

HEALTH SERVICES

Budget Summary						FTE Position Summary				
Fund	2022-23	Act 19		2023-25 Change Over		2022-23	Act 19		2024-25	
	Adjusted Base	2023-24	2024-25	Base Year Doubled	Amount		%	2023-24	2024-25	Number
GPR	\$4,977,837,400	\$5,285,587,300	\$5,529,889,600	\$859,802,100	8.6%	2,642.84	2,692.76	2,690.43	47.59	1.8%
FED	7,721,514,300	8,651,649,600	8,503,003,900	1,711,624,900	11.1	1,522.77	1,507.02	1,368.02	- 154.75	- 10.2
PR	1,828,706,200	1,985,264,500	1,957,558,000	285,410,100	7.8	2,422.31	2,466.66	2,468.99	46.68	1.9
SEG	624,886,000	923,585,500	628,305,900	302,119,400	24.2	2.00	2.00	2.00	0.00	0.0
TOTAL	\$15,152,943,900	\$16,846,086,900	\$16,618,757,400	\$3,158,956,500	10.4%	6,589.92	6,668.44	6,529.44	- 60.48	- 0.9%

Budget Change Items

Medical Assistance -- Eligibility and Benefits

1. OVERVIEW OF MEDICAL ASSISTANCE FUNDING AND ENROLLMENT

This item presents several summary tables relating to the funding provided for medical assistance (MA) benefits under Act 19.

The MA program is supported by general purpose revenue (GPR), federal Medicaid matching funds (FED), three segregated funds (the MA trust fund, the hospital assessment trust fund, and the critical access hospital assessment trust fund), and various program revenue (PR) sources, such as drug manufacturer rebates.

Table 1 shows, by year and fund source, the total amounts budgeted for MA benefits for each year of the 2023-25 biennium under the Act, compared to the base level funding for the program. The cost-to-continue item reflects estimates of MA costs in the 2023-25 biennium with no programmatic changes to benefits or eligibility. The other listed items increase or decrease funding for one or more MA funding sources to reflect program changes. Under Act 19, these changes are primarily increases to provider reimbursement rates.

TABLE 1

Summary of MA Benefits Funding Under Act 19

	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>SEG</u>	<u>Total</u>
2023-24					
Base Funding	\$3,989,935,800	\$6,891,808,500	\$1,336,421,400	\$624,531,700	\$12,842,697,400
MA Cost-to-Continue Estimate	\$113,687,700	\$618,648,900	\$82,458,000	\$298,691,500	\$1,113,486,100
Nursing Home and Long-Term Care					
Nursing Home Support Services	\$28,167,400	\$45,032,600	\$0	\$0	\$73,200,000
Nursing Home Incentives	6,002,900	9,597,100	0	0	15,600,000
Nursing Home Vent. Dependent	1,924,000	3,076,000	0	0	5,000,000
Home and Comm. Based Services	17,194,500	26,512,800	0	0	43,707,300
Family Care Direct Care	5,000,000	7,993,800	0	0	12,993,800
Personal Care	5,000,000	7,993,800	0	0	12,993,800
Personal Needs Allowance	0	0	0	0	0
Hospital Reimbursement					
Dis. Share Hospital Payment	\$24,100,000	\$38,530,000	\$0	\$0	\$62,630,000
Critical Care Hospital Supplement	2,250,000	3,597,000	0	0	5,847,000
Hospital Base Rates	8,741,200	13,975,100	0	0	22,716,300
Behavioral Health Units	4,000,000	6,168,000	0	0	10,168,000
Grad. Med. Education Supplement	360,800	576,700	0	0	937,500
Practitioner Reimbursement					
Primary Care	\$17,394,900	\$26,821,900	\$0	\$0	\$44,216,800
Emergency Physician	1,969,700	3,149,000	0	0	5,118,700
Chiropractic Parity	200,000	400,000	0	0	600,000
Other Adjustments					
Eliminate EMS Supp. (Act 12)	\$0	\$0	\$0	\$0	\$0
Program Revenue Reestimate	0	0	4,808,000	0	4,808,000
Administrative Transfers	<u>-423,600</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>-423,600</u>
Total Change to Base	\$235,569,500	\$812,072,700	\$87,266,000	\$298,691,500	\$1,433,599,700
2023-24 Total	\$4,225,505,300	\$7,703,881,200	\$1,423,687,400	\$923,223,200	\$14,276,297,100

TABLE 1 (continued)

Summary of MA Benefits Funding Under Act 19

	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>SEG</u>	<u>Total</u>
2024-25					
Base Funding	\$3,989,935,800	\$6,891,808,500	\$1,336,421,400	\$624,531,700	\$12,842,697,400
MA Cost-to-Continue Estimate	\$240,502,500	\$326,565,800	\$38,064,300	-\$21,588,100	\$583,544,500
Nursing Home and Long-Term Care					
Nursing Home Support Services	\$28,774,900	\$44,425,100	\$0	\$0	\$73,200,000
Nursing Home Incentives	6,132,400	9,467,600	0	0	15,600,000
Nursing Home Vent. Dependent	1,965,500	3,034,500	0	0	5,000,000
Home and Comm. Based Services	71,525,000	110,426,800	0	0	181,951,800
Family Care Direct Care	10,000,000	15,438,800	0	0	25,438,800
Personal Care	10,000,000	15,438,800	0	0	25,438,800
Personal Needs Allowance	806,100	1,253,900	0	0	2,060,000
Hospital Reimbursement					
Dis. Share Hospital Payment	\$24,100,000	\$37,208,000	\$0	\$0	\$61,308,000
Critical Care Hospital Supplement	2,250,000	3,474,000	0	0	5,724,000
Hospital Base Rates	17,859,500	27,573,000	0	0	45,432,500
Behavioral Health Units	8,000,000	12,351,000	0	0	20,351,000
Grad. Med. Education Supplement	366,900	570,600	0	0	937,500
Practitioner Reimbursement					
Primary Care	\$34,763,200	\$53,670,300	\$0	\$0	\$88,433,500
Emergency Physician	4,024,300	6,213,000	0	0	10,237,300
Chiropractic Parity	500,000	700,000	0	0	1,200,000
Other Adjustments					
Eliminate EMS Supp. (Act 12)	-\$2,000,000	\$0	\$0	\$0	-\$2,000,000
Program Revenue Reestimate	0	0	4,808,000	0	4,808,000
Administrative Transfers	<u>-427,400</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>-427,400</u>
Total Change to Base	\$459,142,900	\$667,811,200	\$42,872,300	-\$21,588,100	\$1,148,238,300
2024-25 Total	\$4,449,078,700	\$7,559,619,700	\$1,379,293,700	\$602,943,600	\$13,990,935,700

Table 2 shows the actual and projected average monthly enrollment by major eligibility group under MA.

TABLE 2

Actual and Projected Monthly Average Enrollment by Group

	Actual	Projected	Estimates	
	<u>2021-22</u>	<u>2022-23</u>	<u>2023-24</u>	<u>2024-25</u>
Elderly, Blind, Disabled MA				
Elderly	84,089	88,015	87,268	87,502
Non-Elderly Disabled Adults	151,437	153,460	153,571	153,755
Disabled Children	<u>34,741</u>	<u>35,893</u>	<u>35,805</u>	<u>35,834</u>
EBD Total	270,266	277,368	276,645	277,092
BadgerCare Plus				
Children	553,511	583,790	581,419	493,102
Parents	224,548	245,079	236,494	184,982
Childless Adults	257,860	286,213	221,016	179,069
Pregnant Women	<u>32,545</u>	<u>36,642</u>	<u>25,962</u>	<u>19,078</u>
BadgerCare Plus Total	1,068,464	1,151,724	1,064,891	876,231
Other Full Benefit				
Foster Care/Subsidized Adoption	25,616	27,533	23,926	21,765
Well Woman	<u>518</u>	<u>540</u>	<u>502</u>	<u>479</u>
Other Full Benefit Total	26,134	28,073	24,428	22,244
Total Full Benefit	1,364,864	1,457,165	1,365,964	1,175,567
Limited Benefit Groups				
Family Planning Only	45,649	49,017	41,434	36,407
Medicare Cost Sharing	<u>16,244</u>	<u>15,589</u>	<u>16,212</u>	<u>16,663</u>
Total Enrollment	1,426,757	1,521,771	1,423,610	1,228,637

Table 3 shows actual and projected SEG revenues to the MA trust fund (MATF) under Act 19, as well as anticipated MATF expenditures. MATF revenues are used for the nonfederal share of MA benefits, offsetting an equal amount of GPR. In most years, the Department fully spends the SEG appropriation for MA benefits in order to minimize the amount of GPR needed for MA benefits. In 2022-23, however, the Department left an unspent balance of \$303.6 million in the fund, which was related to a federal initiative for the improvement of home and community-based services (HCBS) for eligible elderly and disabled persons. Under the federal program, the state received a 10.0 percentage point increase to its federal Medicaid matching rate for HCBS services during the 12-month period from April 1, 2021 to March 31, 2022. This enhanced matching rate generated state funds savings of \$405.5 million, which, under the federal program, must be spent by March 31, 2025, to enhance the state's HCBS programs. Of this amount, the Department spent \$101.9 million in the 2021-23 biennium, leaving \$303.6 million to be spent in the 2023-25 biennium. This additional HCBS plan spending is carried forward as a balance in the MATF, and is appropriated in 2023-24 as part of the cost-to-continue reestimate.

TABLE 3

**Actual and Projected Medical Assistance Trust Fund Revenues
Fiscal Years 2021-22 through 2024-25**

	Actual <u>2021-22</u>	Projection <u>2022-23</u>	Estimates	
			<u>2023-24</u>	<u>2024-25</u>
Beginning Balance	\$61,391,900	\$237,666,500	\$303,641,900	\$0
Provider Assessments				
Hospital Assessment*	\$195,144,400	\$185,880,100	\$155,128,900	\$149,280,100
Nursing Home/ICF-IID Bed Assessment	57,225,900	55,317,700	53,365,500	51,495,300
Critical Access Hospital Assessment*	1,795,700	1,473,800	1,009,000	831,100
Federal Funds Claiming				
County Nursing Home Cert. Pub. Expenditures	\$23,350,400	\$20,800,000	\$20,176,000	\$19,570,700
UW Intergovernmental Transfer	15,683,200	15,900,900	23,709,000	15,806,000
UW Certified Public Expenditures	0	1,900,000	1,900,000	1,900,000
Other				
Transfer from General Fund	\$174,665,900	\$527,783,700	\$0	\$0
Transfer from Permanent Endowment Fund	126,809,900	133,418,300	101,523,900	95,817,200
Interest Earnings**	<u>264,200</u>	<u>-450,000</u>	<u>-450,000</u>	<u>-450,000</u>
Total Available	\$656,331,500	\$1,179,691,000	\$660,004,200	\$334,250,400
Expenditures				
County Nursing Home Supplement***	\$11,530,000	\$0	\$0	\$0
MA Benefits	<u>407,135,000</u>	<u>876,049,100</u>	<u>660,004,200</u>	<u>334,250,400</u>
Year-End Balance	\$237,666,500	\$303,641,900	\$0	\$0

* Assessment revenue is first deposited in separate trust funds and a portion is used to make supplemental hospital payments. The amounts shown are the transfers to the MA trust fund after these supplemental payments are made.

** Negative interest earnings reflect negative cash balances that occur at times during the year.

*** Any amount of county nursing home certified public expenditure revenue collected in excess of budget projections is paid as a supplement to counties in the following year.

Table 4 shows the actual and projected federal medical assistance percentage (FMAP) rates applicable to MA benefit expenditures in each fiscal year from 2022-23 through 2024-25. The enhanced FMAP applicable during the COVID-19 pandemic will phase out by the end of calendar year 2023, but still impacts the weighted average in 2023-24. In addition to the FMAP for regular Medicaid (Title 19 of the federal Social Security Act), the table also shows the higher rate applicable to expenditures for children eligible under the Children's Health Insurance Plan (CHIP or Title 21).

TABLE 4

**Federal Medical Assistance Percentage (FMAP) Rates
By State Fiscal Year**

<u>State Fiscal Year</u>	<u>Title 19 (Most MA Services)</u>	<u>Title 21 (Children's Health Insurance Plan)</u>
2022-23		
State	34.06%	23.84%
Federal	65.95	76.16
2023-24		
State	38.48%	26.94%
Federal	61.52	73.06
2024-25		
State	39.31%	27.52%
Federal	60.69	72.48

Table 5 shows the annual income eligibility levels, by household size, at various percentages of the 2023 federal poverty level (FPL). The current BadgerCare Plus income eligibility threshold is 100% for adults and 306% for pregnant women and children. The other percentages shown, 160%, 200%, and 240%, are used for the different eligibility tiers in the SeniorCare program.

TABLE 5

**Annual Household Income at Various Percentages of the 2023 Federal Poverty Level,
By Household Size**

<u>Household Size</u>	<u>Percentage of FPL</u>				
	<u>100%</u>	<u>160%</u>	<u>200%</u>	<u>240%</u>	<u>306%</u>
One	\$14,580	\$23,328	\$29,160	\$34,992	\$44,615
Two	19,720	31,552	39,440	47,328	60,343
Three	24,860	39,776	49,720	59,664	76,072
Four	30,000	48,000	60,000	72,000	91,800
Five	35,140	56,224	70,280	84,336	107,528

2. MEDICAL ASSISTANCE COST-TO-CONTINUE [LFB Paper 405]

Provide \$1,113,486,100 (\$113,687,700 GPR, \$618,648,900 FED, \$82,458,000 PR, and \$298,691,500 SEG) in 2023-24 and \$583,544,500 (\$240,502,500 GPR, \$326,565,800 FED, \$38,064,300 PR, and -\$21,588,100 SEG) in 2024-25 to fund projected MA benefits under a cost-to-continue scenario.

GPR	\$354,190,200
FED	945,214,700
PR	120,522,300
SEG	<u>277,103,400</u>
Total	\$1,697,030,600

The cost-to-continue estimate adjusts the appropriations for MA benefits to reflect anticipated costs during the biennium, under a scenario that generally assumes no changes to program eligibility or provider reimbursement rates. Thus, the funding increases are based on projections of caseload growth, changes in the use and cost of providing primary acute and long-term care services, and changes to the state's federal medical assistance percentage (FMAP). Although the cost-to-continue estimate generally assumes no changes to provider reimbursement rates, there are exceptions. For certain MA services, the Department's practice is to make cost-based adjustments to rates, or the rate methodology is itself based, in whole or in part, on provider costs. Examples include hospital base rates, and rates paid to federally qualified health centers, nursing homes, and state centers for individuals with intellectual disabilities. In keeping with past practice, the cost-to-continue estimates incorporate adjustments to account for these reimbursement policies.

3. HOSPITAL REIMBURSEMENT RATE INCREASE [LFB Paper 407]

GPR	\$26,600,700
FED	<u>41,548,100</u>
Total	\$68,148,800

Provide \$22,716,300 (\$8,741,200 GPR and \$13,975,100 FED) in 2023-24 and \$45,432,500 (\$17,859,500 GPR and \$27,573,000 FED) in 2024-25 to support reimbursement rate increases for hospital services under MA.

The funding provided under this item is based on an estimate, using 2022 cost and payment data, of the increase to base inpatient and outpatient hospital payments that would be needed so that total payments, including hospital supplements, would equal 85% of total hospital costs that can be allocated to MA patients. This calculation is done for all hospitals in aggregate; the actual percentage would vary by hospital. The increase to payments will begin with the calendar year 2024 hospital rates.

4. DISPROPORTIONATE SHARE HOSPITAL PAYMENTS

GPR	\$48,200,000
FED	<u>75,738,000</u>
Total	\$123,938,000

Provide \$62,630,000 (\$24,100,000 GPR and \$38,530,000 FED) in 2023-24 and \$61,308,000 (\$24,100,000 GPR and \$37,208,000 FED) in 2024-25 to increase payments under the disproportionate share hospital (DSH) program. Increase the amount that DHS must distribute as the state share of payments from \$47,500,000 GPR to \$71,600,000 GPR per year.

DSH payments are provided to hospitals for which more than 6% of inpatient days are attributable to MA patients. For each qualifying hospital, payments are calculated in proportion to the hospital's base inpatient payment for MA services. A hospital's add-on percentage is generally proportional to its MA patient days percentage, such that those hospitals with a higher proportion of MA patients have a higher percentage. However, the maximum payment that a hospital may receive in a year is capped at 6.77% of the all-funds total amount available for DSH payments in each fiscal year.

This funding increase is estimated to increase total DSH payments up to the maximum amount eligible for federal matching funds. It is estimated that DHS payments will total

approximately \$182.2 million (all funds) in 2023-24 and 2024-25. In 2022-23, DHS distributed \$139.7 million (all funds) in DHS payments.

[Act 19 Section: 302]

5. HOSPITAL BEHAVIORAL HEALTH REIMBURSEMENT

GPR	\$12,000,000
FED	<u>18,519,000</u>
Total	\$30,519,000

Provide \$10,168,000 (\$4,000,000 GPR and \$6,168,000 FED) in 2023-24 and \$20,351,000 (\$8,000,000 GPR and \$12,351,000 FED) in 2024-25 to increase MA reimbursement for hospital services provided in behavioral health units of general medical and surgical hospitals, effective January 1, 2024.

6. RURAL CRITICAL CARE HOSPITAL SUPPLEMENT

GPR	\$4,500,000
FED	<u>7,071,000</u>
Total	\$11,571,000

Provide \$5,847,000 (\$2,250,000 GPR and \$3,597,000 FED) in 2023-24 and \$5,724,000 (\$2,250,000 GPR and \$3,474,000 FED) in 2024-25 to increase supplementary payments to hospitals under the rural critical care access program. Increase the amount that DHS must distribute annually as the state share of payments from \$2,250,000 GPR to \$4,500,000 GPR.

The rural critical care supplement is paid to general medical and surgical hospitals that do not qualify as disproportionate share hospitals (DSH), but have MA patients accounting for at least six percent of total charges for services performed. These hospitals typically do not qualify for DSH payments because they do not offer obstetric care. Funding is distributed among qualifying hospitals under a formula similar to the one used for DSH payments, but based on charges for services instead of patient days.

[Act 19 Section: 303]

7. GRADUATE MEDICAL EDUCATION SUPPLEMENT [LFB Paper 407]

GPR	\$727,700
FED	<u>1,147,300</u>
Total	\$1,875,000

Provide \$937,500 (\$360,800 GPR and \$576,700 FED) in 2023-24 and \$937,500 (\$366,900 GPR and \$570,600 FED) in 2024-25 to increase grants paid to hospitals to fund the creation of new accredited graduate medical training programs and the addition of positions to existing programs in hospitals serving a rural or underserved community. Increase a statutory limit on the term of grants provided for new training programs for rural hospitals from three years to five years.

Under current law, residency positions must be in one of the following disciplines to qualify for grant funding: (a) family medicine; (b) pediatrics; (c) psychiatry; (d) general surgery; and (e) internal medicine. Hospitals in the City of Milwaukee are ineligible for grants to establish new residency programs.

[Act 19 Section: 417]

8. PRIMARY CARE REIMBURSEMENT RATE INCREASE
[LFB Paper 407]

GPR	\$52,158,100
FED	<u>80,492,200</u>
Total	\$132,650,300

Provide \$44,216,800 (\$17,394,900 GPR and \$26,821,900 FED) in 2023-24 and \$88,433,500 (\$34,763,200 GPR and \$53,670,300 FED) in 2024-25 to support reimbursement rate increases for primary care medical services under MA. Primary care predominantly consists of office visits with family or general practitioners. These visits may be prompted by a specific medical concern, such as an illness or symptom, or be regularly-scheduled preventive check-ups. The funding provided under this item is based on an estimate of the amount needed to increase the reimbursement rates for primary care services to 70% of the amount that Medicare pays for primary care services, with an effective date of January 1, 2024.

9. EMERGENCY PHYSICIAN REIMBURSEMENT RATE INCREASE [LFB Paper 407]

GPR	\$5,994,000
FED	<u>9,362,000</u>
Total	\$15,356,000

Provide \$5,118,700 (\$1,969,700 GPR and \$3,149,000 FED) in 2023-24 and \$10,237,300 (\$4,024,300 GPR and \$6,213,000 FED) in 2024-25 to increase the reimbursement rates for emergency physician services. The funding provided under this item is based on an estimate of the amount needed to increase the reimbursement rates for emergency physician services to 40% of the amount that Medicare pays for emergency physician services, with an effective date of January 1, 2024.

10. CHIROPRACTIC RATE INCREASE

GPR	\$700,000
FED	<u>1,100,000</u>
Total	\$1,800,000

Provide \$600,000 (\$200,000 GPR and \$400,000 FED) in 2023-24 and \$1,200,000 (\$500,000 GPR and \$700,000 FED) in 2024-25 to increase reimbursement rates paid under MA for chiropractic services. This increase is estimated to bring rates paid to chiropractors for those procedures such as diagnostics, X-rays, and office visits that physicians can also claim reimbursement for to the same rates currently paid to physicians, effective January 1, 2024. Under current law, the MA program sets different rates for the same procedure performed by different provider types (such as physicians, physician assistants, or psychiatrists) to reflect different levels of medical expertise or when the same procedure serves a different purpose, such as the difference between a patient-evaluation office visit delivered as a primary care check-up or a psychiatric care appointment.

11. SENIORCARE REESTIMATE [LFB Paper 410]

GPR	\$12,082,900
FED	5,996,000
PR	<u>4,369,400</u>
Total	\$22,448,300

Provide \$5,489,500 (\$6,605,100 GPR, \$1,828,800 FED, and -\$2,944,400 PR) in 2023-24 and \$16,958,800 (\$5,477,800 GPR, \$4,167,200 FED, and \$7,313,800 PR) in 2024-25 to fund the estimated cost for benefits under the SeniorCare program during the 2023-25 biennium. SeniorCare provides pharmacy benefits for Wisconsin residents over the age of 65 who are not eligible for full Medicaid benefits.

The following table shows base funding for SeniorCare benefits by source, and the amounts budgeted for the program in each year of the 2023-25 biennium under Act 19.

SeniorCare Total Funding under Act 19

	<u>Base</u>	<u>2023-24</u>	<u>2024-25</u>
GPR	\$17,971,900	\$24,577,000	\$23,449,700
FED	17,738,300	19,567,100	21,905,500
PR	<u>97,633,200</u>	<u>94,688,800</u>	<u>104,947,000</u>
Total	\$133,343,400	\$138,832,900	\$150,302,200

12. WISCONSIN CHRONIC DISEASE PROGRAM RE-ESTIMATE

GPR	-\$1,331,700
PR	<u>- 793,600</u>
Total	-\$2,125,300

Reduce funding by \$1,035,800 (-\$643,600 GPR and -\$392,200 PR) in 2023-24 and \$1,089,500 (-\$688,100 GPR and -\$401,400 PR) in 2024-25 to reflect estimates of the amounts needed to fully fund the Wisconsin chronic disease program (WCDP) in the 2023-25 biennium. The WCDP funds services for individuals with chronic renal disease, hemophilia, and adult cystic fibrosis that are not covered by other public or private health insurance plans. Enrollees in WCDP are responsible for deductibles and coinsurance based on their household income and size, and copayments on prescription medications. The Department receives rebate revenue from drug manufactures for medications dispensed through WCDP, which is budgeted as program revenue.

Base funding for the program is \$4,626,000 (\$3,700,800 GPR and \$925,200 PR), but expenditures in recent years have been below this level. DHS estimates total program costs will be \$3,590,200 (\$3,057,200 GPR and \$533,000 PR) in 2023-24 and \$3,536,500 (\$3,012,700 GPR and \$523,800 PR) in 2024-25. This estimate includes \$500,000 GPR above trend levels in both years as a contingency that would be available if costs exceed the Department's forecasts.

13. DENTAL SERVICES FOR PEOPLE WITH DISABILITIES

Require DHS to implement a provision of 2017 Act 59, which requires the Department to provide reimbursement for dental services rendered by facilities that provide at least 90% of their services to people with cognitive and physical disabilities at a rate that is double the rate that would otherwise be applicable to those services, by October 1, 2023. As of July of 2023, this provision had not yet been implemented.

[Act 19 Section: 9119(1)]

14. COUNTY AND MUNICIPAL AMBULANCE PROVIDER SUPPLEMENT

GPR	-\$2,000,000
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Reduce funding for the Medical Assistance benefits by \$2,000,000 in 2024-25 to reflect the elimination of a supplementary reimbursement program for local government ambulance providers under 2023 Act 12. The program provided supplementary payments totaling \$5,000,000

(\$2,000,000 GPR and \$3,000,000 FED) per year to municipalities and counties for ambulance services delivered to MA patients. Shared revenue payments to these counties and municipalities were reduced under the program by identical amounts, creating no net effect for counties and municipalities but net state savings of \$3,000,000 GPR. The offsetting reductions in shared revenue payments would also be eliminated under Act 19, as described under "Shared Revenue and Tax Relief."

2021 Wisconsin Act 228 created a supplementary reimbursement program for public ambulance providers known as a certified public expenditures (CPE) program that will allow these providers to claim federal matching funds for certain expenditures in excess of base MA reimbursement. Hence, the federal matching funds that were claimed under the previous supplement will now be available to be claimed under the CPE supplement, and no change in federal funding levels is anticipated.

Medical Assistance -- Long-Term Care

1. HOME AND COMMUNITY-BASED SERVICES RATE INCREASE COST-TO-CONTINUE [LFB Paper 420]

GPR	\$88,719,500
FED	<u>136,939,600</u>
Total	\$225,659,100

Provide \$43,707,300 (\$17,194,500 GPR and \$26,512,800 FED) in 2023-24 and \$181,951,800 (\$71,525,000 GPR and \$110,426,800 FED) in 2024-25 to fund costs associated with the American Rescue Plan Act home and community-based services 5% rate increase from April 1, 2024, through June 30, 2025.

The 5% rate increase applies to 42 service categories across Family Care, Family Care Partnership, IRIS (Include, Respect, I Self-Direct), PACE (Program of All-Inclusive Care for the Elderly), Children’s Long-Term Supports (CLTS) Waiver, SSI Managed Care, BadgerCare Plus Managed Care, and Medicaid fee-for-service state plan services, as shown in the following table.

Adult day care service
 Alcohol and other drug abuse (AODA)
 AODA day treatment
 Assistive technology/communication aid
 Behavioral treatment services
 Care management for Care4Kids
 Care management for children with medical complexities
 Care management in fee-for-service
 Consultative clinical and therapeutic services for caregivers
 Consumer-directed supports (self-directed supports) broker
 Consumer education and training
 Counseling and therapeutic
 Environmental accessibility adaptations (home modifications)
 Financial management services
 Habilitation services (daily living skills training and day habilitation resources)
 Home delivered meals
 Home health services
 Housing counseling
 Medication therapy management
 Mental health day treatment
 Mental health services

Nursing (in-home)
 Occupational therapy (in-home)
 Personal care
 Physical therapy (in-home)
 Prenatal care coordination
 Prevocational services
 Residential care
 Residential substance use disorder treatment
 Respiratory care
 Respite
 Self-directed personal care
 Skilled nursing services (RN/LPN)
 Speech and language pathology services (in-home)
 Supported employment - individual employment support
 Supported employment - small group employment support
 Supportive home care
 Training services for unpaid caregivers
 Transportation (specialized transportation) - community transportation
 Transportation (specialized transportation) - other transportation
 Transportation services under DHS 107.23
 Vocational futures planning and support

2. NURSING HOME SUPPORT SERVICES

GPR	\$56,942,300
FED	<u>89,457,700</u>
Total	\$146,400,000

Provide \$73,200,000 (\$28,167,400 GPR and \$45,032,600 FED) in 2023-24 and \$73,200,000 (\$28,774,900 GPR and \$44,425,100 FED) in 2024-25 to increase the support services portion of Medical Assistance program reimbursement for nursing homes. Require the Department to establish and implement a priced rate for nursing home support services based on median facility costs plus 25 percent.

[Act 19 Section: 9119(3)]

3. NURSING HOME INCENTIVES

GPR	\$12,135,300
FED	<u>19,064,700</u>
Total	\$31,200,000

Provide \$15,600,000 (\$6,002,900 GPR and \$9,597,100 FED) in 2023-24 and \$15,600,000 (\$6,132,400 GPR and \$9,467,600 FED) in 2024-25 to exclude provider incentives from the profit limitation in support services so they are paid separately. Require DHS to exclude provider incentives when determining the total rate adjustment to allowable costs.

[Act 19 Section: 9119(4)]

4. NURSING HOME VENTILATOR DEPENDENT RATE

GPR	\$3,889,500
FED	<u>6,110,500</u>
Total	\$10,000,000

Provide \$5,000,000 (\$1,924,000 GPR and \$3,076,000 FED) in 2023-24 and \$5,000,000 (\$1,965,500 GPR and \$3,034,500 FED) in 2024-25 to increase the all-encompassing ventilator-dependent resident reimbursement rate for nursing home care. Require the Department, effective July 1, 2023, to increase the reimbursement rate under the Medical Assistance program for an authorized facility treating a resident of the facility who has received prior authorization for ventilator-dependent care reimbursed under the all-encompassing ventilator-dependent resident reimbursement rate by \$200 per patient day.

In 2022-23, the all-encompassing ventilator-dependent resident reimbursement rate under the MA program was \$726 per patient day.

[Act 19 Section: 9119(5)]

5. NURSING HOME PERSONAL NEEDS ALLOWANCE [LFB Paper 422]

GPR	\$806,100
FED	<u>1,253,900</u>
Total	\$2,060,000

Increase the monthly MA personal needs allowance by \$10, from \$45 to \$55, effective July 1, 2024. Increase MA benefits funding by \$2,060,000 (\$806,100 GPR and \$1,253,900 FED) in 2024-25.

Most elderly, blind, and disabled Medicaid beneficiaries may retain a personal needs allowance from the amount that would otherwise be retained by a nursing home as the individuals' patient liability. The personal needs allowance is intended to allow Medicaid beneficiaries to purchase items and services not provided by the nursing homes in which they live.

[Act 19 Section: 305]

6. FAMILY CARE DIRECT CARE REIMBURSEMENT [LFB Paper 420]

GPR	\$15,000,000
FED	<u>23,432,600</u>
Total	\$38,432,600

Provide \$12,993,800 (\$5,000,000 GPR and \$7,993,800 FED) in 2023-24 and \$25,438,800 (\$10,000,000 GPR and \$15,438,800 FED) in 2024-25 to increase the direct care and services portion of the capitation rates the Department provides to managed care organizations (MCOs) to fund long-term care services for individuals enrolled in Family Care.

Under Act 19, \$136,129,200 (\$52,500,000 GPR and \$83,629,200) in 2023-24 and \$146,303,900 (\$57,500,000 GPR and \$88,803,900) in 2024-25 is budgeted for this purpose. This funding is in addition to funding in the Act to fund actuarially sound capitation rates in the 2023-25 biennium, which is included as part of the Medicaid cost-to-continue item.

7. PERSONAL CARE REIMBURSEMENT RATE [LFB Paper 420]

GPR	\$15,000,000
FED	<u>23,432,600</u>
Total	\$38,432,600

Provide \$12,993,800 (\$5,000,000 GPR and \$7,993,800 FED) in 2023-24 and \$25,438,800 (\$10,000,000 GPR and \$15,438,800 FED) in 2024-25 to increase MA

personal care reimbursement rates.

As of January 1, 2023, the hourly MA personal care reimbursement rate was \$23.44. The funding increase provided in the Act is not intended to provide a specific percentage or dollar increase to the MA personal care reimbursement rates. Instead, DHS will determine a method for implementing the personal care reimbursement rate increase.

Services for the Elderly and People with Disabilities

1. AGING AND DISABILITY RESOURCE CENTERS [LFB Paper 425]

GPR	\$7,541,100
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Provide \$2,513,700 in 2023-24 and \$5,027,400 in 2024-25 to increase ADRC base allocations.

ADRCs provide a variety of services as part of their core contract with DHS. Services include: (a) providing information and assistance to individuals in need of long-term care services; (b) benefits counseling; (c) short-term service coordination; (d) conducting functional screens; and (e) enrollment counseling and processing. ADRCs serve older adults and people with disabilities, as well as the families and caregivers who work with and care for them. Services provided at ADRCs are free to Wisconsin residents. In calendar year 2023, \$44,127,500 GPR was budgeted for ADRCs and tribal aging and disability resource specialists, of which approximately \$36.0 million GPR was budgeted support ADRC base contracts.

2. COMPLEX PATIENT PILOT PROGRAM [LFB Paper 426]

On a one-time basis, provide \$5,000,000 GPR in 2023-24 for the complex patient pilot program in the Joint Finance Committee program supplements appropriation. Create a GPR appropriation in DHS for this purpose. The fiscal effect of this change is reflected in "Program Supplements."

[Act 19 Section: 109]

3. ADULT PROTECTIVE SERVICES SYSTEM [LFB Paper 427]

GPR	\$2,000,000
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Provide \$1,000,000 annually to increase funding for adult protective services. In calendar year 2023, DHS allocated \$4.9 million GPR for these services.

4. WISCAREGIVER CAREERS [LFB Paper 428]

GPR	\$2,000,000
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Provide \$2,000,000 in 2024-25, on a one-time basis, to fund the WisCaregiver Careers program. This program is a workforce development program that provides free nurse aide training and certification testing, as well as a retention bonus after six months of employment as a nurse aide.

5. SSI SUPPLEMENTS REESTIMATE [LFB Papers 106 and 256]

GPR	\$6,914,400
PR	- 15,599,700
Total	- \$8,685,300

Reduce funding by \$4,987,900 (\$3,457,200 GPR and -\$7,154,600 PR) in 2023-24 and by \$3,697,400 (\$3,457,200 GPR and -\$7,154,600 PR) in 2024-25 to reflect the net fiscal effect of: (a) reestimates of the cost of state supplements to federal supplemental security income (SSI) payments; (-\$4,590,500 GPR in 2023-24 and -\$3,098,600 GPR in 2024-25); (b) reestimates of the cost of caretaker supplement payments and the cost of increasing the monthly payments by 10%, from \$250 for the first child and \$150 for each additional child to \$275 for the first child and \$165 for each additional child, effective July 1, 2023 (\$8,048,100 GPR and -\$8,445,100 PR in 2023-24 and \$6,555,800 GPR and -\$7,154,600 PR in 2024-25). The PR in this item is temporary assistance for needy families (TANF) funding, budgeted in the Department of Children and Families (DCF) that DCF transfers to DHS to support SSI caretaker supplements and administration costs.

The SSI program provides cash benefits to low-income residents who are elderly, blind, or disabled to supplement SSI payments they receive from the federal program. As of May, 2022, the state made basic supplemental payments (set at \$83.78 per month for single individuals and \$132.05 for couples) to 115,400 Wisconsinites. Some SSI beneficiaries who require 40 hours of supportive home care or other care per month or live in small community-based residential facilities or other assisted living settings also qualify for an exceptional expense benefit (\$95.99 per month for single individuals, \$345.36 for couples).

SSI recipients with dependent children may also receive a caretaker supplement payment, supported by GPR and TANF funds transferred as program revenue from DCF.

DHS complies with a federal requirement to "pass along" annual federal benefit cost-of-living increases by demonstrating that total GPR expenditures for state supplements do not decrease from one calendar year to the next. Due to retroactive corrective payments paid in calendar years 2020 and 2021, total GPR expenditures increased to \$160,398,200. To maintain this level of GPR expenditures, beginning in fiscal year 2021-22, DHS paid a portion of caretaker supplement payments using GPR, in lieu of TANF funding. The following table below summarizes the total funding that would be budgeted for these SSI supplemental payments under Act 19.

SSI Supplemental Payments Under Act 19

	Base	Total Funding		Change to Base		
		2023-24	2024-25	2023-24	2024-25	2023-25
SSI State Supplements						
GPR	\$153,824,100	\$149,233,200	\$150,725,500	-\$4,590,900	-\$3,098,600	-\$7,689,500
Caretaker Supplement						
GPR	\$3,116,900	\$11,165,000	\$9,672,700	\$8,048,100	\$6,555,800	\$14,603,900
PR	<u>17,452,900</u>	<u>9,007,800</u>	<u>10,298,300</u>	<u>-8,445,100</u>	<u>-7,154,600</u>	<u>-15,599,700</u>
All Funds	\$20,569,800	\$20,172,800	\$19,971,000	-\$397,000	-\$598,800	-\$995,800
Total SSI-Related Payments						
GPR	\$156,941,000	\$160,398,200	\$160,398,200	\$3,457,200	\$3,457,200	\$6,914,400
PR	<u>17,452,900</u>	<u>9,007,800</u>	<u>10,298,300</u>	<u>-8,445,100</u>	<u>-7,154,600</u>	<u>-15,599,700</u>
All Funds	\$174,393,900	\$169,406,000	\$170,696,500	-\$4,987,900	-\$3,697,400	-\$8,685,300
Caretaker Supplement Administration (PR)	\$692,100	\$692,100	\$692,100	\$0	\$0	\$0

6. ALZHEIMER'S FAMILY AND CAREGIVER SUPPORT PROGRAM [LFB Paper 430]

GPR	\$500,000
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Provide \$250,000 annually. Increase the maximum amount of funding the Department may provide under the Alzheimer's family and caregiver support program from \$2,808,900 to \$3,058,900 annually.

[Act 19 Section: 245]

7. HOME DELIVERED MEALS

GPR	\$450,000
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Provide \$225,000 annually to increase funding available for home delivered meals. In 2023, DHS contracts with Area Agencies on Aging for home delivered meals totaled \$6,081,300 (\$450,000 GPR and \$5,631,300 FED from Title III of the federal Older American Act).

Public Health

1. GRANTS TO FREE AND CHARITABLE CLINICS [LFB Paper 439]

GPR	\$1,500,000
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Provide \$750,000 annually to increase, from \$1,500,000 to \$2,225,000, annual funding for grants DHS distributes to free and charitable clinics. Modify the statutory requirement to distribute these grants to reflect the increased amount.

Currently, DHS distributes grants to free and charitable clinics that meet certain statutory qualifications, including operating as a nonprofit and providing medical or dental care, or prescription drugs, to people who are uninsured, underinsured, or have limited or no access to primary, specialty, or prescription care. Federally qualified health centers (FQHCs) are ineligible to receive these grants, but receive state support under a separate grant program.

[Act 19 Section: 438]

2. REACH OUT AND READ [LFB Paper 657]

GPR	\$500,000
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Provide \$500,000 in 2023-24 for DHS to distribute as grants to Reach Out and Read, Inc., for the early literacy program known as Reach Out and Read Wisconsin. The program provides books and early literacy guidance integrated into regular pediatric primary care appointments. The 2021-23 biennial budget act provided \$500,000 GPR in 2021-22 one-time funding for the program.

3. DENTISTRY RESIDENCY

Provide \$5,000,000 GPR in 2023-24 in the Joint Committee on Finance program supplements appropriation for the establishment of a general dentistry residency program at the Marquette Dental School. A general practice residency program typically provides one year of postgraduate training to dentists to develop skills and experience with medically complex and special-needs patients in a variety of practice settings. The fiscal effect of this change is shown under "Program Supplements."

4. ALLIED HEALTH PROFESSIONAL TRAINING

GPR	\$5,000,000
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Provide one-time funding of \$2,500,000 in 2023-24 and 2024-25 to increase funding for allied health professional education and training grants. Expand eligibility for the program to include registered nurses. Under current law, the program provides grants to hospitals, health systems, and educational entities for expenses related to training health care providers other than physicians, registered nurses, dentists, pharmacists, chiropractors, or podiatrists. This item would increase the annual amount appropriated for these grants from \$500,000 to \$3,000,000 in the 2023-25 biennium only.

[Act 19 Section: 416]

5. SURGICAL COLLABORATIVE OF WISCONSIN

GPR	\$300,000
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Provide one-time funding of \$150,000 in 2023-24 and 2024-25 for DHS to award as grants to the Surgical Collaborative of Wisconsin. Create an appropriation for this purpose, and repeal that appropriation effective July 1, 2025. The collaborative is a partnership of health care and insurance organizations and practitioners that seeks to improve the quality of surgical care.

[Act 19 Sections: 103, 104, 418, 419, and 9419(1)]

6. GENERAL PROGRAM OPERATIONS FUNDING

GPR	- \$153,400
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Reduce funding for the Division of Public Health's general program operations by \$76,700 annually. With base funding of \$9,724,300 GPR per year, this appropriation supports staff costs, rent, data processing, and other supplies and services for the operation of the Division of Public Health.

7. EMERGENCY MEDICAL SERVICES ASSISTANCE

GPR	- \$2,200,000
SEG	<u>25,000,000</u>
Total	\$22,800,000

Modify funding for emergency medical services assistance program grants by funding the program from segregated revenue from the local government fund (SEG) instead of the general fund (GPR), beginning in 2024-25. Provide \$25,000,000 SEG and eliminate base GPR funding of \$2,200,000, for a net increase of \$22,800,000, beginning in 2024-25. The program currently provides grants to ambulance service providers to support operations and improvements and to offset costs of training and professional examinations.

Authorize DHS to distribute grants to emergency medical responder departments, in addition to ambulance service providers. (Emergency medical responder departments are agencies that respond to 9-1-1 calls to provide medical treatment, but do not transport patients.) Specify that grant funds may be used for disposable medical supplies or equipment and medications, in addition to the current eligible uses. Limit expenditures for medications and disposable medical supplies and equipment to 15% of an agency's total grant amount. Direct the Emergency Medical Services Board to adjust the formula for distribution of grants to take into account newly eligible entities and expanded uses for which grant funding may be used.

Under current law, DHS provides annual grants to every ambulance service provider that actively transports patients, providing a uniform base amount for each grantee and an amount based on the population of each grantee's primary service area.

[Act 19 Sections: 102, 439 thru 447, and 9119(6)]

Behavioral Health

1. CRISIS URGENT CARE AND OBSERVATION FACILITIES [LFB Paper 445]

Create a biennial appropriation in DHS for making grants for crisis urgent care and observation facilities, but with no funding provided. Provide \$10,000,000 GPR in 2023-24 in the Joint Committee on Finance program supplements appropriation, for regional crisis urgent care and observation facilities. The fiscal effect of this provision is reflected in "Program Supplements."

[Act 19 Section: 108]

2. SCHOOL-BASED MENTAL HEALTH CONSULTATION PILOT PROGRAM

GPR	- \$350,000
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Delete the appropriation and associated program language for the school-based mental health consultation pilot program, and reduce funding by \$175,000 annually to eliminate base funding for the program. The school-based mental health consultation program was created by 2019 Act 117 to provide consultation services to school personnel in Outagamie County. The Department contracted with the Medical College of Wisconsin to provide consultation services under the program.

[Act 19 Sections: 107 and 313]

3. 2015 ACT 153 MENTAL HEALTH PILOT PROJECTS [LFB Paper 448]

GPR	- \$533,400
GPR-Lapse	\$1,958,600

Reduce funding by \$266,700 annually for mental health pilot projects and repeal the mental health pilot projects appropriation. Repeal statutory provisions for two pilot projects, established by 2015 Act 153, for a behavioral health care coordination program and a psychiatric consultation program. Increase estimated GPR lapse by \$1,958,600 in 2023-24 to reflect the lapse of uncommitted continuing balance in the appropriation. The pilot projects that are eliminated under this item have not been implemented.

[Act 19 Sections: 106, 306, and 307]

4. TELEMEDICINE CRISIS RESPONSE PILOT PROGRAM

Provide \$2,000,000 GPR in 2023-24 in the Joint Committee on Finance program supplements appropriation for as telemedicine crisis response pilot program. The fiscal effect of this item is reflected in "Program Supplements."

Care and Treatment Facilities

1. DHS FACILITY POPULATION PROJECTIONS

The Department of Health Services operates seven residential facilities, including three intermediate care facilities for individuals with intellectual disabilities (Central, Northern, and Southern, hereafter "State Centers"), the state's two mental health institutes (Mendota MHI and Winnebago MHI), and two secure treatment centers, (the Wisconsin Resource Center, and the Sand Ridge Secure Treatment Center). The funding source for the costs of these facilities is allocated to GPR and PR appropriations, depending upon the mix of residents. The cost of services for forensic patients at the mental health institutes and for residents of the secure treatment centers is funded with

GPR, while services for residents at the state centers and for civilly-committed patients at the mental health institutes is funded with PR, using revenue collected from Medicaid and charges levied on counties.

The budget for variable nonfood supplies and services and for food is typically established by estimating the per person costs in each of various expenditure categories, then multiplying those averages times the average daily populations at each facility. The following table shows the average daily populations, by facility, that were used in developing the variable nonfood and food funding estimates for Act 19. In some cases, certain subgroup totals are shown. During the 2023-25 biennium, for instance, DHS anticipates that some forensic patients will be placed at Sand Ridge Secure Treatment Center and at the Wisconsin Resource Center, to help address an admissions waiting list for forensic patients at the Mendota Mental Health Institute.

Average Daily Population Projections, by Facility

	<u>2023-24</u>	<u>2024-25</u>
Mendota Mental Health Institute		
Adult Forensic/Civil	300	300
Mendota Juvenile Treatment Center	<u>29</u>	<u>29</u>
Mendota Total	329	329
Winnebago Mental Health Institute		
	184	188
Sand Ridge Secure Treatment Center		
Chapter 980 Civil	210	210
Forensic Patients	<u>60</u>	<u>60</u>
Sand Ridge Total	270	270
Wisconsin Resource Center		
Corrections Inmates	385	385
Forensic Patients	<u>20</u>	<u>20</u>
WRC Total	405	405
Central Wisconsin Center	171	171
Southern Wisconsin Center	106	106
Northern Wisconsin Center	11	11

2. NONFOOD SUPPLIES AND SERVICES [LFB Paper 455]

GPR	\$22,043,000
PR	<u>87,880,400</u>
Total	\$108,232,200

Provide \$51,115,800 (\$9,424,600 GPR and \$41,691,200 PR) in 2023-24 and \$58,807,600 (\$12,618,400 GPR and \$46,189,200 PR) in 2024-25 to fund projected increases in nonfood supplies and services costs for the Department's care and treatment facilities. Nonfood supplies and services include medical services, medical supplies, prescription drugs, clothing, laundry and cleaning supplies.

The following table shows the resulting budget for variable nonfood supplies and services by facility and fund source.

Budget for Variable Nonfood Supplies and Services under Act 19

	2023-24			2024-25		
	<u>GPR</u>	<u>PR</u>	<u>Total</u>	<u>GPR</u>	<u>PR</u>	<u>Total</u>
Mendota MHI	\$16,016,400	\$1,073,100	\$17,089,500	\$17,537,000	\$1,174,900	\$18,711,900
Winnebago MHI	6,814,500	34,981,300	41,795,800	7,126,500	36,582,400	43,708,900
Sand Ridge STC	8,385,000	0	8,385,000	9,158,000	0	9,158,000
Wis. Resource Center	6,391,000	0	6,391,000	6,979,200	0	6,979,200
Central Wis. Center	0	21,533,500	21,533,500	0	23,615,500	23,615,500
Northern Wis. Center	0	1,615,500	1,615,500	0	1,768,900	1,768,900
Southern Wis. Center	0	6,159,300	6,159,300	0	6,719,000	6,719,000
Total	\$37,606,900	\$65,362,700	\$102,969,600	\$40,800,700	\$69,860,700	\$110,661,400

3. RESIDENT FOOD REESTIMATE [LFB Paper 455]

GPR	\$1,515,900
PR	<u>990,500</u>
Total	\$2,506,400

Provide \$1,187,900 (\$720,600 GPR and \$467,300 PR) in 2023-24 and \$1,318,500 (\$795,300 GPR and \$523,200 PR) in 2024-25 to fund projected increases in food costs at the Department's seven care and treatment facilities. The following table shows the resulting budget for resident food by facility and fund source.

Budget for Resident Food under Act 19

	2023-24			2024-25		
	<u>GPR</u>	<u>PR</u>	<u>Total</u>	<u>GPR</u>	<u>PR</u>	<u>Total</u>
Mendota MHI	\$1,327,400	\$88,900	\$1,416,300	\$1,351,300	\$90,500	\$1,441,800
Winnebago MHI	179,200	920,000	1,099,200	181,200	954,100	1,135,300
Sand Ridge STC	634,600	0	634,600	646,000	0	646,000
Wis. Resource Center	2,077,400	0	2,077,400	2,114,800	0	2,114,800
Central Wis. Center	0	388,500	388,500	0	395,500	395,500
Northern Wis. Center	0	112,900	112,900	0	114,900	114,900
Southern Wis. Center	0	622,400	622,400	0	633,600	633,600
Total	\$4,218,600	\$2,132,700	\$6,351,300	\$4,293,300	\$2,188,600	\$6,481,900

4. ELECTRONIC HEALTH RECORDS COST REESTIMATE

GPR	\$1,627,500
PR	<u>1,072,100</u>
Total	\$2,699,600

Provide \$1,095,200 (\$676,400 GPR and \$418,800 PR) in 2023-24 and \$1,604,400 (\$951,100 GPR and \$653,300 PR) in 2024-25 for anticipated increased costs for maintaining electronic health records systems used by the Department's care and treatment facilities. The total funding for electronic health records provided under Act 19 is \$14,386,900 (\$7,762,400 GPR and \$6,624,500 PR) in 2023-24 and \$14,896,100 (\$8,037,100 GPR and \$6,859,000 PR) in 2024-25. These amounts include estimated cost for computer hardware and software, master lease payments for the electronic health records system development, and vendor hosting expenses.

5. OVERTIME SUPPLEMENT [LFB Paper 456]

GPR	\$12,305,600
PR	<u>1,555,000</u>
Total	\$13,860,600

Provide \$6,930,300 (\$6,152,800 GPR and \$777,500 PR) annually to fund anticipated overtime costs at the Department's care and treatment residential facilities. The funding under this item reflects the difference between the projected overtime costs at each facility and the amount that is provided under the overtime standard budget adjustment. The overtime funding provided in the standard budget adjustment item is based on the amount of funding provided for overtime by the 2021-23 budget. Since overtime costs are projected to exceed that amount, the funding in this item is intended to make up the difference.

The following table shows, by facility and fund source, the annual overtime increase that would be provided under the standard budget adjustment item, the funding increase under this item, and the total funding that is budgeted annually to support overtime costs under Act 19.

Facility	Standard Budget Adjustments			Overtime Supplement			Total Annual Overtime Budget		
	GPR	PR	Total	GPR	PR	Total	GPR	PR	Total
Mendota MHI	\$5,208,400	\$1,196,300	\$6,404,700	\$4,733,600	\$1,087,400	\$5,821,000	\$9,942,000	\$2,283,700	\$12,225,700
Winnebago MHI	879,600	2,769,000	3,648,600	124,600	392,300	516,900	1,004,200	3,161,300	4,165,500
Sand Ridge STC	1,415,700	0	1,415,700	15,100	0	15,100	1,430,800	\$0	1,430,800
WI Resource Center	1,893,100	0	1,893,100	1,279,500	0	1,279,500	3,172,600	\$0	3,172,600
Central WI Center	0	3,787,100	3,787,100	0	-197,500	-197,500	0	3,589,600	3,589,600
Northern WI Center	0	419,300	419,300	0	92,600	92,600	0	511,900	511,900
Southern WI Center	0	2,263,000	2,263,000	0	-597,300	-597,300	0	1,665,700	1,665,700
Total	\$9,396,800	\$10,434,700	\$19,831,500	\$6,152,800	\$777,500	\$6,930,300	\$15,549,600	\$11,212,200	\$26,761,800

6. TREATMENT OF STATE CENTERS REVENUES [LFB Paper 458]

GPR-REV	\$5,900,000
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Increase estimates of GPR-REV by \$2,900,000 in 2023-24 and \$3,000,000 in 2024-25. Under a motion approved by the Joint Committee on Finance, DHS is authorized to retain \$3.0 million annually of program revenues to reduce the unsupported overdraft at Northern Wisconsin Center, an increase of \$2.0 million annually from previous practice, as authorized in 2017 Act 59.

7. WISCONSIN RESOURCE CENTER -- TRANSFER DEPARTMENT OF CORRECTIONS POSITIONS TO DHS [LFB Paper 296]

	Funding	Positions
GPR	\$17,813,800	110.00

Provide \$8,906,900 annually and 110.0 positions, beginning in 2023-24, to reflect the transfer of security positions currently budgeted under the Department of Corrections (DOC) to the Wisconsin Resource Center (WRC). Repeal a statutory provision that specifies that security staff at the WRC shall be employees of the Department of Corrections and modify the appropriation authority for WRC to reflect this change. An item summarized under Corrections--Adult Institutions reflects the reduction in position authority and funding in that agency.

Specify that 110.0 FTE GPR positions, and the incumbent employees holding those

positions in the Department of Corrections who are responsible for the performance of security operations at WRC, as determined by the DOA Secretary, would be transferred to DHS. Specify that the transferred employees have all the rights and the same status DHS that they enjoyed in DOC immediately before the transfer and that no transferred employee who has attained permanent status would be required to serve a probationary period.

Specify that all assets and liabilities of the Department of Corrections that are primarily related to security operations at WRC, as determined by the DOA Secretary would be become the assets and liabilities of DHS. Specify that all tangible personal property, including records, of DOC that are primarily related to security operations at WRC would be transferred to DHS.

Specify that any matter pending with DOC on the effective date of the bill that is primarily related to security operations is transferred to DHS and that all materials submitted to or actions taken by DOC with respect to the pending matter are considered as having been submitted to or taken by DHS.

Specify that all contracts entered into by DOC primarily related to security operations at WRC in effect on the effective date of the bill remain in effect and would be transferred DHS. Require DHS to carry out any obligations under those contracts unless modified or rescinded to the extent allowed under the contract.

The Wisconsin Resource Center, in Oshkosh, is a secure treatment facility operated by the Department of Health Services that provides mental health and substance abuse treatment for inmates transferred from DOC prisons. DHS operates the facility and provides the treatment services, but security functions are performed by the Department of Corrections personnel under the direction of the Oshkosh Correctional Institution. This item transfers 71 correctional officer positions, 31 correctional sergeant positions, and eight supervising officer positions from DOC to DHS so that all personnel at WRC would be under the direction of DHS.

[Act 19 Sections: 105, 240, 241, and 9108(1)]

8. CONTRACTED COMMUNITY SERVICES [LFB Paper 459]

GPR	\$8,844,200
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Provide \$3,411,900 in 2023-24 and \$5,432,300 in 2024-25 for projected costs of the Division of Care and Treatment Services contracts for community-based mental health services for the treatment and monitoring for its forensic and sexually violent persons programs.

The funding in this item pertains to six contracted programs: (a) supervised release services; (b) conditional release services; (c) competency restoration services; (d) outpatient competency examination; (e) Department of Correction community supervision services; and (f) court liaison services. In addition to funding for projected contract costs, the funding in this item includes increases of \$1,800 in 2023-24 and \$3,600 in 2024-25 for anticipated increased costs for limited-term employee (LTE) salaries in the Division's general operations appropriation. The Division uses LTEs in support of the supervised release program.

The following table shows the resulting total funding levels by program component.

Total Estimated Contract Cost by Program Component under Act 19

	<u>2023-24</u>	<u>2024-25</u>
Supervised Release	\$7,810,300	\$8,532,200
Conditional Release	5,609,100	5,832,800
Competency Restoration	4,548,000	5,256,900
Outpatient Competency Exams	4,009,400	4,279,800
DOC Community Supervision	1,731,600	1,818,700
Court Liaison Services	262,500	269,100
LTEs for Supervised Release	<u>108,800</u>	<u>110,600</u>
 Total Estimated Contract Cost	 \$24,079,700	 \$26,100,100

The following table shows the caseload and per person costs estimates that are the basis for the contract reestimate. Following the table is a description of each program component.

Caseload and Per Person Costs Estimates under Act 19

<u>Contracted Service</u>	<u>Caseload Estimates</u>			<u>Annualized Per Person Cost</u>		
	<u>2022-23</u>	<u>2023-24</u>	<u>2024-25</u>	<u>2022-23</u>	<u>2023-24</u>	<u>2024-25</u>
Supervised Release	71	76	81	\$87,341	\$102,767	\$105,336
Conditional Release	304	308	313	17,555	18,187	18,641
Competency Restoration						
Community-based	184	221	259	\$13,317	\$13,797	\$14,142
Jail-based	539	564	589	2,559	2,651	2,717
Outpatient Competency Exams	2,180	2,607	2,715	\$1,484	\$1,538	\$1,576
DOC Community Supervision	375	384	394	4,348	4,505	4,617

Description of Contracted Services

Supervised Release Services. The supervised release program provides community-based treatment to individuals who are found to be sexually violent persons (SVPs) under Chapter 980 of the statutes. SVPs are committed to DHS and provided institutional treatment at the Sand Ridge Secure Treatment Center in Mauston, but may petition the court for supervised release if at least 12 months have elapsed since the initial commitment order was entered, since the most recent release petition was denied, or since the most recent order for supervised release was revoked. The supervised release program provides intensive monitoring, continued treatment, and supportive services for transition back into the community.

Conditional Release Services. The conditional release program provides monitoring and treatment to individuals who have been found not guilty by reason of mental disease or defect and are either immediately placed on conditional release following the court's finding or following release from one of the state's mental health institutes.

Competency Restoration Services. DHS contracts with a vendor to provide outpatient

treatment services to individuals who are determined to be incompetent to proceed to a criminal trial if a court determines that the individual is likely to be competent within 12 months, or within the time of the maximum sentence specified for the most serious offense with which the defendant is charged. These services are delivered on an outpatient basis for individuals who, based on an assessment of their risk level, are able to live in the community, or in county jails, as an alternative to admitting those individuals to one of the mental health institutes for treatment.

Outpatient Competency Examination. Chapter 971 of the statutes prohibits courts from trying, convicting, or sentencing an individual if the individual lacks substantial mental capacity to understand the proceedings or assist in his or her own defense. Courts may order DHS to conduct competency examinations, which may be performed either on an inpatient basis by DHS staff at the state mental institutes, or on an outpatient basis in jails and locked units of other facilities by contracted staff.

Department of Corrections Community Supervision. DHS contracts with the Department of Corrections for the supervision of clients in the supervised release and conditional release programs. The contract includes supervision, transportation escort, and global positioning system (GPS) monitoring.

Court Liaison Services. The Department contracts for the cost of court liaison services, used to provide consultation to courts regarding mental health issues for individuals in the judicial system.

9. MENTAL HEALTH INSTITUTES FUND SOURCE REALLOCATION

	Funding	Positions
GPR	-\$12,482,000	- 59.10
PR	<u>12,482,000</u>	<u>59.10</u>
Total	\$0	0.00

Reduce funding by \$6,116,600 GPR in 2023-24 and \$6,365,400 GPR in 2024-25, reduce positions by 56.77 GPR in 2023-24 and 59.10 GPR in 2024-25, and provide corresponding PR funding and position increases to reallocate the funding source for services provided at the state mental health institutes. The funding and position adjustments reflect the Administration's estimated changes in the percentage of patients whose care will be funded with GPR and PR, respectively, in the 2023-25 biennium. The state is responsible for the cost of caring for forensic patients, funded with GPR, while the Department collects PR assessments from counties or health insurance for the cost of the care of civil patients, including emergency detention. For the 2023-25 biennium, the Administration anticipates that a higher share of the total patient population will be civil patients, resulting in a funding reallocation from GPR to PR sources.

10. DEBT SERVICE [LFB Paper 106]

GPR	\$20,325,400
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Provide \$5,145,900 in 2023-24 and \$15,179,500 in 2024-25 to reflect estimates of debt service payments on bonds issued for capital projects at DHS care and treatment facilities. Base debt service funding is \$16,583,400. With the adjustments under this item, total debt service payments are estimated at \$21,729,300 in 2023-24 and \$31,762,900 in 2024-25.

11. FUEL AND UTILITIES

GPR	\$97,000
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Provide \$10,100 in 2023-24 and \$86,900 in 2024-25 to reflect an estimate of GPR-funded fuel and utilities costs at the care and treatment facilities. Base funding for fuel and utilities costs is \$5,707,000 GPR and \$6,927,800 PR. With the adjustments under this item, the GPR appropriation for fuel and utilities would be \$5,717,100 in 2023-24 and \$5,793,900 in 2024-25. Act 19 does not adjust the PR appropriation for fuel and utilities.

Quality Assurance

1. BUREAU OF ASSISTED LIVING STAFF [LFB Paper 461]

Direct DHS to submit a plan to the Joint Committee on Finance, by no later than February 1, 2024, to increase licensing fees for assisted living facilities and outpatient mental health clinics to cover the cost of staffing within BAL necessary to ensure adequate protection of the health and well-being of vulnerable individuals, as determined by DHS.

[Act 19 Section: 9119(2)]

2. OFFICE OF CAREGIVER QUALITY [LFB Paper 462]

Provide \$135,800 (\$54,300 FED and \$81,500 PR) in 2023-24 and \$168,000 (\$67,200 FED and \$100,800 PR) in 2024-25, to fund 2.0 (0.8 FED and 1.2 PR) four-year project positions in the Office of Caregiver Quality, beginning in 2023-24.

	Funding	Positions
FED	\$121,500	0.80
PR	<u>182,300</u>	<u>1.20</u>
Total	\$303,800	2.00

FoodShare and Public Assistance Administration

1. FOODSHARE EMPLOYMENT AND TRAINING PROGRAM [LFB Paper 465]

GPR	\$8,948,000
FED	<u>3,518,400</u>
Total	\$12,466,400

Provide \$7,046,200 (\$3,924,400 GPR and \$3,121,800 FED) in 2023-24 and \$5,420,200 (\$5,023,600 GPR and \$396,600 FED) in 2024-25 to fund projected costs of FoodShare employment and training (FSET) program participation in the 2023-25 biennium.

The following table shows estimated enrollment, costs, and total GPR funding budgeted for the program under Act 19.

2023-25 FSET Expenses and Funding

	<u>2023-24</u>	<u>2024-25</u>
Vendor Service Expenses		
Average Monthly Enrollment	10,174	8,796
Est. per Enrollee per Month Vendor Expenses	<u>\$384.05</u>	<u>\$387.84</u>
Estimated Total Vendor Service Costs	\$46,887,900	\$40,937,300
Administrative Expenses	<u>\$1,371,800</u>	<u>\$1,371,800</u>
Estimated Total Program Expenses	\$48,259,700	\$42,309,100
Estimated 100% Federal Funding Offset	\$3,014,400	\$3,014,400
Remaining Expenses after Federal Offset	\$45,245,300	\$39,294,700
50% GPR	22,622,600	19,647,400
50% FED	22,622,700	19,647,300
GPR Base Funding	\$14,623,800	\$14,623,800
Projected Carryover from 2022-23	<u>4,074,400</u>	<u>0</u>
GPR Available	\$18,698,200	\$14,623,800
Difference Between Estimated GPR Costs and Available GPR Funding (Act 19 Increase)	\$3,924,400	\$5,023,600

2. MA AND FOODSHARE CONTRACTS [LFB Paper 466]

GPR	\$45,996,500
FED	<u>82,287,400</u>
Total	\$128,283,900

Provide \$60,572,700 (\$21,497,000 GPR and \$39,075,700 FED) in 2023-24 and \$67,711,200 (\$24,499,500 GPR and \$43,211,700 FED) in 2024-25 to increase funding for contractual services and systems costs for the administration of the MA and FoodShare programs.

This item includes increases in GPR funding for programming services DHS purchases from Deloitte for the Client Assistance for Re-employment and Economic Support (CARES) system. The CARES system is used by county and state staff for eligibility determinations and managing cases for the state's public assistance programs.

This item also includes additional funding to support projects not funded in the current biennium, including: (a) replacing the current system used for administering the Birth to 3 program; (b) the development and implementation of a business operations support system for the Bureau of Fiscal Accountability and Management; (c) the creation of training modules to support professional development as part of the prenatal care coordination redesign project; (d) the development of a business tool to assist in the administration of the Wisconsin funeral and cemetery aids program to replace a payment tracking tool that is no longer functional; and (e) several enhancements to CARES.

Further, this item includes additional funding to support projected cost increases for several

contracts, including the contract with Gainwell Technologies, the state's MA fiscal agent and contract vendor for the state's Medicaid management information system (MMIS) and contracts for telecommunications services used by MA recipients.

Finally, this item includes transferring expenditure authority for the costs associated with the Wisconsin Shares childcare statewide administration on the web (CSAW) system to the Department of Children and Families.

The following table summarizes the GPR and FED funding amounts that would be budgeted for contracted services and systems costs for MA and FoodShare under Act 19.

Summary of MA and FoodShare Administrative Contracts Funding -- GPR and FED Act 19

	2023-24			2024-25		
	GPR	FED	Total	GPR	FED	Total
FoodShare Electronic Benefit Contract	\$1,221,600	\$1,221,600	\$2,443,200	\$1,221,600	\$1,221,600	\$2,443,200
MMIS	37,230,900	82,913,400	120,144,300	40,091,200	91,316,800	131,408,000
MMIS Modules and Related Contracts	5,669,800	25,742,700	31,412,600	4,930,400	19,057,500	23,988,000
CARES Maintenance and Programming	37,700,900	70,576,300	108,277,200	39,287,600	73,946,700	113,234,300
Other Major and Minor Contracts	19,129,400	25,901,000	45,030,400	18,386,000	24,901,600	43,287,600
Telecommunications	2,781,300	3,399,400	6,180,800	2,819,600	3,446,200	6,265,800
Hearings and Appeals and Disability Determinations	<u>2,106,100</u>	<u>2,087,100</u>	<u>4,193,200</u>	<u>2,106,100</u>	<u>2,087,100</u>	<u>4,193,200</u>
Subtotal	\$105,840,000	\$211,841,500	\$317,681,700	\$108,842,500	\$215,977,500	\$324,820,100
Costs Funded from Other Approps.	-\$3,500,000	\$0	-\$3,500,000	-\$3,500,000	\$0	-\$3,500,000
Net Expenditures	\$102,340,000	\$211,841,500	\$314,181,700	\$105,342,500	\$215,977,500	\$321,320,100
2022-23 Base Funding	\$80,843,000	\$172,765,800	\$253,608,800	\$80,843,000	\$172,765,800	\$253,608,800
Difference (Funding Increase in Act 19)	\$21,497,000	\$39,075,700	\$60,572,900	\$24,499,500	\$43,211,700	\$67,711,200

3. SUPPLEMENTAL AMBULANCE REIMBURSEMENTS

GPR	\$632,800
FED	632,800
Total	\$1,265,600

Provide \$632,800 (\$316,400 GPR and \$316,400 FED) annually to contract for the administration of a certified public expenditure (CPE) program to increase MA reimbursement to ambulance service providers owned by local governments. 2021 Act 228 requires the Department to create such a program, subject to federal regulatory approval, which will enable the state to claim federal matching funds on eligible ambulance service expenditures made by local governments and to make a supplemental payment for ambulance services using that revenue.

4. INCOME MAINTENANCE -- LOCAL ASSISTANCE [LFB Paper 467]

GPR	\$1,914,100
FED	2,371,200
Total	\$4,285,300

Provide \$1,756,800 (\$802,700 GPR and \$954,100 FED) in 2023-24 and \$2,528,500 (\$1,114,400 GPR and \$1,111,400 FED) in 2024-25 to: (a) increase base contracts

for income maintenance (IM) consortia and tribal IM agencies by 2% in 2023-24 and an additional 2% in 2024-25 (\$302,700 GPR and \$454,100 FED in 2023-24 and \$611,400 GPR and \$917,100 FED in 2024-25); and (b) increase funding to support fraud prevention investigations by \$1,000,000 (\$500,000 GPR and \$500,000 FED) annually.

Eligibility and caseload management functions related to MA, FoodShare, Wisconsin Shares, and other public assistance programs are performed by county employees in all counties (except Milwaukee County) by 10 regional, multi-county IM consortia. State employees in Milwaukee Enrollment Services (MilES) perform these functions in Milwaukee County. In nine tribal jurisdictions, tribal agency staff provide these services. IM services are funded from a combination of state, federal, and local funds. Base GPR funding for IM eligibility and caseload management functions is \$15,132,500 and \$1,000,000 for fraud prevention investigations.

5. FUNERAL AND CEMETERY AIDS

GPR	- \$549,600
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Reduce funding by \$396,800 in 2023-24 and by \$152,800 in 2024-25 to reflect reestimates of the cost of payments under the Wisconsin funeral and cemetery aids program (WFCAP). Under the program, DHS reimburses costs incurred by funeral homes, cemeteries, and crematories for services they provide to certain deceased individuals who were eligible for MA or Wisconsin Works benefits at the time of their death. DHS is required to pay up to \$1,000 for cemetery and crematory expenses and up to \$1,500 for funeral and burial expenses that are not covered by the decedent's estate or other persons. The program does not provide any reimbursement if the total cemetery expenses exceed \$3,500 or total funeral expenses exceed \$4,500.

Base funding for the program is \$8,476,700. It is estimated that reimbursement payments will total \$7,843,000 in 2022-23, \$8,079,900 in 2023-24 and \$8,323,900 in 2024-25.

Departmentwide

1. STANDARD BUDGET ADJUSTMENTS [LFB Paper 105]

Provide \$18,109,100 (\$491,500 GPR, \$12,203,000 FED, \$5,406,600 PR, and \$8,000 SEG) in 2023-24 and \$9,510,700 (\$495,100 GPR, \$3,593,700 FED, \$5,413,900 PR and \$8,000 SEG)

	Funding	Positions
GPR	\$986,600	0.00
FED	15,796,700	- 139.00
PR	10,820,500	0.00
SEG	<u>16,000</u>	<u>0.00</u>
Total	\$27,619,800	- 139.00

and a reduction of 139.00 FED positions in 2024-25 to reflect the net effect of the following standard budget adjustments: (a) turnover (-\$4,887,900 GPR, -\$3,525,000 FED, and -\$3,378,000 PR annually); (b) removal of noncontinuing elements from the base (-\$10,683,300 FED in 2023-24 and -\$19,352,100 FED and -139.0 FED positions in 2024-25); (c) full funding of continuing positions (-\$5,714,200 GPR, \$25,968,400 FED, -\$4,069,800 PR, and \$1,800 SEG annually); (d) overtime (\$9,396,800 GPR and \$10,434,700 PR annually); (e) night and weekend differential pay

(\$2,281,500 GPR, \$101,100 FED, and \$2,256,100 PR annually); and (f) full funding of lease and directed moves costs (-\$584,700 GPR, \$341,800 FED, \$163,600 PR, and \$6,200 SEG in 2023-24 and -\$581,100 GPR, \$401,300 FED, \$170,900 PR, and \$6,200 SEG in 2024-25).

2. FEDERAL REVENUE REESTIMATES

FED	\$120,631,000
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Provide \$60,315,500 annually to reflect the net effect of funding adjustments to certain appropriations funded from federal revenue.

The following table shows the base funding amount for each appropriation, the funding change under this item, the net funding changes to these appropriations under other items in the bill, and the total amount that would be budgeted for these appropriations under Act 19.

Federal Revenue Reestimates

	Base	2023-24			2024-25		
		Reestimate	Other Items	Total	Reestimate	Other Items	Total
Public Health							
MA State Administration	\$2,127,600	\$6,600,200	-\$70,700	\$8,657,100	\$6,600,200	-\$70,700	\$8,657,100
Federal Program Operations -- Aging	1,463,000	41,800	31,000	1,535,800	41,800	31,000	1,535,800
Prev. Health Block Grant -- Aids	907,200	86,800	0	994,000	86,800	0	994,000
MCH Block Grant -- Aids	7,000,000	450,000	0	7,450,000	450,000	0	7,450,000
Programs for the Elderly	29,934,900	6,282,300	0	36,217,200	6,282,300	0	36,217,200
						0	
Care and Treatment Services							
Federal Project Aids	15,886,400	403,300	0	16,289,700	403,300	0	16,289,700
Substance Abuse Block Grant Aid to Counties	9,756,800	19,644,000	0	29,400,800	19,644,000	0	29,400,800
Federal Block Grants -- Local Assistance	7,185,200	23,688,000	0	30,873,200	23,688,000	0	30,873,200
Substance Abuse Block Grant -- Operations	2,532,900	1,161,100	496,300	4,190,300	1,161,100	487,800	4,181,800
Community Mental Health Block Grant -- Operations	1,384,900	1,625,900	240,900	3,251,700	1,625,900	218,200	3,229,000
Community Mental Health Block Grant -- Local Assistance	2,513,400	200	0	2,513,600	200	0	2,513,600
Disability and Elder Services							
Social Services Block Grant -- Local Assistance	21,106,800	48,400	0	21,155,200	48,400	0	21,155,200
General Administration							
Federal WIC Program Operations	746,900	133,500	-4,000	876,400	133,500	-4,000	876,400
Office of the Inspector General -- Local Assistance	1,350,000	150,000	500,000	2,000,000	150,000	500,000	2,000,000
Total		\$60,315,500			\$60,315,500		

3. PROGRAM REVENUE REESTIMATES

PR	\$62,314,900
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Provide \$31,115,500 in 2023-24 and \$31,199,400 in 2024-25 to reflect the net effect of funding adjustments to certain appropriations funded from program revenue.

The following table shows the base funding amount for each appropriation, the funding change under this item, the net funding changes to these appropriations under other items in the bill, and the total amount that would be budgeted for these appropriations under Act 19.

Program Revenue Funding Reestimates

	Base	2023-24			2024-25		
		Reestimate	Other Items	Total	Reestimate	Other Items	Total
Public Health							
Fees for Administrative Services	\$112,500	\$6,000	\$0	\$118,500	\$6,000	\$0	\$118,500
Interagency and Intra-Agency Aids	5,466,500	2,922,500	-13,000	8,376,000	2,922,500	-13,000	8,376,000
Mental Health and Developmental Disabilities Facilities							
Repair and Maintenance	965,100	246,500	0	1,211,600	246,500	0	1,211,600
State Centers Operations	135,770,600	4,949,100	17,309,600	158,029,300	4,949,100	17,309,600	158,029,300
Medicaid Services							
Interagency and Intra-Agency Aids	23,192,000	4,808,000	3,758,700	31,758,700	4,808,000	15,346,700	43,346,700
Care and Treatment Services							
Gifts and Grants	94,300	98,300	0	192,600	98,300	0	192,600
Quality Assurance							
Licensing and Support Services	3,336,000	801,200	-732,100	3,405,100	885,100	-732,100	3,489,000
General Administration							
Bureau of Information Technology Services	19,951,700	<u>17,283,900</u>	-445,300	36,790,300	<u>17,283,900</u>	-445,300	36,790,300
Total		\$31,115,500			\$31,199,400		

4. ADMINISTRATIVE TRANSFERS

Reduce PR funding by \$193,000 annually and increase FED funding by corresponding amounts, and convert 1.50 PR positions to FED positions, beginning in 2023-24, to reflect the net effect of position transfers that occurred within the Department in the 2021-23 biennium. These transfers are intended to more accurately align base staff costs with funding sources that reflect the positions' current responsibilities.

	Funding	Positions
FED	\$386,000	1.50
PR	<u>- 386,000</u>	<u>- 1.50</u>
Total	\$0	0.00

5. DELETE VACANT POSITIONS

Delete 33.48 positions (3.31 GPR, 18.05 FED, and 12.12 PR), beginning in 2023-24, that have been vacant for more than 18 months.

	Positions
GPR	- 3.31
FED	- 18.05
PR	<u>- 12.12</u>
Total	- 33.48