Senator Vukmir
Representative Knudson

HEALTH SERVICES -- MEDICAL ASSISTANCE -- LONG-TERM CARE

Omnibus Medical Assistance -- Long-Term Care

Motion:

Move the following provisions:

1. *Long-Term Care Changes [Paper # 356] and Statewide Expansion of Family Care and IRIS [Paper #358].* Modify the bill as follows:

a. Delete all of the statutory changes recommended by the Governor, as summarized under Item 1, beginning on page 211 of the Legislative Fiscal Bureau Summary of the Governor's Budget Recommendations. However, retain the Governor's recommendation to reduce MA benefits costs by $14,336,900 (-$6,000,000 GPR and -$8,336,900 FED) in 2016-17 to reflect savings the Department of Health Services (DHS) would be expected to realize in the 2015-17 biennium in providing services to MA recipients who receive long-term care services.

b. Require DHS to submit a request to the federal Centers for Medicare and Medicaid Services (CMS) for changes to the state's current waiver under which Family Care and IRIS operates. Require that the waiver request provide for the expansion of the Family Care program statewide. If a federal waiver is approved, require DHS to make the Family Care program available statewide by January 1, 2017, or a date determined by the Department, whichever is later. If such a waiver is approved, remove the statutory requirement that the Department submit proposals for Family Care expansion to the Joint Committee on Finance (JFC) for approval. Permit DHS to eliminate the community integration program (CIP), community opportunities and recovery program (CORP), and community options program (COP) after the Family Care program is available to all eligible residents in a county.

c. In addition to requesting the statewide expansion of Family Care, require that the waiver request include the following components: (1) specify that MA-funded long-term care consumers receive both long-term care and acute care services, including Medicare-funded services to the extent allowable by CMS, from integrated health agencies (IHAs); (2) increase the size of regions currently served by managed care entities, such that each region has sufficient population to allow for adequate risk management by IHAs; (3) specify that there shall be no less than five regions; (4) require multiple IHAs in all regions of the state; (5) require IHAs to make available a consumer-directed option under the long-term care program, under which the IHA would assist individuals in developing individualized support and service plans, ensure that all services are paid according to the plan, and assist enrollees in managing all fiscal requirements, and which shall include, but is not limited to, the ability to select, direct, and/or employ persons offering any of the services currently available under the IRIS program, and the ability to manage, utilizing the services of an IHA serving as a fiscal intermediary, an individual home and

community-based services budget allowance based on a functional assessment performed by a qualified entity and the availability of family and other caregivers who can help provide needed support; (6) modify the state's long-term care programs, including allowing for audits of providers, in order to improve accountability in the provision of services; (7) establish an open enrollment period for the state's long-term care programs that coincides with the open enrollment period for the Medicare program; and (8) require that rates paid to IHAs be set through an independent actuarial study.

d. Direct DHS to consult with stakeholders, including representatives of consumers of long-term care and long-term care providers, and the public prior to developing its final waiver request.

e. Require DHS to develop its final recommendations in accordance with the ten key principles determined by CMS to be essential elements of a strong managed long-term services and supports program, which include: (1) adequate planning and transition strategies; (2) stakeholder engagement; (3) enhanced provision of services in home and community-based settings; (4) alignment of payment structures with programmatic goals, including improving the health of enrollees, improving the experience of enrollees, and reducing costs through these improvements; (5) support for beneficiaries, including counseling regarding options and enrollment from an independent source at no cost to the beneficiary and the availability of ombudsman resources; (6) person-centered processes, including an option to self-direct services; (7) a comprehensive and integrated service package; (8) qualified providers; (9) participant protections, including systems to manage incidents and appeals processes for program participants; and (10) comprehensive quality assurance and oversight procedures.

f. Require DHS to submit a summary of the proposed concept plan associated with the waiver request to the Committee for review and approval or disapproval without changes no later than April 1, 2016, prior to the Department's submitting any proposed changes to the state's MA waiver agreements or a state plan amendment to CMS for that agency's approval.

g. If a state plan amendment or waiver request is approved and is substantially consistent with the initial waiver application, as approved by JFC, permit the Department to, notwithstanding the current Family Care statutes, implement any programmatic changes in accordance with the approved waiver. If the state plan amendments are not approved or if a waiver that is substantially consistent with the initial waiver request, as approved by JFC, is not approved, the waiver may not be implemented, and the Family Care program shall continue to operate in accordance with current statutes.

h. Require the Department include in its 2017-19 biennial budget request any proposed statutory changes necessary to conform statutes to the approved waiver or state plan amendment.

i. Specify that a long-term care district, defined under s. 46.2895 of the statutes, is permitted to operate a health maintenance organization.

j. Specify that, in addition to the current statutory responsibilities, long-term care advisory committees are responsible for providing for review and assessment of the self-directed

services option.

k. Specify that language under s. 46.2895 of the statutes relating to tribal or band long-term care districts shall be maintained until a waiver for the provision of tribal long-term care services from CMS is approved and implemented.

2. *ADRCs and Long-Term Care Advisory Councils [Paper #357].* Adopt Alternatives A3 and B3, which would do the following: (a) delete the Governor's recommendation to modify the statutory requirements of ADRCs; (b) delete the Governor's recommendation to eliminate ADRC governing boards; (c) require DHS to evaluate the functional screen and options counseling for reliability and consistency among ADRCs, and to provide a report regarding these activities by January 1, 2017; and (d) require the Department to assess which responsibilities of ADRC governing boards are duplicative with current Department procedures, and to propose changes to the statutory requirements of these boards that remove duplication to the Committee no later than July 1, 2016. In addition, adopt Alternative C3 to delete the Governor's recommendation to eliminate long-term care advisory committees.

Require DHS to study the integration of income maintenance consortia and aging and disability resource centers, and to present a report to the Committee no later than April 1, 2016 with recommendations regarding potential efficiencies that may be gained, if any, from the integration of these entities, as well as whether such a merger would be appropriate in light of the responsibilities of each entity.

3. *Children's Community Options Program [Paper #359].* Adopt all modifications listed under Alternative 1, which would adopt the Governor's recommendations with the following changes:

a. Add to the definition of "child" under s. 46.272 of the statutes that a child is considered someone who is not eligible to receive services in or be on a waitlist for adult long-term care programs;

b. Add to the definition of "disability" under s. 46.272 of the statutes that the limitation on the ability to function should be equivalent to a nursing home, hospital, or institution for mental disease level of care;

c. Under s. 46.272(2)(b) of the statutes, replace "hospitals, and other institutional settings" with "programs that provide community-based services to children or families, other publicly funded programs, the social services, mental health, and developmental disabilities programs under ss. 46.495, 51.42, and 51.437; the independent living center program under s. 46.96; and the Medical Assistance program under subchapter IV of chapter 49 of the statutes";

d. Modify s. 46.272(4)(b)1. of the statutes to read "A description of the proposed program operations";

e. Under s. 46.272(4)(b)4. of the statutes, replace "mental impairments" with "developmental disabilities";

f. Replace s. 46.272(4)(b)8.(c) of the statutes with "The county department shall submit the proposed program plan to the department upon approval by the children's community options program advisory committee.";

g. Replace s. 46.272(5) of the statutes with "POWERS AND DUTIES OF A PRIVATE NONPROFIT AGENCY. The Department may contract with a private nonprofit agency for services under this section. The agency shall have the powers and duties under this section of a county department designated to administer the program."; and

h. Under s. 46.272(6) of the statutes, replace "administering agency" with "county or agency described under sub. (5)."

4. *Dementia Care Specialists [Paper #360].* Adopt Alternative 1 to provide one-time funding for 12 grants to support DCS positions.

5. *Children's Long-Term Care Services [Paper #361].* Adopt Alternatives A1 and B1, which would adopt the Governor's recommendation to provide a 3% annual increase to the CLTS program and for autism services, and to adopt the Governor's recommendation to direct excess funds from school-based services to reduce waitlists for children's long-term services. Additionally, adopt Alternative C5 to provide $886,300 ($370,100 GPR and $516,200 FED) in 2015-16 and $912,900 ($382,000 GPR and $530,900 FED) in 2016-17 to provide services to approximately 50 children on the CLTS and autism services waitlists, beginning in 2015-16.

6. *MA Reimbursement for Nursing Homes [Paper #362].* Adopt Alternative A2, which would provide $7,617,400 ($3,186,300 GPR and $4,431,100 FED) in 2016-17 for a 1% acuity increase for nursing homes, beginning in 2016-17. Additionally, adopt Alternative B2, which would direct the Department to study the labor region methodology, and to propose changes to labor region methodology, as necessary, such that any proposed labor region methodology results in adjustments to direct care costs that reflect labor costs for nursing homes in each county no later than July 1, 2016.

In addition, request a Legislative Council study committee on the adequacy of, and issues related to, access to nursing home beds, including the potential cost and quality implications of increasing the number of licensed skilled nursing facility beds in Wisconsin, to begin no later than January 1, 2017.

7. *Healthy Aging Grants.* Provide $200,000 GPR in one-time funding each year of the 2015-17 biennium for a grant to a private, non-profit entity that will use these funds to conduct the following activities: (a) coordinate the implementation of evidence-based health promotion programs in healthy aging; (b) coordinate with academic and research institutes regarding research on healthy aging; (c) serve as a statewide clearinghouse on evidence-based disease prevention and health promotion programs; (d) provide training and technical assistance to the staff of county departments, administering agencies, and other providers of services to aging populations; (e) collect and disseminate information on disease prevention and health promotion in healthy aging; (f) coordinate public awareness activities related to disease prevention and health promotion in aging;

and (g) advise the Department on public policy issues concerning disease prevention and health promotion in aging. Create an annual GPR appropriation, entitled "Healthy aging; evidence-based training and prevention" among the Department's programs for disability and elder services.

8. *Exempt IMDs and County-Operated Nursing Homes from Bed Assessment.* Exempt county government-owned institutions for mental disease (IMDs) and state-only licensed facilities from the nursing home bed assessment, unless CMS determines that exempting these facilities would not be permissible under federal statutes or rules relating to state health care provider assessments.

Reduce estimates of segregated revenue to the MA trust fund by $320,300 annually. Reduce SEG funding from the MA trust fund for MA benefits by $320,300 SEG annually, and increase GPR funding for MA benefits by a corresponding amount to reflect the estimated fiscal effect of exempting these facilities from the nursing home bed assessment.

9. *County-to-County Nursing Home Bed Transfers.* Require DHS to develop a policy that specifies procedures for applying for, and receiving approval of, the transfer of available, licensed nursing home beds among counties. Require DHS to report to the Committee no later than July 1, 2016.

10. *Transfer Prior Authorization Staff from the Office of the Inspector General to the Division of Medicaid Services.* Transfer 2.75 GPR positions and 8.25 FED positions from the Office of the Inspector General (OIG) to the Division of Medicaid Services (DMS), effective March 31, 2016, to reflect the transfer of positions and funding related to prior authorization from OIG to DMS. Transfer $272,700 ($68,200 GPR and $204,500 FED) in 2015-16 and $1,090,700 ($272,700 GPR and $818,000 FED) in 2016-17 from OIG to DMS.

Note:

The attachment summarizes the fiscal effect of the motion, by item.

[Change to Bill: $4,979,000 GPR, $5,478,200 FED, -$640,600 SEG, and -$640,600 SEG-REV]

Attachment

ATTACHMENT

Fiscal Effect of Omnibus Motion -- Health Services MA -- Long-Term Care

Change to Bill

Item #	Title	2015-16 GPR	2015-16 FED	2015-16 PR	2015-16 SEG	2015-16 Total	2016-17 GPR	2016-17 FED	2016-17 PR	2016-17 SEG	2016-17 Total
1	Long-Term Care Changes and Statewide Expansion of Family Care and IRIS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2	ADRCs and Long-Term Care Advisory Councils	0	0	0	0	0	0	0	0	0	0
3	Children's Community Options Program	0	0	0	0	0	0	0	0	0	0
4	Dementia Care Specialists	0	0	0	0	0	0	0	0	0	0
5	Children's Long-Term Care Services	370,100	516,200	0	0	886,300	382,000	530,900	0	0	912,900
6	MA Reimbursement for Nursing Homes	0	0	0	0	0	3,186,300	4,431,100	0	0	7,617,400
7	Healthy Aging Grants	200,000	0	0	0	200,000	200,000	0	0	0	200,000
8	Exempt IMDs and County-Operated Nursing Homes from Bed Assessment	320,300	0	0	-320,300	0	320,300	0	0	-320,300	0
9	County-to-County Nursing Home Bed Transfers	0	0	0	0	0	0	0	0	0	0
10	Transfer Prior Authorization Staff from OIG to DMS	0	0	0	0	0	0	0	0	0	0
	Total	$890,400	$516,200	$0	-$320,300	$1,086,300	$4,088,600	$4,962,000	$0	-$320,300	$8,730,300

Senator Darling
Representative Nygren

HEALTH SERVICES -- MEDICAL ASSISTANCE -- LONG-TERM CARE

Integrated Health Agencies -- Contracts with Any Willing Providers and Nursing Home Bed Access Study

[Amendment to Motion 513]

Motion:

Move to modify Motion 513 as follows.

1. Under Item 1c, require that the Department's waiver request include the preservation of the current "any willing provider" requirement for long-term care providers for a minimum of three years after the implementation date of the program in each region.

2. Under Item 6, delete the provision that would request a Legislative Council Study Committee on the adequacy of, and issues related to, access to nursing home beds, including the potential cost and quality implications of increasing the number of licensed skilled nursing facility beds in Wisconsin no later than January 1, 2017.

Note:

Motion 513 would require DHS to request a waiver from the Centers for Medicare and Medicaid Services that would authorize changes in the state's long-term care programs. The motion includes eight required components of the request.

Under current law, the state's contracts with a managed care organizations that offer services under Family Care must include a requirement that the MCO contract for the provision of services with specified long-term care providers that agree to accept the reimbursement rate that the MCO pays under contract to similar providers with which the MCO contracts to provide the same service. This is commonly referred to as the "any willing provider" provision.

This motion would add a ninth required component of the waiver request, that would include preserving the current "any willing provider" requirement for long-term care providers for a minimum of three years after the implementation date of the program in each region.

In addition, this motion would delete the provision regarding a Legislative Council Study Committee on access to nursing home beds.