

HEALTH SERVICES -- MEDICAID SERVICES, FOODSHARE, AND MENTAL HEALTH,
PUBLIC HEALTH AND OTHER PROGRAMS

Omnibus Medicaid Services Motion

Motion:

Move to adopt the following provisions:

Medicaid Services

1. *SeniorCare Cost-to-Continue [Paper #321]*. Reject the modification.
2. *Nursing Home and ICF-IID Reimbursement [Paper #322]*. Adopt Alternative 1C, which would increase MA reimbursement rates paid to nursing homes by 5% in 2017-18, and by an additional 5% in 2018-19. Increase funding in the bill by \$18,064,200 (\$7,459,500 GPR and \$10,604,700 FED) in 2017-18 and \$22,964,900 (\$15,961,700 GPR and \$22,964,900 FED) in 2018-19. Adopt Alternative 2A, which would approve the Governor's recommendation to increase funding for behavioral and cognitive impairment incentive payments to nursing homes by \$10 million in the biennium. (The bill provides \$2,064,700 GPR and \$2,935,300 FED in 2017-18 and \$2,054,700 GPR and \$2,945,300 FED in 2018-19 for this purpose.) Adopt Alternative 3C, which would increase MA reimbursement rates paid to intermediate care facilities for individuals with intellectual disabilities by 5% in 2017-18, and by an additional 5% in 2018-19. Increase funding in the bill by \$58,700 (\$24,100 GPR and \$34,600 FED) in 2017-18 and \$102,200 (\$40,100 GPR and \$62,100 FED) in 2018-19.
3. *Children's Long-Term Support (CLTS) Waiver Program [Paper #323]*. Adopt Alternative A1, which would adopt the Governor's recommendation to provide funding to support services for children who are currently on the waiting list for CLTS services. Modify the Governor's recommendation by increasing funding by \$94,900 (\$191,600 GPR and -\$96,700 FED) in 2017-18 and \$184,200 (\$222,600 GPR and -\$38,400 FED) in 2018-19. Adopt Alternative B1, which would adopt the Governor's recommendation to approve all statutory changes in the bill relating to adopting a maintenance of effort requirement, requiring the counties to cooperate with DHS to determine an equitable funding methodology and county contribution mechanism, and authorizing DHS to contract with a county or group of counties to deliver services under the program. Adopt Alternative C2 to update the Act 55 provisions to specify that any funding the state retains for the provision of school-based services that exceed \$36.0 million in any year, beginning in 2017-18, would be used to fund services for children enrolled in the CLTS program.
4. *Childless Adult Employment and Training Waiver [Paper #324]*. Adopt Alternatives A4 and B4, which would do the following:

(a) Prohibit the Department from implementing the following provisions of the waiver, and repeal the corresponding provisions of Act 55 (as applicable): (1) the work and training requirement and related 48-month time limit; (2) monthly premiums; (3) health risk assessment and healthy behavior incentives; (4) drug screening and testing; (5) emergency room copayment; and (6) exemption from institutes for mental disease exclusion for substance use disorder treatment; and

(b) Delete \$1,608,000 GPR, 1.0 GPR position, \$1,608,000 FED, and 1.0 FED position in 2017-18 and \$8,255,500 GPR, 12.0 GPR positions, \$8,255,500 FED, and 12.0 FED positions in 2018-19 to remove funding and positions related to the implementation of the childless adult employment and training program.

5. *Personal Care Rate Increase [Paper #325]*. Direct the Department to Increase the MA reimbursement rate for personal care services by 15% in each year of the biennium. Increase funding in the bill by \$32,134,146 (\$13,262,515 GPR and \$18,871,631 FED) in 2017-18 and by \$69,078,901 (\$28,318,166 GPR and \$40,760,735 FED) in 2018-19 to reflect the cost of such a rate increase.

6. *Repeal Ambulatory Surgical Center Assessment [Paper #326]*. Adopt Alternative 3, which would delete the repeal of the ambulatory surgical assessment. Increase estimates of ambulatory surgical center revenue by \$5,000,000 annually to reflect the retention of the assessment. Increase MA benefits funding by \$6,024,100 (-\$2,616,300 GPR, \$5,000,000 SEG, and \$3,640,400 FED) in 2017-18 and \$6,024,100 (-\$2,623,400 GPR, \$5,000,000 SEG, and \$3,647,500 FED) in 2018-19 to reflect the increase in MA trust fund revenue and the retention of ambulatory surgical center access payments.

7. *Medical Assistance Purchase Plan and EBD MA Eligibility [Paper #327]*. Adopt Alternative 1, to approve the Governor's recommendation to Provide \$901,200 (\$450,600 GPR and \$450,600 FED) in 2017-18 and \$3,203,900 (-\$618,900 GPR, -\$948,800 FED, and \$4,771,600 PR) in 2018-19 and 3.0 positions (1.50 GPR positions and 1.50 FED positions), beginning in 2018-19, to reflect the net effect of: (a) changes to MA benefits costs due to provisions in the bill that would modify the financial eligibility, premium, and work requirements for the medical assistance purchase plan (MAPP) program and financial eligibility requirements for elderly, blind, or disabled (EBD) MA recipients and MA-supported long-term care programs (-\$756,500 GPR, -\$1,086,400 FED and \$4,771,600 PR in 2018-19); and (b) increases in MA administrative costs to implement these changes (\$450,600 GPR and \$450,600 FED in 2017-18 and \$137,600 GPR and \$137,600 FED in 2018-19).

8. *Medical Assistance -- Budgeting MA Trust Fund Revenues [Paper #328]*. Adopt Alternative 1, which would modify provisions relating to the treatment of transfers from the hospital assessment and critical access hospital assessment fund to eliminate the double-counting of those funds in SEG appropriations for the MA benefits, and would reduce SEG funding by \$161,919,300 in 2017-18 and \$163,614,600 in 2018-19 in the hospital assessment SEG appropriation and by \$1,605,600 in 2017-18 and \$1,463,500 in 2018-19 in the critical access hospital SEG appropriation to reflect the elimination of double-counted funds.

9. *Disproportionate Share Hospital Payments*. Increase MA benefits funding by

\$36,328,400 (\$15,000,000 GPR and \$21,328,400 FED) in 2017-18 and \$36,549,700 (\$15,000,000 GPR and \$21,549,700 FED) in 2018-19, to increase DSH payments to hospitals.

10. *MA Reimbursement for Clinical Consultations.* Direct the Department of Health Services to provide reimbursement for clinical consultations under the medical assistance program, subject to federal approval. Define "clinical consultation" as, for a student up to age 21, communication from a mental health professional, or a qualified treatment trainee working under the supervision of a mental health professional, to another individual who is working with the client to inform, inquire, and instruct regarding all of the following and to direct and coordinate clinical service components: (a) the client's symptoms; (b) strategies for effective engagement, care, and intervention for the client; and (c) treatment expectations for the client across service settings.

11. *Labor Regions.* Require DHS to study the cost and workforce impact of raising the four lowest labor regions to the statewide base amount. Require DHS to report to the Joint Finance Committee with their finding within one year.

FoodShare

12. *FoodShare Employment and Training Program -- Cost to Continue [Paper #345].* Adopt Alternative 1c, which would modify the Governor's recommendation by: (a) eliminating the funding for the vendor pay-for-performance incentives (-\$1,722,200 GPR and -\$574,000 FED in 2017-18 and -\$1,769,800 GPR and -\$589,900 FED in 2018-19); (b) reducing estimated federal funding available to support program services by \$10,077,700 FED in 2017-18 and \$9,098,700 FED in 2018-19; and (c) requiring DHS to enter into contracts to only fully fund expenses for vendors meeting certain pre-established performance and job outcome measures, effective for FSET vendor contracts DHS enters into that are effective on or after October 1, 2018.

13. *FoodShare Employment and Training Program--Universal Referrals [Paper #346].* Adopt Alternative 4, which would delete the Governor's recommendation to increase funding for the FSET program to fund estimated costs of referring all eligible able-bodied adults to the FSET program, including those with children up to the age of 18, and those who care for incapacitated persons, who are not required to meet the work requirement. Reduce funding in the bill by \$470,400 (-\$235,200 GPR and -\$235,200 FED) in 2017-18 and \$29,573,200 (-\$14,786,600 GPR and -\$14,786,600 FED) in 2018-19.

14. *FSET Pilot for Able-Bodied Adults with Dependents [Paper #347].* Adopt Alternative 3, which would delete the Governor's recommendation to expand the ABAWD work requirement on a pilot basis, beginning in 2018-19, to able bodied adults with dependents age six or older. Delete all statutory provisions in the bill relating to creating a work requirement.

15. *FoodShare Eligibility -- Asset Limit [Paper #348].* Adopt Alternative 2, which would delete the Governor's recommendation to implement provisions that would prohibit individuals who are not elderly, blind, or disabled from participating in the FoodShare program in any month in which the household of which the individual is a member has liquid assets that exceed \$25,000. Delete all statutory provisions related to this item and reduce funding in the bill by \$118,200 (-

\$59,100 GPR and -\$59,100 FED) in 2017-18 and \$2,990,000 (-\$1,495,000 GPR and -\$1,495,000 FED) in 2018-19.

16. *FoodShare Eligibility --Child Support and Paternity Compliance [Paper #349]*. Adopt Alternative 4, which would delete the Governor's recommendation to implement provisions that would make eligibility for FoodShare benefits contingent on cooperation with establishing child support orders, avoiding delinquent support, and cooperation in establishing paternity. Delete all statutory provisions related to this item and reduce funding in the bill for DHS by \$758,000 (-\$379,900 GPR and -\$379,900 FED) in 2017-18 and by \$185,800 (-\$92,900 GPR and -\$92,900 FED) in 2018-19. Reduce funding in the bill for DCF by \$412,500 (-\$140,300 GPR and -\$272,200 FED) in 2017-18.

Mental Health, Public Health, and Other Programs

17. *Child Psychiatry Consultation Program [Paper #365]*. Adopt Alternative 2, which would provide an additional funding increase for the child psychiatry consultation program of \$2,125,000 GPR annually to provide a total amount of funding the Department estimates would be necessary for statewide expansion of the program.

18. *Office of Children's Mental Health Travel Reimbursement [Paper #366]*. Adopt Alternative 1, which would approve the Governor's recommendation to provide \$10,000 GPR annually to fund travel reimbursement for families with first-hand experience with children's mental health services.

19. *SSI and Caretaker Supplement Reestimate [Paper #367]*. Reject the modification, and instead maintain funding provided in the bill.

20. *Dementia Care Specialists [Paper #368]*. Provide \$893,000 (\$760,000 GPR and \$133,000 FED) in 2017-18 and \$3,008,000 (\$2,560,000 GPR and \$448,000 FED) in 2018-19, to maintain ongoing support for the 19 current dementia care specialist positions through June 30, 2018, and to fund 32 dementia care specialist positions, on an ongoing basis, beginning July 1, 2018.

21. *Healthy Aging Grants*. Move to provide \$600,000 GPR annually, beginning in 2017-18, for DHS to distribute as a grant to an entity that conducts programs in healthy aging. Require that the grant recipient provide not less than 50% of the grant amount to county aging units or public health departments to fund programs in healthy aging. Retain an appropriation in DHS, created in Act 55 and repealed effective July 1, 2017, for the purpose of budgeting the grant.

22. *Communicable Disease Control and Prevention Grants*. Provide \$2,500,000 GPR annually, in a continuing appropriation, for DHS to distribute as grants to control and prevent communicable diseases. Permit local health departments to use grant funds for disease surveillance, contact tracing, staff development and training, improving communication among healthcare professionals, public education and outreach, and other infection control activities which local health departments are required to undertake in accordance with Chapter 252.

Specify criteria the Department must consider when determining the amount of grant funding to distribute to each local health department. These criteria would include: (a) base funding amount, with each local health department guaranteed at least some level of base funding; (b) general population; (c) target populations; (d) risk factors; and (e) geographic area, including consideration of the size of the geographic area served by the local health department or the density of the population. Provide DHS discretion in how these criteria are applied, including in determining what level of base funding to provide to each local health department.

Require local health departments receiving funding under this program to submit biennial financial statements to the Department on their use of the funds, with the first such statement due January 1, 2019.

Note:

The attached table summarizes the fiscal effect of this motion.

Funding Change to Bill

	2017-18			2018-19			2017-19 Biennium					
	GPR	FED	PR	SEG	GPR	FED	PR	SEG	GPR	FED	PR	SEG
SeniorCare Cost-to-Continue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursing Home and ICF-ID Reimbursement	7,483,600	10,639,300	0	0	16,001,800	23,027,000	0	0	23,485,400	33,666,300	0	0
Children's Long-Term Support Waiver Program	191,600	-96,700	0	0	222,600	-38,400	0	0	414,200	-135,100	0	0
Childless Adult Employment and Training Waiver	-1,608,000	-1,608,000	0	0	-8,255,500	-8,255,500	0	0	-9,863,500	-9,863,500	0	0
Personal Care Rate Increase	13,262,515	18,871,631	0	0	28,318,166	40,760,735	0	0	41,580,681	59,632,366	0	0
Repeat Ambulatory Surgical Center Assessment	-2,616,300	3,640,400	0	5,000,000	-2,623,400	3,647,500	0	5,000,000	-5,239,700	7,287,900	0	10,000,000
Medical Assistance Purchase Pland and EBD MA Eligibility	0	0	0	0	0	0	0	0	0	0	0	0
Medical Assistance -- Budgeting MA Trust	0	0	0	-163,524,900	0	0	0	-165,078,100	0	0	0	-328,603,000
Fund Revenues	15,000,000	21,328,400	0	0	15,000,000	21,549,700	0	0	30,000,000	42,878,100	0	0
Disproportionate Share Hospital Payments	0	0	0	0	0	0	0	0	0	0	0	0
MA Reimbursement for Clinical Consultations	0	0	0	0	0	0	0	0	0	0	0	0
Labor Regions	0	0	0	0	0	0	0	0	0	0	0	0
FoodShare Cost to Continue	-1,722,200	-10,651,700	0	0	-1,769,800	-9,688,600	0	0	-3,492,000	-20,340,300	0	0
FoodShare Program -- Universal Referrals	-235,200	-235,200	0	0	-14,786,600	-14,786,600	0	0	-15,021,800	-15,021,800	0	0
FSET Pilot for Able-Bodied Adults with Dependents	0	0	0	0	0	0	0	0	0	0	0	0
FoodShare Eligibility -- Asset Limit	-59,100	-59,100	0	0	-1,495,000	-1,495,000	0	0	-1,554,100	-1,554,100	0	0
FoodShare Eligibility -- Child Support and Paternity Compliance	-520,200	-652,100	0	0	-92,900	-92,900	0	0	-613,100	-745,000	0	0
Child Psychiatry Consultation Program	2,125,000	0	0	0	2,125,000	0	0	0	4,250,000	0	0	0
Office of Children's Mental Health Travel Reimbursement	0	0	0	0	0	0	0	0	0	0	0	0
SSI and Caretaker Supplement Reestimate	0	0	0	0	0	0	0	0	0	0	0	0
Dementia Care Specialists	760,000	133,000	0	0	2,560,000	448,000	0	0	3,320,000	581,000	0	0
Healthy Aging Grants	600,000	0	0	0	600,000	0	0	0	1,200,000	0	0	0
Communicable Disease Control and Preventio ¹ Grants	2,500,000	0	0	0	2,500,000	0	0	0	5,000,000	0	0	0
Total	\$35,161,715	\$41,309,931	\$0	-\$158,524,900	\$38,304,366	\$55,075,935	\$0	-\$160,078,100	\$73,466,081	\$96,385,866	\$0	-\$318,603,000

Non-Appropriation Changes

Retain Ambulatory Surgical Assessment	10,000,000	SEG-REV
Childless Adult and Training Waiver	-12.00	GPR Position
	-12.00	FED Position