

2019 DRAFTING REQUEST

Assembly Amendment (AA-AB56)

For: **Legislative Fiscal Bureau** Drafter: **tdodge**
 By: **Dyck** Secondary Drafters:
 Date: **6/6/2019** May Contact:

Same as LRB:

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Pre Topic:

LFB:.....Dyck -

Topic:

Rural critical care hospital supplement (Motion 113.A.2.b.)

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 6/7/2019	kfollett 6/7/2019			
/P1			jmurphy 6/7/2019		

FE Sent For: **<END>**

HEALTH SERVICES

Medical Assistance, Medicaid Services Administration, Public Health, FoodShare,
Behavioral Health, Departmentwide and Quality Assurance

[LFB Papers #360 thru #371, #385 and #386, #390 thru #395, #415 thru #419]
Omnibus Motion

Motion:

Move to adopt the following.

A. Medical Assistance

1. *Medical Assistance Cost-to-Continue. (Paper #360).* Adopt Alternative 1 to adopt the cost-to-continue reestimate, resulting in an increase base funding for medical assistance (MA) benefits by \$245,771,400 (\$82,691,300 GPR, \$128,506,300 FED, \$27,463,800 PR and \$7,110,000 SEG) in 2019-20 and by \$671,613,300 (\$273,384,600 GPR, \$306,713,400 FED, \$94,862,300 PR and -\$3,347,000 SEG) in 2020-21.

2. *Hospital Supplemental Payments (Paper #361).* Modify the bill as follows:

a. *Disproportionate Share Hospital Payments.* Increase base funding for disproportionate share hospital payments by \$73,889,200 (30,000,000 GPR and \$43,889,200 FED) in 2019-20 and by \$73,900,800 (\$30,000,000 GPR and \$43,900,800 FED) in 2020-21 and require the Department to increase the GPR allocation for DSH payments by \$30,000,000 in 2019-20 and 2020-21. Set the maximum payment in each year of the 2019-21 biennium to any hospital at \$9,200,000, except that the maximum for a free-standing pediatric teaching hospital would be \$12,200,000. The increases to the total distribution and changes to the maximum payment would only apply during the biennium.

b. *Rural Critical Care Hospital Supplement.* Increase base funding by \$4,921,900 (\$2,000,000 GPR and \$2,921,900 FED) in 2019-20 and by \$4,942,100 (\$2,000,000 GPR and \$2,942,100 FED) in 2020-21 for the rural critical care hospital supplement.

3. *Crisis Intervention Services (Paper #362).* Adopt Alternatives A1, B2, and C2 to: (a) approve the Governor's recommendation to have the state pay a portion of the state share of crisis intervention services and increase base funding by \$3,043,000 (\$2,855,500 GPR and \$187,500 FED) in 2019-20 and \$10,353,600 (\$9,242,000 GPR and \$1,111,600 FED) in 2020-21; (b) modify the calculation of county MOE by specifying that the MOE is the annual average of county expenditures in 2016, 2017, and 2018; and (c) delete the Governor's recommendation to provide \$2,500,000 GPR



State of Wisconsin
2019 - 2020 LEGISLATURE

LRBb0275(?)
TJD: [handwritten initials]

LFB:.....Dyck - Rural critical care hospital supplement (Motion 113.A.2.b.)

**FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION
ASSEMBLY AMENDMENT ,
TO ASSEMBLY BILL 56**



1 At the locations indicated, amend the bill as follows:

2 **1.** Page 534, line 14: delete “\$500,000” and substitute “\$2,000,000”.

3 (END)



State of Wisconsin
2019 - 2020 LEGISLATURE

LRBb0275/P1
TJD:kjf

LFB:.....Dyck - Rural critical care hospital supplement (Motion 113.A.2.b.)

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ASSEMBLY AMENDMENT ,
TO ASSEMBLY BILL 56**

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2 **1.** Page 534, line 14: delete "\$500,000" and substitute "\$2,000,000".

3 (END)