Richard Megna

For s. 59.53 (24)

Counties must pay back no more than

1. For services under CIP IA + IB provided in cal year 2001, ^{and 2002} the portion of payment under (4)(a) that is related to any rates increased since cal year 2000
2. For services under CIP IA + IB provided in cal year 2003, ^{and thereafter,} the portion of payment under (4)(a) that is related to any rates increased since cal year 2000, plus all \$ provided under (4)(b).

1/30 From Robert Blaini

A retroactive component is needed for ADA and mh services, but not for EMS + Schools
to 2001

Impact of DHFS Revenue Maximization Efforts On School Aids and Shared Revenue

Municipal Services

- Revenue Maximization Proposal:
 - a) Cut \$10 mn GPR per year in shared revenue for municipalities.
 - b) Appropriate the GPR at DHFS, and use \$4 mn GPR to make "supplemental payments" to municipalities for emergency transportation services.
 - c) The \$4 mn GPR for supplements generates \$6 mn in federal MA match, for a total payment to municipalities of \$10 mn.
 - d) The remaining \$6 mn GPR (or "profit") would be available for base MA costs.
- *Impact on Municipal Services: The proposal will create winners and losers.*
 - a) *Some municipalities will lose shared revenue funds outright.*
 - b) *Some municipalities will see their lost shared revenue offset by the MA payments.*
 - c) *Some will see more MA payments, but not enough to offset the full shared revenue cut.*
 - d) *All municipalities will receive a cut, but only 258 will see supplemental payments.*

School-Based Services

- Revenue Maximization Proposal:
 - a) Appropriate \$20 mn GPR per year in the Medical Assistance program.
 - b) Use \$8 mn to make "supplemental payments" to schools for medical services provided to children with disabilities.
 - c) The \$8 mn GPR for supplements generates \$12 mn in federal MA match, for a total payment to districts of \$20 mn.
 - d) The remaining \$12 mn GPR (or "profit") would be available for base MA costs.
- To ensure state costs do not increase in total, state law would direct DPI to lapse at the end of the fiscal year from the special education aids appropriation an amount equal to the payments made under MA.
 - DHFS would need to report to DPI by April / May total supplements paid by district.
 - DPI would then need to withhold from each district's June school aids payment an amount identical to the MA payments made by DHFS.
- *Impact on school-based services:*
 - a) *Districts will need to be educated that the MA supplements they receive will be deducted from their June aids payment.*
 - b) *State law will need to mandate that DPI not spend the funds that must be lapsed.*
 - c) *213 school districts and CESAs would be eligible for supplements.*

Revenue Maximization Reinvestment Plan

Current Language

s. 20.435(4)(w)

Proposed Change

Amend s.20.435(4)(w) to allow funds to be distributed for the additional purposes of 1) grants to counties for community support programs under s. 51.421(3) and 2) grants to counties for community based medical services.

Amend s. 49.45(6t) and create non statutory language to sunset the community services deficit reduction program if the federal government approves an MA state plan amendment for a new payment methodology for local government-provided MA services. Specify that if the sunset occurs, counties would no longer be able to claim federal funding through CSDRB beginning with the CY 2002 claiming year.

Effect of the Change

The changes would allow the Department to distribute funds to counties from (4)(w) to fund community support program services and to maintain funding to counties for community services after the CSDRB program sunsets.

The sunset of the CSDRB program would be conditioned on federal approval.

Desired Effective Date: Upon passage
Agency: DHFS
Agency Contact: Andy Forsaith
Phone: 266-7684

Kennedy, Debora

From: Blaine, Robert
Sent: Thursday, January 30, 2003 6:31 PM
To: Kennedy, Debora
Subject: FW: RevMax/CSDRB Stat Language



Rev Max stat
language.doc

Debora --

Ugh -- some comments about the IGT draft before you've even seen them! Actual, the attached has two pieces:

- 1) A safeguard measure related to our eliminating CDSRB in draft 1611/1. If we can get this change in, great. If not, let me know.
- 2) Some further changes to the language under s. 20.435 (4)(w) to broaden the purpose of this appropriation. This should be added to the IGT draft, but of course, I would hold off on amending this draft further until we get more comments from DHFS tomorrow.

Thanks,
Robert

-----Original Message-----

From: Forsaith, Andrew
Sent: Thursday, January 30, 2003 5:37 PM
Cc: Blaine, Robert; Cunningham, Curtis; Megna, Richard
Subject: RevMax/CSDRB Stat Language

To throw another item on your pile, attached is a stat language request that contains:

- 1) Chapter 20 changes that are necessary to implement the RevMax Reinvestment plan, DIN 5501
- 2) additional language related to the elimination of CSDRB. The CSDRB language in the attached represents our only comment to LRB 1611/1, which you had sent Curtis earlier.

Thanks,

Andy

1 NOW

⊕ CX

DOA:.....Blaine - BB0033 IGT claims

FOR 2003-05 BUDGET - NOT READY FOR INTRODUCTION

Do NOT GEN

1 AN ACT...; relating to: ~~creating an appropriation account for intergovernmental~~
 2 ~~transfer reimbursements, modifying the Medical Assistance trust fund, and~~
 3 ~~making an appropriation.~~ the budget

Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

~~Under current law, counties make intergovernmental transfers of moneys to the state as the nonfederal share of public moneys that serves as the basis for claims for federal matching moneys under the federal Medical Assistance (MA) program (commonly known as "Medicaid"). The federal matching moneys received are expended for services provided under the state MA program. The Medical Assistance trust fund (MATF), then, is composed of all public funds that are related to MA nursing home payments and that are transferred to the MATF as the nonfederal share for the purpose of claiming federal moneys, and all of the federal Medicaid matching moneys received in return. Counties that make these intergovernmental transfers are, in turn, reimbursed by DHFS from an appropriation account of interagency program revenue.~~

INSERT ANA1
1

This bill creates a sum sufficient appropriation account, from the MATF, for reimbursement to a county of moneys transferred by the county to the state as the nonfederal share of public moneys in support of a claim for federal Medicaid

matching moneys. Payment to a county under the appropriation account is limited to the amount that the county has transferred.

INSERT ANAL 2

~~(wa)~~ In addition, the bill modifies the accounts within the MATF to eliminate the requirement that limits the MATF to funds that are related to MA nursing home payments; instead, the bill permits the MATF to include moneys that are related to any MA service.

INSERT ANAL 3

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

INSERT 2-1

1 SECTION 1. 20.435 (4) (wp) of the statutes is created to read:
2 20.435 (4) (wp) *Medical Assistance trust fund; county reimbursement.* From
3 the Medical Assistance trust fund, a sum sufficient to provide reimbursement to a
4 county for moneys transferred by the county to the Medical Assistance trust fund as
5 the nonfederal share of public moneys used for the purpose of claiming federal
6 moneys under 42 CFR 433.51. Payment to a county under this paragraph may not
7 exceed the amount transferred by the county to the Medical Assistance trust fund.

****NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

8 SECTION 2. 25.77 (1) of the statutes is amended to read:
9 25.77 (1) All federal moneys received, including moneys that the department
10 of health and family services may transfer from the appropriation under s. 20.435
11 (4) (o), that are related to payments under s. 49.45 (~~6m~~) and are based on public funds
12 that are transferred or certified under 42 CFR 433.51 (b) and used as the ~~non-federal~~
13 nonfederal share of medical assistance funding.

14 SECTION 3. 25.77 (2) of the statutes is amended to read:

1 25.77 (2) All public funds that are related to payments under s. 49.45 (~~6m~~) and
2 that are transferred or certified under 42 CFR 433.51 (b) and used as the ~~non-federal~~
3 nonfederal and federal share of medical assistance funding.

4

(END)

INSERT 3-4

INSERT ANAL 1

Under current law, the Medical Assistance (MA) trust fund (MATF) is composed of all public funds that are related to MA nursing home payments and that are transferred to the MATF as the nonfederal share for the purpose of claiming federal moneys, and all of the matching moneys received in return under the federal MA program (commonly known as "Medicaid"). Counties that make these intergovernmental transfers are, in turn, reimbursed by DHFS from an appropriation account of interagency program revenue.

Currently, under a waiver of federal Medicaid laws, DHFS administers a community integration program (commonly known as CIP IA) under which MA recipients who reside in state centers for the developmentally disabled are relocated into their communities by providing to them home and community-based services as part of MA. DHFS administers another community integration program (commonly known as CIP IB) under which persons with developmental disabilities who are relocated from institutions other than state centers for the developmentally disabled or who meet requirements for the care provided in intermediate care facilities for the mentally retarded or brain injury rehabilitation facilities are relocated into their communities by providing to them home and community-based services as part of MA.

INSERT ANAL 2

The bill creates a program revenue account in the general fund to provide supplemental MA program benefits for CIP IA and CIP IB, emergency medical transportation services, alcohol and other drug abuse and mental health treatment and services, and school medical services, as part of a claim for federal Medicaid matching moneys, and to receive moneys that are required, under the bill, to be paid by counties. The moneys required to be paid by counties are related to the federal share of rate increases for CIP IA and CIP IB since 2001, the federal share of rate increases for emergency medical transportation services and alcohol and other drug abuse and mental health treatment and services beginning in 2003, and the moneys paid in support of the claim for federal Medicaid matching moneys. Moneys received by DHFS that are in excess of payments for services under this appropriation must be transferred to the MATF. The bill decreases payment to school districts for the amount of supplementary payment for MA school-based services received, and requires that this amount be lapsed from the DPI general purpose revenues appropriation that funds the school districts.

INSERT ANAL 3

Lastly, the bill authorizes payment from the MATF for grants to counties for mental health community support programs and for community-based medical services.

INSERT 2-1

1

SECTION 1. 20.255 (2) (b) of the statutes is amended to read:

1 20.255 (2) (b) *Aids for special education and school age parents programs.* The
 2 amounts in the schedule for the payment of aids for special education and school age
 3 parents programs under ss. 115.88, 115.93 and 118.255. From this appropriation,
 4 there is lapsed to the general fund, on dates determined by the secretary of
 5 administration, any amounts paid by the department of health and family services
 6 under s. 49.45 (39) (b) 1m.

History: 1971 c. 42, 56, 125; 1971 c. 152 s. 38; 1971 c. 154 s. 80; 1971 c. 211 ss. 24, 126; 1971 c. 215; 1973 c. 89 s. 20 (2); 1973 c. 90, 190, 243, 300, 307, 333, 336; 1975 c. 39 ss. 97 to 109, 732 (1); 1975 c. 105, 220, 224, 395; 1977 c. 26 s. 75; 1977 c. 29; 1977 c. 83 s. 26; 1977 c. 418 ss. 88m to 90, 929 (55); 1979 c. 34 ss. 164 to 191, 2102 (43) (a); 1979 c. 221 ss. 96e to 97w, 2200 (43); 1979 c. 331; 1979 c. 346 ss. 9, 15; 1981 c. 20, 86, 169; 1981 c. 314 s. 146; 1983 a. 22 s. 6; 1983 a. 27 ss. 158 to 212, 2200 (42), 2202 (42); 1983 a. 192; 1983 a. 333 s. 6; 1983 a. 370; 1985 a. 29, 56, 75, 120; 1987 a. 27, 339, 399; 1989 a. 31, 56, 114, 122, 269, 299, 309, 336, 359; 1991 a. 32, 39, 196, 269; 1993 a. 16, 168, 367, 377, 437, 454, 458, 490, 491; 1995 a. 27 ss. 563, 567 to 599, 622, 623, 9145 (1); 1995 a. 49, 227; 1997 a. 27, 113, 164, 237, 252; 1999 a. 9, 185; 2001 a. 16, 57, 105, 109.

7 **SECTION 2.** 20.435 (4) (hm) of the statutes is created to read:

8 20.435 (4) (hm) *Medical Assistance; supplementary payments to counties.* All
 9 moneys received from a county under s. 59.53 (24), to supplement the state share of
 10 medical assistance program benefits administered under ss. 46.275, 46.278, 49.45
 11 (39) (b) 1m, 49.46 (2) (a) 1., 2., 4. d., and 4. e. and (b) 3., 6. b., c., d., f., fm., j., k., L.,
 12 and m., 9., 12., 12m., 13., 15., and 16.

has affected by 2001 Wisconsin Act 16

****NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

13 **SECTION 3.** 20.435 (4) (w) of the statutes is amended to read:

14 20.435 (4) (w) *Medical assistance trust fund.* From the medical assistance trust
 15 fund, biennially, the amounts in the schedule for meeting costs of medical assistance
 16 administered under ss. 46.27, 46.275 (5), 46.278 (6), 46.283 (5), 46.284 (5), 49.45, and
 17 49.472 (6), and 51.421 (3) and grants to counties for community-based medical
 18 services, and for administrative costs associated with augmenting the amount of
 19 federal moneys received under 42 CFR 433.51.

NOTE: NOTE: Par. (w) is amended eff. 7-1-03 by 2001 Wis. Act 16 to read:NOTE:

(w) *Medical assistance trust fund.* From the medical assistance trust fund, biennially, the amounts in the schedule for meeting costs of medical assistance administered under ss. 46.27, 46.275 (5), 46.278 (6), 46.283 (5), 46.284 (5), 49.45, and 49.472 (6) and for administrative costs associated with augmenting the amount of federal moneys received under 42 CFR 433.51.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a.

★ Proof with 2001 Wis Act 16, section 717b ★

20
21
22

435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105.

INSERT 3-4

1 **SECTION 4.** 25.77 (5) of the statutes is created to read:

2 25.77 (5) All moneys transferred under s. 49.45 (52). ✓

3 **SECTION 5.** 46.275 (5) (a) of the statutes is amended to read:

4 46.275 (5) (a) Medical assistance reimbursement for services a county, or the
5 department under sub. (3r), provides under this program is available from the
6 ~~appropriations~~ appropriation accounts under s. 20.435 (4) (b), (hm), (o), and (w). If ✓
7 2 or more counties jointly contract to provide services under this program and the
8 department approves the contract, medical assistance reimbursement is also
9 available for services provided jointly by these counties.

History: 1983 a. 27; 1985 a. 29 ss. 896b to 896L, 3202 (23); 1985 a. 120, 176; 1987 a. 27; 1987 a. 161 s. 13m; 1987 a. 186; 1989 a. 31; 1993 a. 16; 1995 a. 27, 77; 1997 a. 27, 114; 1999 a. 9; 2001 a. 16.

10 **SECTION 6.** 46.275 (5) (c) of the statutes is amended to read:

11 46.275 (5) (c) The total allocation under s. 20.435 (4) (b), (hm), (o), and (w) to
12 counties and to the department under sub. (3r) for services provided under this
13 section may not exceed the amount approved by the federal department of health and
14 human services. A county may use funds received under this section only to provide
15 services to persons who meet the requirements under sub. (4) and may not use
16 unexpended funds received under this section to serve other developmentally
17 disabled persons residing in the county.

History: 1983 a. 27; 1985 a. 29 ss. 896b to 896L, 3202 (23); 1985 a. 120, 176; 1987 a. 27; 1987 a. 161 s. 13m; 1987 a. 186; 1989 a. 31; 1993 a. 16; 1995 a. 27, 77; 1997 a. 27, 114; 1999 a. 9; 2001 a. 16.

18 **SECTION 7.** 49.45 (39) (b) 1. of the statutes is amended to read:

19 49.45 (39) (b) 1. 'Payment for school medical services.' If a school district or a
20 cooperative educational service agency elects to provide school medical services and
21 meets all requirements under par. (c), the department shall reimburse the school

1 district or the cooperative educational service agency for 60% of the federal share of
2 allowable charges for the school medical services that it provides and, as specified
3 in subd. 2., for allowable administrative costs. If the Wisconsin Center for the Blind
4 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf
5 and Hard of Hearing elects to provide school medical services and meets all
6 requirements under par. (c), the department shall reimburse the department of
7 public instruction for 60% of the federal share of allowable charges for the school
8 medical services that the Wisconsin Center for the Blind and Visually Impaired or
9 the Wisconsin Educational Services Program for the Deaf and Hard of Hearing
10 provides and, as specified in subd. 2., for allowable administrative costs. A school
11 district, cooperative educational service agency, the Wisconsin Center for the Blind
12 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf
13 and Hard of Hearing may submit, and the department shall allow, claims for common
14 carrier transportation costs as a school medical service unless the department
15 receives notice from the federal health care financing administration that, under a
16 change in federal policy, the claims are not allowed. If the department receives the
17 notice, a school district, cooperative educational service agency, the Wisconsin
18 Center for the Blind and Visually Impaired, or the Wisconsin Educational Services
19 Program for the Deaf and Hard of Hearing may submit, and the department shall
20 allow, unreimbursed claims for common carrier transportation costs incurred before
21 the date of the change in federal policy. The department shall promulgate rules
22 establishing a methodology for making reimbursements under this paragraph. ~~All~~
23 Except as provided in subd. 1m., all other expenses for the school medical services
24 provided by a school district or a cooperative educational service agency shall be paid
25 for by the school district or the cooperative educational service agency with funds

1 received from state or local taxes. The school district, the Wisconsin Center for the
 2 Blind and Visually Impaired, the Wisconsin Educational Services Program for the
 3 Deaf and Hard of Hearing, or the cooperative educational service agency shall
 4 comply with all requirements of the federal department of health and human
 5 services for receiving federal financial participation.

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.

6 **SECTION 8.** 49.45 (39) (b) 1m. of the statutes is created to read:

7 49.45 (39) (b) 1m. 'Supplementary payment for school medical services.' In
 8 addition to the reimbursement the department provides under subd. 1. to a school
 9 district or cooperative education service agency for school medical services, the
 10 department may make supplementary payments under s. 20.435 (4) (hm) and (o).
 11 The total of the supplementary payments and allowable charges paid under subd. 1.
 12 may not exceed applicable limitations on payments under 42 USC 1396a (a)(30) (A).

13 **SECTION 9.** 49.45 (39) (b) 2. of the statutes is amended to read:

14 49.45 (39) (b) 2. 'Payment for school medical services administrative costs.' The
 15 department shall reimburse a school district or a cooperative educational service
 16 agency specified under subd. ~~1.~~ subds. 1. and 1m. and shall reimburse the
 17 department of public instruction on behalf of the Wisconsin Center for the Blind and
 18 Visually Impaired or the Wisconsin Educational Services Program for the Deaf and
 19 Hard of Hearing for 90% of the federal share of allowable administrative costs, using
 20 time studies, beginning in fiscal year 1999-2000. A school district or a cooperative
 21 educational service agency may submit, and the department of health and family

1 services shall allow, claims for administrative costs incurred during the period that
2 is up to 24 months before the date of the claim, if allowable under federal law.

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.

3 SECTION 10. 49.45 (52) of the statutes is created to read:

4 49.45 (52) TRANSFER TO MEDICAL ASSISTANCE TRUST FUND. On dates to be
5 determined by the secretary of administration, there is transferred from the
6 appropriation ^{account} under s. 20.435 (4) (hm) to the Medical Assistance trust fund all
7 moneys received under s. 20.435 (4) (hm) that are in excess of the payments made
8 under s. 20.435 (4) (hm).

9 SECTION 11. 51.421 (3) (e) of the statutes is amended to read:

10 51.421 (3) (e) Distribute, from the ~~appropriation~~ appropriation accounts under
11 s. 20.435 (4) (w) and (7) (bL), in each fiscal year for community support program
12 services.

History: 1983 a. 441; 1985 a. 120, 176; 1987 a. 27, 368; 1989 a. 21; 1993 a. 16; 1995 a. 27; 1997 a. 237; 2001 a. 16.

13 SECTION 12. 59.53 (24) of the statutes is created to read:

14 59.53 (24) COUNTY PAYMENTS MADE UNDER MEDICAL ASSISTANCE. The board shall,
15 upon demand by the department of health and family services, authorize payment
16 to that department not to exceed any of the following:

17 (a) *Home and community based services.* 1. For services under ss. 46.275 and
18 46.278 that were provided in 2001 and 2002, the portion of the payment made under
19 s. 20.435 (4) (o) for Medical Assistance program benefits administered under ss.
20 46.275 and 46.278 that is related to any rates increased for services under s. 46.275
21 or 46.278 since 2000.

1 2. For services under ss. 46.275 and 46.278 that are provided in 2003 and
2 thereafter, the portion of the payment made under s. 20.435 (4) (o) for Medical
3 Assistance program benefits administered under ss. 46.275 and 46.278 that is
4 related to any rates increased for services under s. 46.275 or 46.278 since 2000, and
5 any payment made under s. 20.435 (4) (hm).

6 (b) *Alcohol and other drug and mental health prevention and treatment*
7 *services.* 1. For alcohol and other drug and mental health prevention and treatment
8 services under s. 49.46 (2) (a) 1., 2., 4. d., and 4. e. and (b) 6. b., c., d., f., fm., j., k., L.,
9 and m., 9., 12., 12m., 13., 15., and 16. that were provided in 2001 and 2002, the
10 portion of the payment made under s. 20.435 (4) (o) as Medical Assistance program
11 benefits for the services that is related to any rates increased for these services since
12 2001.

13 2. For alcohol and other drug and mental health prevention and treatment
14 services under s. 49.46 (2) (a) 1., 2., 4. d., and 4. e. and (b) 6. b., c., d., f., fm., j., k., L.,
15 and m., 9., 12., 12m., 13., 15., and 16. that were provided in 2003 and thereafter, the
16 portion of the payment made under s. 20.435 (4) (o) as Medical Assistance program
17 benefits for the services that is related to any rates increased for these services since
18 2001, and any payment made under s. 20.435 (4) (hm).

19 (c) *Emergency medical transportation services.* For emergency medical
20 transportation services under s. 49.46 (2) (b) 3. that were provided in 2003 and
21 thereafter, the portion of the payment made under s. 20.435 (4) (o) as Medical
22 Assistance program benefits for the services that is related to any rates increased for
23 these services and any payment made under s. 20.435 (4) (hm).

24 SECTION 13. 115.882 of the statutes is amended to read:

1 **115.882 Payment of state aid.** Funds appropriated under s. 20.255 (2) (b)
2 shall be used first for the purpose of s. 115.88 (4). Costs eligible for reimbursement
3 from the appropriation under s. 20.255 (2) (b) under ss. 115.88 (1m) to (3), (6) and (8),
4 115.93, and 118.255 (4) shall be reimbursed at a rate set to distribute the full amount
5 appropriated for reimbursement for the costs, not to exceed 100%, less the amount
6 paid by the department of health and family services from s. 20.435 (4) (hm) and (o)
7 under s. 49.45 (39) (b) 1m.

History: 1997 a. 164; 1999 a. 9; 2001 a. 104.

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0194/3dn
DAK:kmg:pg

LPS's: There is something not quite right about this message says the hex value is not correct. I had originally made a D-NOTE (03-0194/3ins), but I had trouble checking it in, so I had copied + pasted the material from that D-NOTE into this one. DAK

To Robert Blaine:

1. Section 20.435 (4) (hm) only receives, at present, moneys under s. 59.53 (24); how can it be said to fund all of the services specified? Also, I've drafted it to specify that the payments under it are supplementary; is that correct?
2. Concerning s. 25.77 (5), my notes indicate that you wanted a different trust fund subsection for paybacks of AODA and mental health than from CIP IA and IB, but, because s. 20.435 (4) (hm) gets all the money paid back, this draft only creates s. 25.77 (5).
3. I think it isn't necessary to indicate, in the programmatic text for emergency medical transportation services (s. 49.46 (2) (b) 3., stats) or for the AODA and mental health references that additional payment is made under s. 20.435 (4) (hm); is that your view?
4. This bill seems to me to have a big hole in it with respect to the emergency medical transportation services. I included s. 59.53 (24) (c), but I don't know if that is correct—does the shared revenue decrease just affect cities, villages, and towns? Note that s. 59.53 (24) (c) makes no demand for retroactive payments except those made in 2003 before passage of the bill. I do not as yet know what you intend to do with shared revenue.
5. I received and incorporated in this draft the DHFS request for an amendment to s. 20.435 (4) (w) to allow funds to be distributed for grants to counties under s. 51.421 (3), stats; please see my amendments to s. 20.435 (4) (w) and 51.421 (3) (e), stats. I don't know how to properly reference grants to counties for community medical services.
6. Please look again at the list of AODA and mental health services that are specified in s. 20.435 (4) (hm); I am concerned that some of them may be overly broad; also, should any of the services specified under s. 49.45 (6t), stats, also be included?

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0194/3dn
DAK:kmg:cph

January 31, 2003

To Robert Blaine:

1. Section 20.435 (4) (hm) only receives, at present, moneys under s. 59.53 (24); how can it be said to fund all of the services specified? Also, I've drafted it to specify that the payments under it are supplementary; is that correct?
2. Concerning s. 25.77 (5), my notes indicate that you wanted a different trust fund subsection for paybacks of AODA and mental health than from CIP IA and IB, but, because s. 20.435 (4) (hm) gets all the money paid back, this draft only creates s. 25.77 (5).
3. I think it isn't necessary to indicate, in the programmatic text for emergency medical transportation services (s. 49.46 (2) (b) 3., stats) or for the AODA and mental health references that additional payment is made under s. 20.435 (4) (hm); is that your view?
4. This bill seems to me to have a big hole in it with respect to the emergency medical transportation services. I included s. 59.53 (24) (c), but I don't know if that is correct — does the shared revenue decrease just affect cities, villages, and towns? Note that s. 59.53 (24) (c) makes no demand for retroactive payments except those made in 2003 before passage of the bill. I do not as yet know what you intend to do with shared revenue.
5. I received and incorporated in this draft the DHFS request for an amendment to s. 20.435 (4) (w) to allow funds to be distributed for grants to counties under s. 51.421 (3), stats; please see my amendments to s. 20.435 (4) (w) and 51.421 (3) (e), stats. I don't know how to properly reference grants to counties for community medical services.
6. Please look again at the list of AODA and mental health services that are specified in s. 20.435 (4) (hm); I am concerned that some of them may be overly broad; also, should any of the services specified under s. 49.45 (6t), stats., also be included?

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

DHFS

Redraft
1/6 11/1

Department of Health and Family Services
2001-2003 Biennial Budget Statutory Language Request
January 31, 2003

Revenue Maximization Reinvestment Plan

Current Language

s. 20.435(4)(w)

Redraft 0194/3

Proposed Change

Amend s.20.435(4)(w) to allow funds to be distributed for the additional purposes of 1) grants to counties for community support programs under s. 51.421(3) and 2) grants to counties for community based medical services.

Amend s. 49.45(6t) and create non statutory language to sunset the community services deficit reduction program if the federal government approves an MA state plan amendment for a new payment methodology for local government-provided MA services. Specify that if the sunset occurs, counties would no longer be able to claim federal funding through CSDRB beginning with the CY 2002 claiming year.

Effect of the Change

The changes would allow the Department to distribute funds to counties from (4)(w) to fund community support program services and to maintain funding to counties for community services after the CSDRB program sunsets.

The sunset of the CSDRB program would be conditioned on federal approval.

Desired Effective Date:	Upon passage
Agency:	DHFS
Agency Contact:	Andy Forsaith
Phone:	266-7684

Kennedy, Debora

From: Blaine, Robert
Sent: Thursday, January 30, 2003 6:31 PM
To: Kennedy, Debora
Subject: FW: RevMax/CSDRB Stat Language



Rev Max stat
language.doc

Debora --

Ugh -- some comments about the IGT draft before you've even seen them! Actual, the attached has two pieces:

- 1) A safeguard measure related to our eliminating CSDRB in draft 1611/1. If we can get this change in, great. If not, let me know.
- 2) Some further changes to the language under s. 20.435 (4)(w) to broaden the purpose of this appropriation. This should be added to the IGT draft, but of course, I would hold off on amending this draft further until we get more comments from DHFS tomorrow.

Thanks,
Robert

-----Original Message-----

From: Forsaith, Andrew
Sent: Thursday, January 30, 2003 5:37 PM
Cc: Blaine, Robert; Cunningham, Curtis; Megna, Richard
Subject: RevMax/CSDRB Stat Language

To throw another item on your pile, attached is a stat language request that contains:

- 1) Chapter 20 changes that are necessary to implement the RevMax Reinvestment plan, DIN 5501
- 2) additional language related to the elimination of CSDRB. The CSDRB language in the attached represents our only comment to LRB 1611/1, which you had sent Curtis earlier.

Thanks,

Andy

Kennedy, Debora

From: Blaine, Robert
Sent: Saturday, February 01, 2003 5:33 PM
To: Kennedy, Debora
Cc: Gebhart, Neil; Wilhelm, Charles; Megna, Richard
Subject: IGT Draft

Hello Debora!

I have taken a bit of time to look over the draft and wanted to share some comments. Some I have already forwarded you (from Neil), but thought I would put all the comments in one place for everyone to see.

✓ Section 3: Neil pointed out that we should clarify that we are only talking about Medical Assistance reimbursable services.

✓ Section 4: This appropriation was created to run the nursing home IGT, i.e., to accept the transfers from counties and to pay them back. We do not plan to use the same appropriation for the "old" and the "new" IGTs. I'm wondering if this paragraph should be specific to payments for nursing home services. *I agree*

Neil suggested modifying this language to add another reference to 42 CFR 433.51 after the phrase "transferred by the county to the Medical Assistance trust fund." If another reference is added, I think it would make more sense to put the 42 CFR after the term "transferred;" otherwise, it makes it sound like the Trust Fund is specified in federal law. Personally, I'm not sure that it's needed, but I'm not an attorney. *I agree*

? Section 11: Supplementary payments to school districts. The payment will actually be made out of (4)(b) and (4)(o). We will not be making payments under 4(hm). Please update the reference on line 18. ?

✓ Section 14: I think we need to add a reference to s. 20.435 (4)(o). Richard -- is this right?

✓ Section 15: line 21. Richard pointed out that the payments that we need to reference are made out of both (4)(o) and (4)(hm). Please add a reference to (4)(hm) on line 21.

? Richard also suggested that 59.53 (24)(a)2., with respect to home and community based waivers, be modified to limit the amount paid under (4)(hm) to that related to services in CY03. I'm not sure whether we should do this. Since we will use this language to do a retroactive payment for services provided back to CY01, and since we hope to continue this into the future, I would think we would want to be silent to the calendar year. Richard -- let me know if I'm misunderstanding your suggestion.

✓ Richard pointed out that under s. (24)(b)1. that again we should reference appropriation (4)(hm) on line 8.

✓ Finally, Richard noticed that we really don't need (24)(c). We are transferring \$\$ from shared revenue to MA, and will appropriate the GPR in (4)(b). The payment made out of (4)(b) will simply be to our EMS providers, and we'll be paying them at a higher rate than we have in the past. I agree that we don't really need any language to do this.

REGARDING THE DRAFTER'S NOTE

✓ 1. We would prefer the title to be: "Medical assistance; payments to counties." This is how I've set up our budget system, so if the title includes the term "supplementary", we won't tie out to Chapter 20.

✓ 2. I did indicate that we would want different appropriations for different pots; however, given time constraints (and for budget simplicity) we will stick with just using one appropriation.

3. I do think we need language for the mental health and AODA (i.e., "county provided services"), unless what you're saying is that (4)(hm), as payments to counties, is broad enough language to cover all of these projects.

✓ 4. We don't feel that we need 59.53 (24)(c) (see comment above). We do not intend to do anything retroactive with respect to EMS. The shared revenue reduction will not be specific to one type of local government -- it will be a total reduction to the amount of aids paid under the municipal side of shared revenue (that is, we're not cutting county shared revenue).

? 5. I think the way you've handled CSP works fine.

6. I think what you've done is fine. As for 49.45 (6t) -- well -- you will recall that we deleted this section since the program does not work in conjunction with our prospective payment system. We do intend to hold counties harmless for eliminating this program; however, I have built this revenue as GPR into 20.435 (4)(b). (we thought we'd be using our proceeds to make this payment, but we actually ran out of them). Debora -- I'm not sure what to do here w/o talking to Richard.

Robert Blaine

State Budget Office -- WI Dept. of Administration
608/267-7980
608/267-0372 (fax)
robert.blaine@doa.state.wi.us

Kennedy, Debora

From: Blaine, Robert
Sent: Friday, January 31, 2003 4:13 PM
To: Kennedy, Debora
Subject: FW: FW: LRB Draft: 03-0194/3 IGT claims

comments received so far. I will give the drafter's note some thought tomorrows.

-----Original Message-----

From: Gebhart, Neil
Sent: Friday, January 31, 2003 4:06 PM
To: Blaine, Robert; Megna, Richard; Wilhelm, Charles
Subject: Re: FW: LRB Draft: 03-0194/3 IGT claims

✓ In section 3, it's not clear that "and 51.421 (3) and grants to counties for community-based medical services" is limited to MA-reimbursable services, and I think this should be made clear.

In section 4, perhaps it would make sense to revise the following sentence to read:

u "From the Medical Assistance trust fund, a sum sufficient to provide reimbursement to a county for moneys transferred by the county to the Medical Assistance trust fund under 42 CFR 433.51 and used as the nonfederal share of medical assistance payments public moneys used for the purpose of claiming federal moneys under 42 CFR 433.51."

>>> Blaine, Robert 01/31/03 01:01PM >>>
Hi guys --

Sorry this did not arrive as early as I thought it would. Please let me know of any comments by COB today.

-----Original Message-----

From: Haskett, Christian
Sent: Friday, January 31, 2003 11:55 AM
To: Blaine, Robert
Cc: Johnston, James; Schaeffer, Carole; Hanaman, Cathlene; Haugen, Caroline
Subject: LRB Draft: 03-0194/3 IGT claims

Following is the PDF version of draft 03-0194/3.