

## HEALTH SERVICES AND INSURANCE

### Omnibus Motion

Motion:

Move to incorporate the following items into the substitute amendment.

#### **Medical Assistance**

1. *Medical Assistance Cost-to-Continue Estimate (LFB Summary, Page 250, #2; LFB Paper #335).* Adopt the MA cost-to-continue reestimate, which would provide funding of \$1,361,991,300 (\$120,307,000 GPR, \$987,447,400 FED, \$192,843,400 PR, and \$61,393,500 SEG) in 2021-22 and \$1,258,573,900 (\$397,244,700 GPR, \$652,366,400 FED, \$214,277,400 PR, and - \$5,314,600 SEG) in 2022-23. In addition, adjust the cost-to-continue reestimate to provide \$25,900,000 (\$9,600,000 GPR and \$16,300,000 FED) in 2021-22 and \$51,400,000 (\$20,500,000 GPR and \$30,900,000 FED) in 2022-23, reflecting the impact of the Department's proposed rate increase to managed care organizations providing services under Family Care, PACE, and Partnership, subject to approval by the federal Centers for Medicare and Medicaid Services.

2. *Transfer from the Permanent Endowment Fund to the Medical Assistance Trust Fund.* Modify a statutory provision that requires an annual transfer of \$50,000,000 in each year from the permanent endowment fund (tobacco settlement sale proceeds) to the medical assistance trust fund (MATF) and the remainder to the general fund to specify, instead, that all amounts in the permanent endowment fund are transferred each year to the MATF. Increase estimated MATF revenues by \$47,290,000 in 2021-22 and \$53,562,400 in 2022-23 and reduce estimated general fund revenues by corresponding amounts. Increase the MATF appropriation for MA benefits by \$47,290,000 in 2021-22 and \$53,562,400 in 2022-23 and reduce the GPR appropriation by corresponding amounts.

3. *Transfer from the General Fund to the Medical Assistance Trust Fund.* Transfer \$174,665,900 in 2021-22 and \$527,783,700 in 2022-23 from the general fund to the medical assistance trust fund. Increase MATF SEG appropriation for MA benefits by \$174,665,900 SEG in 2021-22 and \$527,783,700 FED in 2022-23 and reduce the GPR appropriation for MA benefits by corresponding amounts.

4. *Nursing Home Reimbursement (LFB Summary, Page 256, #4; LFB Paper #336).* Provide \$82,034,300 (\$30,474,700 GPR and \$51,559,600 FED) in 2021-22 and \$170,375,400 (\$67,600,700 GPR and \$102,774,700 FED) in 2022-23 to increase reimbursement rates paid to skilled nursing facilities and intermediate care facilities for individuals with intellectual disabilities. Of this

amount, require DHS to increase MA rates paid to nursing facilities and ICFs-IID by a budgeted sum of \$20,000,000, as the state share of payments, and the matching federal share of payments, in 2021-22, and by a budgeted sum of \$20,000,000, as the state share of payments, and the matching federal share of payments, in 2022-23, to support staff in those facilities who perform direct care.

5. *Direct Care Workforce Funding (LFB Summary, Page 257, #6; LFB Paper #337).* Adopt Alternative 3 to provide \$53,835,800 (\$20,000,000 GPR and \$33,835,800 FED) in 2021-22 and \$50,403,200 (\$20,000,000 GPR and \$30,403,200 FED) in 2022-23 to increase funding for the direct care workforce funding supplement.

6. *Personal Care Reimbursement (LFB Summary, Page 258, #7; LFB Paper #338).* Provide \$18,904,300 (\$7,584,400 GPR and \$11,319,900 FED) in 2021-22 and \$59,369,300 (\$23,557,700 GPR and \$35,811,600 FED) in 2022-23 to increase hourly rates paid for personal care services to \$20.69 on January 1, 2022, and to \$22.35 on January 1, 2023. Adopt Alternative 4 to direct the Department to increase the Medical Assistance rates paid for direct care to agencies that provide personal care services by the previous amounts to support staff in those agencies who perform direct care.

7. *Disproportionate Share Hospital Payments (LFB Summary, Page 260, #10; LFB Paper #339).* Provide \$53,835,800 (\$20,000,000 GPR and \$33,835,800 FED) in 2021-22 and \$50,403,200 (\$20,000,000 GPR and \$30,403,200 FED) in 2022-23 to increase DSH payments. Increase from \$27,500,000 to \$47,500,000 per year the amount of state funds that DHS is required to allocate for payments, in addition to the associated federal matching funds. Set the maximum payment per hospital at 6.77% of the all-funds total distributed in the fiscal year.

8. *Postpartum Eligibility Extension (LFB Summary, Page 262, #12; LFB Paper #340).* Provide \$1,000,000 GPR and \$1,500,000 FED in 2022-23 to reflect the estimated cost of extending benefits, for women enrolled in MA as pregnant women, until the last day of the month in which the 90<sup>th</sup> day after the last day of the month that the end of the pregnancy falls, instead of the 60<sup>th</sup> day under current law. Require the Department to request federal approval of a state Medicaid plan amendment or federal waiver to provide the postpartum coverage extension and specify that the postpartum eligibility extension applies only if federal approval is granted.

9. *Outpatient Mental Health and Substance Abuse Services and Child-Adolescent Day Treatment Reimbursement (LFB Summary, Page 263, #13; LFB Paper #341).* Adopt Alternatives A2 and B2, which would: (a) provide \$6,628,100 (\$2,651,200 GPR and \$3,976,900 FED) in 2021-22 and \$13,256,200 (\$5,302,500 GPR and \$7,953,700 FED) in 2022-23 for a 15% increase to reimbursement rates for outpatient mental health and substance abuse services, effective January 1, 2022; and (b) provide \$1,335,600 (\$534,200 GPR and \$801,400 FED) in 2021-22 and \$2,671,200 (\$1,068,500 GPR and \$1,602,700 FED) in 2022-23 for a 20% increase to reimbursement rates for child and adolescent day treatment services, effective January 1, 2022.

10. *Medication-Assisted Treatment (LFB Summary, Page 263, #14).* Provide \$1,224,400 (\$489,800 GPR and \$734,600 FED) in 2021-22 and \$2,448,700 (\$979,500 GPR and \$1,469,200 FED) in 2022-23 to increase MA reimbursement rates for opioid treatment providers by 5% and increase rates for opioid-related patient evaluation and management (office visits) provided by

primary care providers by \$5 per visit.

11. *MA Dental Reimbursement (LFB Summary, Page 267, #21; LFB Paper #344).* Provide \$15,432,800 (\$6,173,200 GPR and \$9,259,600 FED) in 2021-22 and \$30,865,800 (\$12,346,300 GPR and \$18,519,500 FED) in 2022-23 to increase MA dental reimbursement rates by 40%, effective January 1, 2022. Do not apply this increase to reimbursement rates paid under the enhanced dental reimbursement pilot program created by 2015 Act 55.

12. *Autism Services (LFB Summary, Page 267, #22; LFB Paper # 341).* Provide \$4,863,600 (\$1,945,400 GPR and \$2,918,200 FED) in 2021-22 and \$ 9,727,100 (\$3,890,800 GPR and \$5,836,300 FED) in 2022-23 to increase the reimbursement rate for adaptive behavioral treatment without a protocol modification by 15%, effective January 1, 2022.

13. *Emergency Physician Reimbursement (LFB Summary, Page 267, #23; LFB Paper #341).* Adopt Alternative D2, which would provide \$2,205,000 (\$837,900 GPR and \$1,367,100 FED) in 2021-22 and \$4,410,000 (\$1,675,800 GPR and \$2,734,200 FED) in 2022-23 to provide a 15% increase to reimbursement for emergency physician services on a permanent basis, effective January 1, 2022.

14. *Speech-Language Pathologist Reimbursement (LFB Summary, Page 268, #25).* Provide \$958,800 (\$383,500 GPR and \$575,300 FED) in 2021-22 and \$1,917,600 (\$767,000 GPR and \$1,150,600 FED) in 2022-23 to increase reimbursement rates paid for speech and language pathology services.

15. *Audiology Reimbursement (LFB Summary, Page 268, #26).* Provide \$468,500 (\$187,400 GPR and \$281,100 FED) in 2021-22 and \$936,900 (\$374,800 GPR and \$562,100 FED) in 2022-23 to increase reimbursement rates for hearing aid and audiology services.

16. *Tribal Care Coordination Agreements (LFB Summary, Page 268, #27).* Provide \$5,537,900 FED in 2022-23 to eligible governing bodies of federally- recognized Native American tribes or bands or tribal health care providers, for health-related purposes. Authorize Wisconsin tribes to use these care coordination agreements, shifting the current GPR share of certain care costs to FED. Provide corresponding GPR payments to tribes or tribal healthcare providers based on the amount of GPR savings achieved by the care coordination agreements. Withhold from the payments the state share of administrative costs associated with carrying out this program, not to exceed 10 percent of the payment amounts.

17. *SeniorCare Reestimate (LFB Summary, Page 269, #28; LFB Paper #345).* Adopt the modification, which would provide \$2,758,900 (-\$2,783,900 GPR, \$228,100 FED, and \$5,314,700 PR) in 2021-22 and \$10,032,300 (-\$2,118,200 GPR, \$404,800 FED, and \$11,745,700 PR in 2022-23 to reflect a reestimate of SeniorCare benefit costs.

18. *Home Health Reimbursement Rate.* Provide a budgeted sum of \$473,300 as the state share of payments, and provide the matching federal share of payments, in 2021-22, and by a budgeted sum of \$960,200, as the state share of payments and provide the matching federal share

of payments, in 2022-23, for the Department to increase the Medical Assistance rates paid for nursing care in home health agencies for dates of services beginning January 1, 2022. Specify that funding is to support licensed practical nurses, registered nurses, and nurse practitioners in home health agencies that are licensed under s. 50.49 of the statutes.

19. *Ambulance Services Reimbursement.* Provide \$5,585,800 (\$2,234,300 GPR and \$3,351,500 FED) in 2021-22 and \$11,171,400 (\$4,468,600 GPR and \$6,702,800 FED) in 2022-23 to increase MA reimbursement rates for ground ambulance transport (advanced life support levels one and two, advanced life support level one emergency, basic life support, basic life support emergency, and specialty care transport) to 80% of the 2021 Medicare urban rates applicable in Wisconsin, effective January 1, 2022.

20. *Chiropractic Reimbursement.* Provide \$1,415,500 (\$566,200 GPR and \$849,300 FED) in 2021-22 and \$2,831,200 (\$1,132,500 GPR and \$1,698,700 FED) in 2022-23 to increase reimbursement rates for spinal manipulation performed by chiropractors to 70% of the 2021 Medicare reimbursement rates paid in Wisconsin, effective January 1, 2022.

21. *Physical Therapy Reimbursement.* Provide \$743,300 (\$297,300 GPR and \$446,000 FED) in 2021-22 and \$1,486,700 (\$594,700 GPR and \$892,000 FED) in 2022-23 to increase reimbursement rates for physical therapy, effective January 1, 2022.

#### **Medical Assistance and FoodShare Administration**

22. *MA and FoodShare Administration -- Contracts (LFB Summary Page 272 #1; LFB Paper #350).* Adopt Alternative 2a in LFB Paper #350, which would provide \$28,757,800 (\$4,490,400 GPR and \$24,267,400 FED) in 2021-22 and \$2,685,500 (\$5,344,800 GPR and -\$2,659,300 FED) in 2022-23 to increase funding for contractual services and systems costs for the administration of the medical assistance (MA) and FoodShare programs. In addition, provide \$371,800 (\$185,900 GPR and \$185,900 FED) in 2021-22 and \$495,800 (\$247,900 GPR and \$247,900 FED) in 2022-23 to fund three contracted positions in the Office of the Inspector General to conduct prepayment reviews of Medicaid claims.

23. *Funeral and Cemetery Aids (LFB Summary Page 274, #3).* Reduce funding by \$506,900 GPR in 2021-22 and by \$23,300 GPR in 2022-23 to reflect estimates of the amount of funding necessary to support payments under the Wisconsin funeral and cemetery aids program (WFCAP).

24. *FoodShare Healthy Eating Incentive Pilot (LFB Summary Page 275 #5; LFB Paper #352).* Lapse \$425,000 GPR to the general fund in 2021-22.

25. *FoodShare Employment and Training Program (LFB Summary Page 276, #7; LFB Paper #353).* Adopt Alternatives 2 and 3, to provide \$1,404,900 FED in 2021-22 and \$5,616,000 (\$4,027,400 GPR and \$1,588,600 FED) in 2022-23 to reflect the current estimates of FoodShare

enrollment and FoodShare Employment and Training (FSET) program participation in the 2021-23 biennium. Place the \$4,027,400 GPR in the Joint Committee on Finance's program supplements appropriation in 2022-23.

## **Public Health**

26. *Community Health Center Grants (LFB Summary, Page 280, #4; LFB Paper #357).* Adopt Alternative A2 in LFB Paper #357, which would increase grant funding for federally qualified health centers (FQHCs) by \$1,000,000 GPR annually.

27. *Grants to Free and Charitable Clinics (LFB Summary, Page 280, #5; LFB Paper #357).* Adopt Alternative B2 in LFB Paper #357, which would increase grant funding for free and charitable clinics by \$1,000,000 GPR annually.

28. *Wisconsin Chronic Disease Program (LFB Summary, Page 284, #11).* Reduce funding by \$650,600 (-\$486,500 GPR and -\$164,100 PR) in 2021-2022 and by \$340,600 (-\$238,500 GPR and -\$102,100 PR) in 2022-2023 to reflect reestimates of the amounts needed to fully fund the Wisconsin chronic disease program (WCDP) in the 2021-23 biennium.

29. *EMS Funding Assistance Program (LFB Summary, Page 284, #12; LFB Paper #357).* Adopt Alternative E1 in LFB Paper #357, which would increase funding for the EMS assistance program by \$239,800 GPR annually so that \$2,200,000 GPR annually would be budgeted for the program.

30. *Surgical Quality Improvement Grant (LFB Summary, Page 286, #16).* Provide \$335,000 GPR in 2021-22 for DHS to make a one-time grant to support surgical quality improvement activities. Permit DHS to transfer this funding from fiscal year 2021-22 to 2022-23.

31. *Lead Screening and Outreach Grants (LFB Summary, Page 288, #21).* Provide \$50,000 GPR annually to increase a grant for lead screening and outreach activities provided by a community-based human service agency that provides primary health care, health education, and social services to low-income individuals in the City of Milwaukee, from \$125,000 to \$175,000.

32. *Employer-Sponsored Blood Drives.* Provide \$250,000 per year in one-time funding in 2021-22 and 2022-23 only, for the Department to award grants to employers who apply to the department to organize blood drives. Specify that the department shall award grants of \$20 per blood donation, up to \$250,000 in total per fiscal year, and that the department may award such a grant to an employer only if the employer retains documentation of each blood donation.

33. *Reach Out and Read.* Provide \$250,000 per year in one-time funding in 2021-22 and 2022-23 only, for the Department to award as a grant to Reach Out and Read, Inc., for the early literacy program known as Reach Out and Read Wisconsin.

## **Elder and Disability Services**

34. *Birth to 3 -- Maintenance of Effort (LFB Summary Page 289 #2; Paper #360).* Adopt Alternative A1 to provide \$1,125,000 GPR annually in order for the Department to meet its federal Individuals with Disabilities Education Act (IDEA) maintenance of effort (MOE) requirement for the Birth to 3 program in the 2021-23 biennium.

35. *Dementia Care Specialists (LFB Summary Page 290 #4; Paper #361).* Adopt Alternative D1 to provide \$1,175,000 (\$1,000,000 GPR and \$175,000 FED) in 2021-22 and \$2,350,000 (\$2,000,000 GPR and \$350,000 FED) in 2022-23 to expand the dementia care specialist program to all tribes and aging and disability resource centers (ADRCs) in the state. Funding is intended to fund 18 dementia care specialist positions at ADRCs and seven tribal dementia care specialist positions.

36. *Alzheimer's Family and Caregiver Support Program (LFB Summary Page 291 #5; Paper #362).* Adopt Alternative 2 to provide \$250,000 GPR annually and increase the maximum amount of funding the Department may provide under the Alzheimer's family caregiver support program from \$2,558,900 to \$2,808,900 annually.

37. *Nursing Home Grant Program (LFB Summary, Page 293, #8; Paper #363).* Adopt Alternative 3 to reduce base estimates of PR spending for the program by \$700,000 annually so that \$2,000,000 PR would be budgeted as an estimate of program expenditures in each year.

## **Community Based Behavioral Health**

38. *Regional Crisis Response System Grants (LFB Summary, Page 298, #1; LFB Paper #370).* Provide \$10,000,000 GPR in 2021-22 in the Joint Committee on Finance program supplements appropriation for regional crisis services or facilities.

39. *Crisis Intervention Training Grants (LFB Summary, Page 300, #5; LFB Paper #371).* Adopt Alternative 4, which would provide \$375,000 GPR annually for mental health crisis intervention training for law enforcement and correctional officers. Modify a statutory provision that requires DHS to award grants totaling \$250,000 per biennium to specify, instead, that the Department is required to award grants totaling \$1,000,000 per biennium under the program.

40. *Child Psychiatry Consultation Program (LFB Summary, Page 301, #8; LFB Paper #371).* Provide \$500,000 GPR in 2022-23 to increase from \$1,500,000 to \$2,000,000 the funding for the child psychiatry consultation program in that year.

41. *Medication-Assisted Treatment Expansion (LFB Summary, Page 301, #11; LFB Paper #371).* Provide \$500,000 GPR in 2021-22 and \$1,000,000 GPR in 2022-23 in the Joint Committee on Finance supplemental appropriation for medication-assisted treatment.

42. *Methamphetamine Addiction Treatment Grants (LFB Summary, Page 302, #13; LFB Paper #371).* Provide \$150,000 GPR in 2021-22 and \$300,000 GPR in 2022-23 in the Joint Committee on Finance supplemental appropriation for training for substance use disorder treatment providers on treatment models for methamphetamine addiction.

43. *Substance Use Disorder Treatment Platform (LFB Summary, Page 300, #14; LFB Paper #371).* Provide \$300,000 GPR in 2022-23 in the Joint Committee on Finance supplemental appropriation for development of a substance use disorder treatment platform that allows for the comparison of treatment programs in the state.

44. *Behavioral Health Bed Tracker (LFB Summary, Page 302, #15; LFB Paper #371).* Provide \$50,000 GPR in 2021-22 and \$20,000 GPR in 2022-23 to expand the purposes of the current psychiatric bed tracking system to include information on the availability of space for peer run respite beds and crisis stabilization beds. Require DHS to award a grant of \$80,000 in 2021-22 and \$50,000 in each fiscal year thereafter to the entity that maintains the psychiatric bed tracking system (Wisconsin Hospital Association), instead of \$30,000 in each year under current law. Modify a statutory provisions relating to the users of the system to reflect the expanded purpose of the bed tracking system and to include any person who approves emergency detention under Chapter 51. Require the Department to provide to the entity maintaining the system all of the following: (a) a list of operators with peer-run respite beds and contact information, including name, any electronic mail address, and telephone number for each operator; (b) a list of operators with crisis stabilization beds and the contact information, including name, any electronic mail address, and telephone number for each operator; and (c) a list of emergency mental health services programs that are certified by the Department and that perform crisis assessments and the contact information, including name, any electronic mail address, and telephone number for a primary contact at each program.

45. *Behavioral Health Trainee Provider Grants.* Provide \$250,000 GPR in 2022-23 in the appropriation for treatment program grants, to increase total funding for the program in that year to \$750,000. Modify the program to: (a) specify that the Department may expend any available federal moneys received for this program; (b) require the Department to distribute a total of \$750,000 per year, beginning in 2022-23; and (c) renumber the appropriation so that it is included as an appropriation under mental health and substance abuse services instead of under public health.

## **Care and Treatment Facilities**

46. *Permanent Positions for Forensic Units at Sand Ridge Secure Treatment Center (LFB Summary, Page 304, #2; LFB Paper #303).* Adopt Alternative 1a, which would provide \$2,654,300 GPR annually and 36.5 GPR positions, beginning in 2021-22, to replace expiring project positions and funding used to staff two treatment units for forensic patients at the Sand Ridge Secure Treatment Center (SRSTC) in Mauston.

47. *Overtime Supplement (LFB Summary, Page 304, #3; LFB Paper #376).* Adopt Alternative 2, which would provide \$9,179,400 (\$5,827,600 GPR and \$3,351,800 PR) annually in the Joint Committee on Finance program supplements appropriations for anticipated overtime costs

at the Department's care and treatment residential facilities.

48. *Contracted Mental Health Services (LFB Summary, Page 305, #4).* Reduce funding by \$63,700 GPR in 2021-22 and increase funding by \$1,132,900 GPR in 2022-23 to fund projected costs of the Division of Care and Treatment Services contracts for community-based treatment and monitoring services for individuals in the forensic and sexually violent persons programs.

49. *Food and Variable Nonfood Supplies and Services (LFB Summary, Page 307, #6).* Provide \$291,100 (\$249,300 GPR and \$41,800 PR) in 2021-22 and \$435,500 (\$344,500 GPR and \$91,000 PR) in 2022-23 to fund projected increases in food costs. Provide \$9,408,800 (\$2,270,700 GPR and \$7,138,100 PR) in 2021-22 and \$15,368,400 (\$5,285,900 GPR and \$10,082,500 PR) in 2022-23 to fund projected increases in nonfood supplies and services costs that vary with resident populations.

50. *Mental Health Institutes Funding Split (LFB Summary, Page 307, #7).* Reduce funding by \$582,500 GPR in 2021-22 and \$657,400 GPR in 2022-23 and increase PR funding by corresponding amounts, and convert 7.68 GPR positions in 2021-22 and 8.39 GPR positions in 2022-23 to PR positions, to reallocate, by source, funding for services provided at the state mental health institutes.

51. *Fuel and Utilities (LFB Summary, Page 308, #9).* Reduce funding by \$455,000 GPR in 2021-22 and \$311,600 GPR in 2022-23 to reflect an estimate of GPR-funded fuel and utilities costs at the Division of Care and Treatment Services residential facilities.

## **Departmentwide**

52. *Federal Revenue Reestimates (LFB Summary, Page 309, #2).* Provide \$26,437,900 FED in 2021-22 and \$28,886,000 FED in 2022-23 to reflect the net effect of funding adjustments to certain federal appropriations that are not included in other items in the Governor's budget.

53. *Program Revenue Estimates (LFB Summary, Page 310, #3).* Provide \$4,911,700 annually to reflect the net effect of funding adjustments to certain program revenue appropriations.

54. *Administrative Transfers (LFB Summary, Page 312, #6).* Reduce PR funding by \$622,400 annually and increase FED funding by corresponding amounts, and convert 7.0 PR positions to FED positions, beginning in 2021-22, to reflect the net effect of position transfers that occurred within the Department in the 2019-21 biennium.

55. *Delete Vacant Positions.* Delete 6.0 GPR vacant positions and 12.27 PR vacant positions, beginning in 2021-22.

## **Office of the Commissioner of Insurance**

56. *Wisconsin Healthcare Stability Plan Reestimate.* Adopt the modification in LFB Paper #390, which would reduce funding by \$16,500,000 GPR in 2021-22 to reflect the amount of state



funding needed to make reinsurance payments under the Wisconsin healthcare stability plan for the 2020 plan year.

57. *Wisconsin Healthcare Stability Plan -- Increase Reinsurance.* Increase the annual maximum amount of reinsurance payments under the Wisconsin healthcare stability plan from \$200,000,000 to \$230,000,000, beginning in 2022.

58. *Injured Patients and Families Compensation Fund Program Claims System Improvements.* Provide \$7,226,900 SEG in 2021-22 and \$1,748,900 SEG in 2022-23 for the purchase and ongoing maintenance costs of policy and claims administration system software to replace existing systems for the injured patients and families compensation fund (IPFCF).

59. *BOALTC Helpline Funding Transfer.* Provide \$5,800 PR in 2021-22 and \$6,300 PR in 2022-23 to reflect a reestimate of the amount of insurance fee revenue that will be needed to fund telephone counseling services provided by the Board on Aging and Long-Term Care (BOALTC) for individuals seeking information on Medicare supplemental insurance policies ("Medigap" policies), Medicare Part D policies (policies that cover prescription drugs), and SeniorCare.

60. *General Program Operations Funding.* Provide \$1,520,300 PR annually in a new interagency and intra-agency operations appropriation for general program operations of the Office. Transfer \$1,520,300 annually in the 2021-23 biennium from the unencumbered balance of OCI's program revenue appropriation account for general program operations. Decrease estimated GPR-Earned revenue by \$1,520,300 annually to reflect a reduction in the annual transfer of unencumbered balance in OCI's program revenue appropriation account to the general fund.

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Note:

[Change to Base: \$3,558,092,600 (\$46,942,000 GPR, \$2,183,350,700 FED, \$459,443,200 PR, and \$868,356,700 SEG), positions (24.11 GPR, 7.00 FED, -9.88 PR), -\$100,852,400 GPR-REV, \$803,302,000 SEG-REV, \$702,449,600 GPR-Transfer, -\$3,052,700 GPR-Earned, and \$425,000 GPR-Lapse]

Attachment

# ATTACHMENT

## Funding Change to Base in Motion

Item	2021-22					2022-23				
	GPR	FED	PR	SEG	Total	GPR	FED	PR	SEG	Total
MA Cost-to-Continue	129,907,000	1,003,747,400	192,843,400	61,393,500	1,387,891,300	417,744,700	683,266,400	214,277,400	-5,314,600	1,309,973,900
Permenent Endowment Transfer	-47,290,000	0	0	47,290,000	0	-53,562,400	0	0	53,562,400	0
MATF Transfer	-174,665,900	0	0	174,665,900	0	-527,783,700	0	0	527,783,700	0
Nursing Home Reimbursement	30,474,700	51,559,600	0	0	82,034,300	67,600,700	102,774,700	0	0	170,375,400
Direct Care Workforce	20,000,000	33,835,800	0	0	53,835,800	20,000,000	30,403,200	0	0	50,403,200
Personal Care Reimbursement	7,584,400	11,319,900	0	0	18,904,300	23,557,700	35,811,600	0	0	59,369,300
DSH Payment	20,000,000	33,835,800	0	0	53,835,800	20,000,000	30,403,200	0	0	50,403,200
Postpartum Eligibility	0	0	0	0	0	1,000,000	1,500,000	0	0	2,500,000
Outpatient Mental Health	3,185,400	4,778,300	0	0	7,963,700	6,371,000	9,556,400	0	0	15,927,400
Medication-Assisted Treatment	489,800	734,600	0	0	1,224,400	979,500	1,469,200	0	0	2,448,700
Dental Reimbursement	6,173,200	9,259,600	0	0	15,432,800	12,346,300	18,519,500	0	0	30,865,800
Autism Services	1,945,400	2,918,200	0	0	4,863,600	3,890,800	5,836,300	0	0	9,727,100
Emergency Physician Reimbursement	837,900	1,367,100	0	0	2,205,000	1,675,800	2,734,200	0	0	4,410,000
Speech-Language Pathologist Reimbursement	383,500	575,300	0	0	958,800	767,000	1,150,600	0	0	1,917,600
Audiology Reimbursement	187,400	281,100	0	0	468,500	374,800	562,100	0	0	936,900
Tribal Care Coordination	0	0	0	0	0	0	5,537,900	0	0	5,537,900
SeniorCare Reestimate	-2,783,900	228,100	5,314,700	0	2,758,900	-2,118,200	404,800	11,745,700	0	10,032,300
Home Health Reimbursement	473,300	706,500	0	0	1,179,800	960,200	1,459,600	0	0	2,419,800
Ambulance Services Reimbursement	2,234,300	3,351,500	0	0	5,585,800	4,468,600	6,702,800	0	0	11,171,400
Chiropractic Reimbursement	566,200	849,300	0	0	1,415,500	1,132,500	1,698,700	0	0	2,831,200
Physical Therapy Reimbursement	297,300	446,000	0	0	743,300	594,700	892,000	0	0	1,486,700
MA and FoodShare Admin --										
Contracts	5,025,300	24,802,300	0	0	29,827,600	5,983,000	-2,021,100	0	0	3,961,900
Funeral and Cemetery Aids	-506,900	0	0	0	-506,900	-23,300	0	0	0	-23,300
FoodShare Healthy Eating Incentive Pilot	0	0	0	0	0	0	0	0	0	0
FoodShare Employment and Training Program	0	1,409,900	0	0	1,409,900	4,027,400	1,588,600	0	0	5,616,000
Community Health Center Grants	1,000,000	0	0	0	1,000,000	1,000,000	0	0	0	1,000,000
Grants to Free and Charitable Clinics	1,000,000	0	0	0	1,000,000	1,000,000	0	0	0	1,000,000
Wisconsin Chronic Disease Program	-486,500	0	-164,100	0	-650,600	-238,500	0	-102,100	0	-340,600

Item	2021-22					2022-23				
	GPR	FED	PR	SEG	Total	GPR	FED	PR	SEG	Total
EMS Funding Assistance Program	239,800	0	0	0	239,800	239,800	0	0	0	239,800
Surgical Quality Improvement Grant	335,000	0	0	0	335,000	0	0	0	0	0
Lead Screening and Outreach Grants	50,000	0	0	0	50,000	50,000	0	0	0	50,000
Employer-Sponsored Blood Drives	250,000	0	0	0	250,000	250,000	0	0	0	250,000
Reach Out and Read	250,000	0	0	0	250,000	250,000	0	0	0	250,000
Birth to 3 -- MOE	1,125,000	0	0	0	1,125,000	1,125,000	0	0	0	1,125,000
Dementia Care Specialists	1,000,000	175,000	0	0	1,175,000	2,000,000	350,000	0	0	2,350,000
Alzheimer's Family Caregiver	250,000	0	0	0	250,000	250,000	0	0	0	250,000
Nursing Home Grant Administration	0	0	-700,000	0	-700,000	0	0	-700,000	0	-700,000
Regional Crisis Response Grants	10,000,000	0	0	0	10,000,000	0	0	0	0	0
Crisis Intervention Training	375,000	0	0	0	375,000	375,000	0	0	0	375,000
Child Psychiatry Consultation	0	0	0	0	0	500,000	0	0	0	500,000
Medication-Assisted Treatment	500,000	0	0	0	500,000	1,000,000	0	0	0	1,000,000
Methamphetamine Addiction Treatment Grants	150,000	0	0	0	150,000	300,000	0	0	0	300,000
Substance Abuse Treatment Platform	0	0	0	0	0	300,000	0	0	0	300,000
Behavioral Health Bed Tracker	50,000	0	0	0	50,000	20,000	0	0	0	20,000
Behavioral Health Trainee Provider Grants	0	0	0	0	0	250,000	0	0	0	250,000
Permanent Positions for SRSTC	2,654,300	0	0	0	2,654,300	2,654,300	0	0	0	2,654,300
Overtime Supplement	5,827,600	0	3,351,800	0	9,179,400	5,827,600	0	3,351,800	0	9,179,400
Contracted Services	-63,700	0	0	0	-63,700	1,132,900	0	0	0	1,132,900
Food and Variable Nonfood Supplies	2,520,000	0	7,179,900	0	9,699,900	5,630,400	0	10,173,500	0	15,803,900
MHI Funding Split	-582,500	0	582,500	0	0	-657,400	0	657,400	0	0
Fuel and Utilities	-455,000	0	0	0	-455,000	-311,600	0	0	0	-311,600
Federal Revenue Reestimates	0	26,437,900	0	0	26,437,900	0	28,886,000	0	0	28,886,000
Program Revenue Reestimates	0	0	4,911,700	0	4,911,700	0	0	4,911,700	0	4,911,700
Administrative Transfers	0	622,400	-622,400	0	0	0	622,400	-622,400	0	0
Delete Vacant Positions	0	0	0	0	0	0	0	0	0	0
WIHSP Stability Plan Reestimate	-16,500,000	0	0	0	-16,500,000	0	0	0	0	0
WIHSP Program Change	0	0	0	0	0	0	0	0	0	0
IPFCF Claims System	0	0	0	7,226,900	7,226,900	0	0	0	1,748,900	1,748,900
BOALTC Helpline Transfer	0	0	5,800	0	5,800	0	0	6,300	0	6,300
Total	14,007,400	1,213,241,600	212,703,300	290,576,300	1,730,528,600	32,934,600	970,109,100	243,699,300	577,780,400	1,824,523,400