

**2009 DRAFTING REQUEST**

**Assembly Substitute Amendment (ASA-AB899)**

Received: **04/07/2010**

Received By: **tdodge**

Wanted: **Soon**

Companion to LRB:

For: **Jon Richards (608) 266-0650**

By/Representing: **Jeff Kostelic**

May Contact:

Drafter: **tdodge**

Subject: **Health - medical assistance**

Addl. Drafters:

Extra Copies:

Submit via email: **YES**

Requester's email: **Rep.Richards@legis.wisconsin.gov**

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

**Pre Topic:**

No specific pre topic given

**Topic:**

Require medical assistance plan amendment for HIV specialty services coordination

**Instructions:**

See attached

**Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 04/08/2010	csicilia 04/09/2010		_____			
/1	chanaman 04/09/2010	csicilia 04/09/2010	phenry 04/09/2010	_____	cduerst 04/09/2010	cduerst 04/09/2010	
/2			mduchek 04/09/2010	_____	cduerst 04/09/2010	cduerst 04/09/2010	
/3	tdodge 04/13/2010	csicilia 04/13/2010	rschlue 04/13/2010	_____	sbasford 04/13/2010	sbasford 04/13/2010	

Vers.      Drafted      Reviewed      Typed      Proofed      Submitted      Jacketed      Required

FE Sent For:

**<END>**

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/?	tdodge 04/08/2010	csicilia 04/09/2010		_____			
/1	chanaman 04/09/2010	csicilia 04/09/2010	phenry 04/09/2010	_____	cduerst 04/09/2010	cduerst 04/09/2010	
/2		3 cjs 4113 10	mduchek 04/09/2010	_____	cduerst 04/09/2010	cduerst 04/09/2010	

FE Sent For:

4/15/10  
PH  
4/13

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May Contact:

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Subject: Health - medical assistance

Addl. Drafters:

Extra Copies:

Submit via email: YES

Requester's email: Rep.Richards@legis.wisconsin.gov

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

Pre Topic:

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Topic:

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/?	tdodge 04/08/2010	csicilia 04/09/2010		_____			
/1	1/2 cjs 4/9/10	phenry 04/09/2010		_____	cduerst 04/09/2010	cduerst 04/09/2010	

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See attached

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<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge	1 jjs	4/9 10 ph	4 4 ph/ms			

FE Sent For:

<END>

Tues 4/13 exec

1.) 49.45 is amended to include a new section

A private nonprofit agency that is a recipient of funding under s.252.12(2)(a)8 and is a certified medical assistance provider may elect to provide HIV Medical Home services to medical assistance beneficiaries who have HIV infection, as defined in s.252.01(2). HIV Medical Home services include coordination of outpatient medical care, specialty care, inpatient care, dental care, mental health care, medical case management and other services. The amount of the allowable charges for those services under the medical assistance program that is not provided by the federal government shall be paid from the appropriation account under s.20.435(1) (am).

2.) 252.12 (2) (a) 8 is amended to read:

The state share of payment for HIV Medical Home services that are provided under s.49.45 to recipients of medical assistance shall be paid from the appropriation account under s.20.435(1)(am).

3.) This Act takes effect upon being signed by the Governor

4.) Within 30 days of the date of enactment the Department of Health Services shall submit a state Medicaid plan amendment to expand the Wisconsin medical assistance benefits to include HIV Medical Home services.

ARW Mike Gill 414 899-8485 cell

## Dodge, Tamara

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**From:** Kostelic, Jeff  
**Sent:** Thursday, April 08, 2010 2:11 PM  
**To:** Dodge, Tamara  
**Subject:** Two quick changes to the HIV/AIDS bill

Tamara,

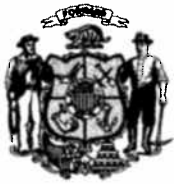
I hope you aren't done with the drafting of the HIV/AIDS bill because I have two quick changes.

First, on point 4 of the language that was provided to you yesterday it was suggested that the Department submit an amendment to the Medicaid plan within 30 days. We think 90 days would be more appropriate (unless you found a different timeline already in statute)

Second, in an effort to close the door on double billing, please add the following language (or similar) to 49.45, "An agency electing to provide HIV medical home services shall not seek reimbursement for case management services under 49.45 (25) (be).

Please let me know if you have any questions or if you need more information. Thank you for your work on this bill.

Jeff Kostelic  
Office of Rep. Jon Richards  
266-0650



State of Wisconsin  
2009 - 2010 LEGISLATURE

LRBs0413/201

TJD:.....

In. 4/8/10 ~~Introducer~~  
Due before noon  
419

ej's RmNR

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**  
**ASSEMBLY SUBSTITUTE AMENDMENT,**  
**TO 2009 ASSEMBLY BILL 899**

D-note

SAV  
amend

Gen Cat

1 AN ACT ~~relating to~~; relating to: HIV-related care coordination services provided to  
2 Medical Assistance recipients.

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

Substitute amendment

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 bill allows a nonprofit agency that receives a grant to provide services to individual who have or are at risk of contracting HIV and that becomes certified as an MA provider to provide care coordination services to MA recipients who have HIV infection. Care coordination services include coordination of outpatient medical care, specialty care, inpatient care, dental care, and mental health care and medical case management. DHS must submit a state plan amendment and the federal Department of Health and Human Services must approve the state plan amendment in order for the services provided by the nonprofit agency to be reimbursed under MA and for the nonprofit agency to become certified as provider under MA. If the federal



Department of Health and Human Services approves the state plan amendment, then moneys from the grant are the state share of payments for MA.

*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) A private nonprofit agency that  
3 receives a grant under s. 252.12 (2) (a) 8. and is certified by the department as a  
4 medical assistance provider may provide care coordination services to medical  
5 assistance recipients who have HIV infection, as defined under s. 252.01 (2). Care  
6 coordination services under this subsection include coordination of outpatient  
7 medical care, specialty care, inpatient care, dental care, and mental health care and  
8 medical case management. The amount of allowable charges for those services under  
9 the medical assistance program that is not provided by the federal government shall  
10 be paid from the appropriation account under s. 20.435 (1) (am).

11 (b) Within 30<sup>90</sup> days of the effective date of this paragraph ... [LRB inserts date],  
12 the department shall submit to the federal department of health and human services  
13 any state plan amendment necessary to receive federal financial participation for services provided under  
14 department of health and human services does not approve the amendment, par. (a)  
15 does not apply.

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

17 49.46 (2) (b) 18. Care coordination services, as specified under s. 49.45 (25g)

18 (a).

as affected by 2009 Wisconsin Act 28

19 SECTION 3. 252.12 (2) (a) 8. (intro.) of the statutes is amended to read:

20 252.12 (2) (a) 8. 'Mike Johnson life care and early intervention services grants.'

21 (intro.) The department shall award not more than \$3,569,900 in each fiscal year in

(c) An agency may not seek medical assistance reimbursement under par. (a) and sub. (25)(be) for the same services.

1 grants to applying organizations for the provision of needs assessments; assistance  
 2 in procuring financial, medical, legal, social and pastoral services; counseling and  
 3 therapy; homecare services and supplies; advocacy; and case management services.  
 4 These services shall include early intervention services. The department shall also  
 5 award not more than \$74,000 in each year from the appropriation account under s.  
 6 20.435 (5) (md) for the services under this subdivision. The state share of payment  
 7 for case management services that are provided under s. 49.45 (25) (be) to recipients  
 8 of medical assistance shall be paid from the appropriation account under s. 20.435  
 9 (1) (am). Subject to s. 49.45 (25g) (b), the state share of payment for HIV-related care  
 10 coordination services that are provided under s. 49.45 (25g) (a) to recipients of  
 11 medical assistance shall be paid from the appropriation account under s. 20.435 (1)  
 12 (am) All of the following apply to grants awarded under this subdivision:

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

(END)

D-note

13

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

LRBs041321n

TJD/.....

Date

g>

To Jeff Kostelic:

Please review this substitute amendment to ensure it complies with your intent. Please pay particular attention to the description of care coordination services in proposed s. 49.45 (25g) (a) to ensure that I correctly described those services.



Tamara J. Dodge  
Legislative Attorney  
Phone: (608) 267-7380  
E-mail: tamara.dodge@legis.wisconsin.gov

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

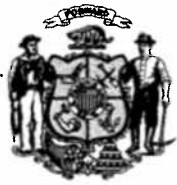
LRBs0413/1dn  
TJD:cjs:ph

April 9, 2010

To Jeff Kostelic:

Please review this substitute amendment to ensure it complies with your intent. Please pay particular attention to the description of care coordination services in proposed s. 49.45 (25g) (a) to ensure that I correctly described those services.

Tamara J. Dodge  
Legislative Attorney  
Phone: (608) 267-7380  
E-mail: [tamara.dodge@legis.wisconsin.gov](mailto:tamara.dodge@legis.wisconsin.gov)



In. 4/9/10 ~~4/12~~ 4/12

RMNR  
stays

ASSEMBLY SUBSTITUTE AMENDMENT,  
TO 2009 ASSEMBLY BILL 899

Gen Cat

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.

***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 allows a nonprofit agency that receives a grant to provide services to individuals who have or are at risk of contracting HIV and that becomes certified as an MA provider to provide care coordination services to MA recipients who have HIV infection. Care coordination services include coordination of outpatient medical care, specialty care, inpatient care, dental care, and mental health care and medical case management. DHS must submit a state plan amendment and the federal Department of Health and Human Services must approve the state plan amendment in order for the services provided by the nonprofit agency to be reimbursed under MA. If the federal Department of Health and Human

\*

Services approves the state plan amendment, then 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) A private nonprofit agency that  
3 receives a grant under s. 252.12 (2) (a) 8. and is certified by the department as a  
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5 assistance recipients who have HIV infection, as defined under s. 252.01 (2). Care  
6 coordination services under this subsection include coordination of outpatient  
7 medical care, specialty care, inpatient care, dental care, and mental health care and  
8 medical case management. The amount of allowable charges for those services under  
9 the medical assistance program that is not provided by the federal government shall  
10 be paid from the appropriation account under s. 20.435 (1) (am).

11           (b) Within 90 days of the effective date of this paragraph .... [LRB inserts date],  
12 the department shall submit to the federal department of health and human services  
13 any state plan amendment necessary to receive federal financial participation for  
14 services provided under par. (a). If the federal department of health and human  
15 services does not approve the amendment, par. (a) does not apply.

16           (c) An agency may not seek medical assistance reimbursement under par. (a)  
17 and sub. (25) (be) for the same services.

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

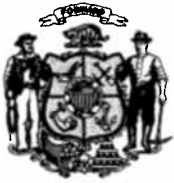
19           49.46 (2) (b) 18. Care coordination services, as specified under s. 49.45 (25g)  
20 (a).

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

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

17                                   (END)

A handwritten number '2' is circled in black ink. A line from the circled '2' points to the end of the underlined text on line 15.



State of Wisconsin  
2009 - 2010 LEGISLATURE

In. 4/13/10 Due TODAY 2 P.M.

LRBs0413/2 03  
TJD:cjs:md  
Stays RMR

ASSEMBLY SUBSTITUTE AMENDMENT,  
TO 2009 ASSEMBLY BILL 899

Ger Cat

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Ins A-1

Ins A-2



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Ins 2-2

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

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5 assistance recipients who have HIV infection, as defined under s. 252.01 (2). Care  
6 coordination services under this subsection include coordination of outpatient  
7 medical care, specialty care, inpatient care, dental care, and mental health care and  
8 medical case management. (The amount of allowable charges for those services under  
9 the medical assistance program that is not provided by the federal government shall  
10 be paid from the appropriation account under s. 20.435 (1) (am).)

11 (b) Within 90 days of the effective date of this paragraph .... [LRB inserts date],  
12 the department shall submit to the federal department of health and human services  
13 any state plan amendment necessary to receive federal financial participation for  
14 services provided under par. (a). If the federal department of health and human  
15 services does not approve the amendment, par. (a) does not apply.

16 (e) (c) An agency may not seek medical assistance reimbursement under par. (a)  
17 and sub. (25) (be) for the same services.   
e provider  
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18 SECTION 2. 49.46 (2) (b) 18. of the statutes is created to read:

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20 (a)

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8 These services shall include early intervention services. The department shall also  
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10 20.435 (5) (md) for the services under this subdivision. The state share of payment  
11 for case management services that are provided under s. 49.45 (25) (be) to recipients  
12 of medical assistance shall be paid from the appropriation account under s. 20.435  
13 (1) (am). Subject to s. 49.45 (25g) (d), the state share of payment for HIV-related care  
14 coordination services that are provided under s. 49.45 (25g) (a) to recipients of  
15 medical assistance shall be paid from the appropriation under s. 20.435 (1) (am). All  
16 of the following apply to grants awarded under this subdivision:

17 (END)

approval by the  
U.S. department of  
health and human services  
under

1 INSERT A-1

This substitute amendment requires DHS to develop a proposal to increase medical assistance reimbursement to a MA service provider that receives the grant to provide services to individuals with HIV and who meets additional criteria. If the U.S. Department of Health and Human Services approves any waiver or state plan amendment submitted by the department necessary to implement the proposal, the department 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.

^, that is  
that  
a request for a

DHS

DHS

2  
3 INSERT A-2

4 (not) The moneys from the grant are the state share of payments for MA.

5 INSERT 2-2

6 49.45 (25g) HIV CARE COORDINATION (a) In this subsection, "care coordination"  
7 includes coordination of outpatient medical care, specialty care, inpatient care,  
8 dental care, and mental health care and medical case management.

9 (b) The department shall develop a proposal to increase medical assistance  
10 reimbursement to <sup>each</sup> provider that receives <sup>\$</sup> a grant under s. 252.12 (2) (a) 8. and to  
11 which at least one of the following applies:

12 1. The provider is recognized by the National Committee on Quality Assurance  
13 as a Patient-Centered Medical Home. ← STET: leave as typed

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

- 16 a. Adoption of written standards for patient access and patient communication.
- 17 b. Use of data to show that standards for patient access and patient
- 18 communication are satisfied.

- 1 c. Use of paper or electronic charting tools to organize clinical information.
- 2 d. Use of data to identify diagnoses and conditions among the provider's
- 3 patients that have a lasting detrimental effect on health.
- 4 e. Adoption and implementation of guidelines that are based on evidence for
- 5 treatment and management of HIV-related conditions.
- 6 f. Active support of patient self-management.
- 7 g. Systematic tracking of patient test results and systematic identification of
- 8 abnormal patient test results.
- 9 h. Systematic tracking of referrals using a paper or electronic system.

10 i. Measuring the quality of the performance of the provider and of individuals  
 11 within the provider, including with respect to provision of clinical services, patient  
 12 outcomes, and patient safety.

*who perform services on behalf of*

13 j. Reporting to members of the provider and to other persons on the quality of  
 14 the performance of the provider and of individuals.

*employees and contractors*

*who perform services on behalf of the provider*

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

1 (d) (c) The department shall, subject to approval by the U.S. department of health  
2 and human services of any required waiver of federal law relating to medical  
3 assistance and any required amendment to the state plan for medical assistance  
4 under 42 USC 1396a, implement the proposal beginning January 1, 2011.

5  
6

(END)

under par. (b)