



**ASSEMBLY SUBSTITUTE AMENDMENT 1,  
TO 2009 ASSEMBLY BILL 899**

April 14, 2010 – Offered by Representative RICHARDS.

1 **AN ACT** *to amend* 252.12 (2) (a) 8. (intro.); and *to create* 49.45 (25g) and 49.46  
2 (2) (b) 18. of the statutes; **relating to:** HIV-related care coordination services  
3 provided to Medical Assistance recipients.

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***Analysis by the Legislative Reference Bureau***

Under current law, the Department of Health Services (DHS) may award grants to nonprofit associations or public agencies to provide services to individuals who have the human immunodeficiency virus (HIV) or who are at risk of contracting HIV. Currently, DHS also administers the Medical Assistance program (MA), which provides health services to individuals with limited resources.

This substitute amendment requires DHS to develop a proposal to increase medical assistance reimbursement to a MA service provider that receives a grant to provide services to individuals with HIV and that meets additional criteria. If the U.S. Department of Health and Human Services approves a request for a waiver or state plan amendment, submitted by DHS, that is necessary to implement the proposal, DHS must implement the proposal to provide for payment of a monthly per-patient fee to the MA service provider for care coordination and to increase reimbursement rates for the provider. Care coordination includes coordination of outpatient medical care, specialty care, inpatient care, dental care, and mental

health care and medical case management. The moneys from the grant are the state share of payments for MA.

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

1           **SECTION 1.** 49.45 (25g) of the statutes is created to read:

2           **49.45 (25g) HIV CARE COORDINATION.** (a) In this subsection, “care coordination”  
3 includes coordination of outpatient medical care, specialty care, inpatient care,  
4 dental care, and mental health care and medical case management.

5           (b) The department shall develop a proposal to increase medical assistance  
6 reimbursement to each provider that receives a grant under s. 252.12 (2) (a) 8. and  
7 to which at least one of the following applies:

8           1. The provider is recognized by the National Committee on Quality Assurance  
9 as a Patient–Centered Medical Home.

10          2. The secretary determines that the provider performs well with respect to all  
11 of the following aspects of care:

12           a. Adoption of written standards for patient access and patient communication.

13           b. Use of data to show that standards for patient access and patient  
14 communication are satisfied.

15           c. Use of paper or electronic charting tools to organize clinical information.

16           d. Use of data to identify diagnoses and conditions among the provider’s  
17 patients that have a lasting detrimental effect on health.

18           e. Adoption and implementation of guidelines that are based on evidence for  
19 treatment and management of HIV–related conditions.

20           f. Active support of patient self–management.

1           g. Systematic tracking of patient test results and systematic identification of  
2 abnormal patient test results.

3           h. Systematic tracking of referrals using a paper or electronic system.

4           i. Measuring the quality of the performance of the provider and of individuals  
5 who perform services on behalf of the provider, including with respect to provision  
6 of clinical services, patient outcomes, and patient safety.

7           j. Reporting to employees and contractors of the provider and to other persons  
8 on the quality of the performance of the provider and of individuals who perform  
9 services on behalf of the provider.

10           (c) The department's proposal under par. (b) shall specify increases in  
11 reimbursement rates for providers that satisfy the conditions under par. (b), and  
12 shall provide for payment of a monthly per-patient care coordination fee to those  
13 providers. The department shall set the increases in reimbursement rates and the  
14 monthly per-patient care coordination fee so that together they provide sufficient  
15 incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall  
16 specify effective dates for the increases in reimbursement rates and the monthly  
17 per-patient care coordination fee that are no sooner than January 1, 2011. The  
18 reimbursements and monthly per-patient care coordination fees that are not  
19 provided by the federal government shall be paid from the appropriation under s.  
20 20.435 (1) (am).

21           (d) The department shall, subject to approval by the U.S. department of health  
22 and human services of any required waiver of federal law relating to medical  
23 assistance and any required amendment to the state plan for medical assistance  
24 under 42 USC 1396a, implement the proposal under par. (b) beginning January 1,  
25 2011.

1 (e) A provider may not seek medical assistance reimbursement under this  
2 subsection and sub. (25) (be) for the same services.

3 **SECTION 2.** 49.46 (2) (b) 18. of the statutes is created to read:

4 49.46 (2) (b) 18. Care coordination, as specified under s. 49.45 (25g).

5 **SECTION 3.** 252.12 (2) (a) 8. (intro.) of the statutes, as affected by 2009  
6 Wisconsin Act 28, is amended to read:

7 252.12 (2) (a) 8. 'Mike Johnson life care and early intervention services grants.'  
8 (intro.) The department shall award not more than \$3,569,900 in each fiscal year in  
9 grants to applying organizations for the provision of needs assessments; assistance  
10 in procuring financial, medical, legal, social and pastoral services; counseling and  
11 therapy; homecare services and supplies; advocacy; and case management services.  
12 These services shall include early intervention services. The department shall also  
13 award not more than \$74,000 in each year from the appropriation account under s.  
14 20.435 (5) (md) for the services under this subdivision. The state share of payment  
15 for case management services that are provided under s. 49.45 (25) (be) to recipients  
16 of medical assistance shall be paid from the appropriation account under s. 20.435  
17 (1) (am). Subject to approval by the U.S. department of health and human services  
18 under s. 49.45 (25g) (d), the state share of payment for HIV-related care coordination  
19 that is provided under s. 49.45 (25g) to recipients of medical assistance shall be paid  
20 from the appropriation under s. 20.435 (1) (am). All of the following apply to grants  
21 awarded under this subdivision:

22 (END)