

Biennial Budget Request 2009-2011

Wisconsin
Department of Health Services

September 15, 2008

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State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

September 15, 2008

The Honorable Jim Doyle
Governor, State of Wisconsin
Room 115 East, State Capitol
Madison, WI 53702

Dear Governor Doyle:

I am pleased to submit to you the 2009-11 biennial budget request of the Department of Health Services (DHS). This request continues your major health care reform initiatives, promotes the health and safety of Wisconsin citizens, and controls spending.

The Department's request continues to build on BadgerCare Plus and Family Care, two bold initiatives of your 2007-09 budget. Under your direction and guidance, and with the support of the Legislature, DHS successfully implemented BadgerCare Plus in February 2008, providing access to affordable health care for every child in Wisconsin. More than 85,000 people, including over 55,000 children, have already enrolled in BadgerCare Plus.

To continue toward your goal of increasing access to affordable health insurance for Wisconsin's citizens, you have further directed the Department to pursue a federal waiver to expand health care coverage to low-income childless adults. The Department is in the final stages of negotiations with the federal government to receive approval of the waiver, and we are poised to launch the childless adults expansion as you envision before the end of the 2007-09 biennium. The program will begin on a limited basis in January 2009, with full implementation starting April 1, 2009.

The Department continues to expand Family Care to new areas of the state to provide comprehensive and flexible long-term managed care to Wisconsin's frail elders and people with disabilities. The number of Aging and Disability Resource Centers (ADRCs) continues to grow; they provide critical information and assistance to guide people to the most appropriate benefits and care available to meet their specific needs. By the end of the 2007-09 biennium, ADRCs will serve 58 counties covering 85% of the state's adult population, and Family Care enrollment will have nearly doubled in two years, providing coverage to over 75% of the state. We are committed to continuing our work in the 2009-11 biennium toward full statewide expansion of Family Care.

The Department's budget proposal also advances other long-standing high priority areas of your Administration.

Providing evidence-based, high quality care focused on outcomes

This budget request continues to support our focus on pay-for-performance as a key strategy in assuring that the health care provided through our programs is of the highest quality and is delivered at the best price. Establishing financial incentives through pay-for-performance strategies represents an important step in creating health plan and provider accountability for health care outcomes and continues the transformation of the Department from a passive payer of claims to an active purchaser of quality and value.

In addition to continued BadgerCare Plus pay-for-performance efforts, the Department proposes to develop a nursing home pay-for-performance program. In the 2009-11 biennium, the Department will develop the performance reporting system for clinical indicators and collect quality of life data that will be the basis for implementation of the nursing home pay-for-performance program in the 2011-13 biennium. The goal of this program is to improve the quality of life for Wisconsin residents who receive care in nursing homes by rewarding facilities that achieve and make gains toward quality benchmarks.

Promoting community living and independence for people in need of long-term assistance

In the last two years, approximately 1,500 elders and people with physical and developmental disabilities have successfully relocated to the community from institutional settings through the Department's programs. Through the implementation of Family Care, we continue to support thousands of elders and people with disabilities living in the community. In addition, the number of people on wait lists for community services is steadily decreasing as Family Care expands to new areas of the state. Further expansion of Family Care will eliminate the wait lists and provide critical long-term care services in a community setting, improving the quality of life of Wisconsin elders and people with disabilities.

Protecting and promoting the health and safety of the people of Wisconsin

The Department provides critical care and specialized treatment services to people with severe mental illness, behavioral challenges and developmental disabilities through its seven inpatient treatment and residential facilities.

The Department's proposal includes a request for positions to fully staff the 45-bed treatment facility at the Wisconsin Resource Center for female correctional inmates with mental health needs. Construction of this facility was approved in the 2007-09 budget. The facility will open in early 2011, delivering critical treatment services to the significant portion of the female inmate population who have such needs.

The Department's proposal also includes a request for key staff positions at the Winnebago Mental Health Institute (WMHI) to improve safety and security for forensic patients and to address dietetic standards of care for the entire WMHI population.

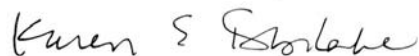
We look forward to continuing to work with the Administration to address staff overtime issues in the State's care and treatment facilities to ensure the highest level of services and to address state and federal regulatory concerns.

The budget proposal conforms to instructions provided by the Department of Administration (DOA) for agency requests, the first step in the process of developing your budget. In line with DOA instructions, certain items, such as entitlement programs, cost-to-continue needs for institutions, and standard budget adjustments, are exempt from the GPR targets.

With respect to items subject to the target, the Department is submitting a budget request with no net GPR increase.

The Department's biennial budget request is a starting point for the budget bill you will send to the Legislature in early 2009. I look forward to working further with you and your staff over the course of the next several months on additional proposals such as hospital rate reform, advancing the eHealth initiative, and providing better opportunities for affordable health insurance for small businesses and their employees.

Sincerely,



Karen E. Timberlake
Secretary

**B 7 BY PROGRAM****435 Health Services**

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Program: 01 DPH (Ops)

Annual Summary**Biennial Summary**

SOURCE OF FUNDS	Prior Yr Actual	Adjusted Base Year	Agency Request		Base Year Doubled (BYD)	Biennial Request	% Change	
			1st Year	2nd Year			From BYD	From BYD
General Purpose Revenue								
a) Total		46,100,100	46,959,200	48,265,800	92,200,200	95,225,000	3,024,800	3.3%
b) State Operations		5,755,300	5,899,900	5,900,300	11,510,600	11,800,200	289,600	2.5%
c) Local Assistance		674,600	674,600	674,600	1,349,200	1,349,200		0.0%
d) Aids to Ind. & Org.		39,670,200	40,384,700	41,690,900	79,340,400	82,075,600	2,735,200	3.4%
e) Position FTE		45.83	45.83	45.83				
Federal Revenue								
a) Total	28,398,800	149,487,900	180,887,700	180,889,500	298,975,800	361,777,200	62,801,400	21.0%
b) State Operations	28,398,800	32,182,100	32,976,900	32,978,700	64,364,200	65,955,600	1,591,400	2.5%
d) Aids to Ind. & Org.		117,305,800	147,910,800	147,910,800	234,611,600	295,821,600	61,210,000	26.1%
e) Position FTE		238.21	236.47	236.47				
Program Revenue								
a) Total	9,138,100	16,715,700	22,630,400	24,264,700	33,431,400	46,895,100	13,463,700	40.3%
b) State Operations	9,138,100	14,421,400	20,216,100	21,759,600	28,842,800	41,975,700	13,132,900	45.5%
d) Aids to Ind. & Org.		2,294,300	2,414,300	2,505,100	4,588,600	4,919,400	330,800	7.2%
e) Position FTE		101.36	93.07	93.07				
Program Revenue Service								
a) Total	2,312,700	3,117,100	4,216,100	4,216,300	6,234,200	8,432,400	2,198,200	35.3%
b) State Operations	2,312,700	2,594,400	3,028,900	3,029,100	5,188,800	6,058,000	869,200	16.8%
d) Aids to Ind. & Org.		522,700	1,187,200	1,187,200	1,045,400	2,374,400	1,329,000	127.1%
e) Position FTE		23.40	28.98	28.98				
Segregated Revenue								
a) Total	305,900	313,100	322,200	322,300	626,200	644,500	18,300	2.9%
b) State Operations	305,900	313,100	322,200	322,300	626,200	644,500	18,300	2.9%
e) Position FTE		2.00	2.00	2.00				
Total								
a) Total	40,155,600	215,733,900	255,015,600	257,958,600	431,467,800	512,974,200	81,506,400	18.9%
b) State Operations	40,155,600	55,266,300	62,444,000	63,990,000	110,532,600	126,434,000	15,901,400	14.4%
c) Local Assistance		674,600	674,600	674,600	1,349,200	1,349,200		0.0%
d) Aids to Ind. & Org.		159,793,000	191,897,000	193,294,000	319,586,000	385,191,000	65,605,000	20.5%
e) Position FTE		410.80	406.35	406.35				



B 7 BY PROGRAM 435 Health Services

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Program: 02 MHIs & DD Ctrs

SOURCE OF FUNDS	Annual Summary				Biennial Summary			
	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	\$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total		172,302,200	183,780,000	192,545,200	344,604,400	376,325,200	31,720,800	9.2%
b) State Operations		162,988,900	174,690,600	182,539,100	325,977,800	357,229,700	31,251,900	9.6%
d) Aids to Ind. & Org.		9,313,300	9,089,400	10,006,100	18,626,600	19,095,500	468,900	2.5%
e) Position FTE		1,734.76	1,730.39	1,844.89				
Program Revenue								
a) Total	180,896,100	184,022,800	187,426,500	188,295,800	368,045,600	375,722,300	7,676,700	2.1%
b) State Operations	180,896,100	184,022,800	187,426,500	188,295,800	368,045,600	375,722,300	7,676,700	2.1%
d) Aids to Ind. & Org.								
e) Position FTE		2,058.19	2,059.69	2,059.69				
Program Revenue Service								
a) Total	8,128,000	7,445,300	7,214,900	7,214,900	14,890,600	14,429,800	(460,800)	-3.1%
b) State Operations	8,128,000	7,445,300	7,214,900	7,214,900	14,890,600	14,429,800	(460,800)	-3.1%
e) Position FTE		69.50	69.50	69.50				
Total								
a) Total	189,024,000	363,770,300	378,421,400	388,055,900	727,540,600	766,477,300	38,936,700	5.4%
b) State Operations	189,024,000	354,457,000	369,332,000	378,049,800	708,914,000	747,381,800	38,467,800	5.4%
d) Aids to Ind. & Org.		9,313,300	9,089,400	10,006,100	18,626,600	19,095,500	468,900	2.5%
e) Position FTE		3,862.45	3,859.58	3,974.08				

**B 7 BY PROGRAM****435 Health Services**

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Program: 05 DMHSAS

SOURCE OF FUNDS	Annual Summary				Biennial Summary			
	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	\$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total		19,729,600	20,079,400	20,079,900	39,459,200	40,159,300	700,100	1.8%
b) State Operations		1,377,900	1,727,700	1,728,200	2,755,800	3,455,900	700,100	25.4%
c) Local Assistance		18,351,700	18,351,700	18,351,700	36,703,400	36,703,400		0.0%
d) Aids to Ind. & Org.								
e) Position FTE		10.57	11.80	11.80				
Federal Revenue								
a) Total	133,527,900	31,095,400	32,567,900	32,569,200	62,190,800	65,137,100	2,946,300	4.7%
b) State Operations	-332,100	3,552,500	3,558,100	3,559,400	7,105,000	7,117,500	12,500	0.2%
c) Local Assistance		19,700,500	20,758,200	20,758,200	39,401,000	41,516,400	2,115,400	5.4%
d) Aids to Ind. & Org.	133,860,000	7,842,400	8,251,600	8,251,600	15,684,800	16,503,200	818,400	5.2%
e) Position FTE		32.52	32.52	32.52				
Program Revenue								
a) Total	3,768,600	2,057,400	2,015,100	2,013,300	4,114,800	4,028,400	(86,400)	-2.1%
b) State Operations		1,052,400	1,010,100	1,008,300	2,104,800	2,018,400	(86,400)	-4.1%
c) Local Assistance		1,005,000	1,005,000	1,005,000	2,010,000	2,010,000		0.0%
d) Aids to Ind. & Org.	3,768,600							
e) Position FTE		1.45	2.15	2.15				
Program Revenue Service								
a) Total	794,000	2,001,000	2,675,500	2,675,600	4,002,000	5,351,100	1,349,100	33.7%
b) State Operations		97,600	772,100	772,200	195,200	1,544,300	1,349,100	691.1%
c) Local Assistance		731,800	731,800	731,800	1,463,600	1,463,600		0.0%
d) Aids to Ind. & Org.	794,000	1,171,600	1,171,600	1,171,600	2,343,200	2,343,200		0.0%
e) Position FTE		4.45	4.45	4.45				
Total								
a) Total	138,090,500	54,883,400	57,337,900	57,338,000	109,766,800	114,675,900	4,909,100	4.5%
b) State Operations	-332,100	6,080,400	7,068,000	7,068,100	12,160,800	14,136,100	1,975,300	16.2%
c) Local Assistance		39,789,000	40,846,700	40,846,700	79,578,000	81,693,400	2,115,400	2.7%
d) Aids to Ind. & Org.	138,422,600	9,014,000	9,423,200	9,423,200	18,028,000	18,846,400	818,400	4.5%
e) Position FTE		44.54	50.92	50.92				

**B 7 BY PROGRAM****435 Health Services**

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Program: 06 DQA

SOURCE OF FUNDS	Annual Summary			Biennial Summary			
	Prior Yr Actual	Adjusted Base Year	Agency Request	Base Year Doubled (BYD)	Biennial Request	\$ Change From BYD	% Change From BYD
General Purpose Revenue							
a) Total		6,468,900	6,308,600	12,937,800	12,617,200	(320,600)	-2.5%
b) State Operations		6,468,900	6,308,600	12,937,800	12,617,200	(320,600)	-2.5%
e) Position FTE		59.88	59.88				
Federal Revenue							
a) Total	36,421,000	16,563,000	15,638,600	33,126,000	31,277,200	(1,848,800)	-5.6%
b) State Operations	36,421,000	16,563,000	15,638,600	33,126,000	31,277,200	(1,848,800)	-5.6%
e) Position FTE		141.66	133.15				
Program Revenue							
a) Total	5,136,700	4,916,600	5,122,500	9,833,200	10,245,000	411,800	4.2%
b) State Operations	5,136,700	4,916,600	5,122,500	9,833,200	10,245,000	411,800	4.2%
e) Position FTE		45.75	45.25				
Program Revenue Service							
a) Total	1,524,200	418,000	417,900	836,000	835,800	(200)	0.0%
b) State Operations	1,524,200	100		200		(200)	-100.0%
d) Aids to Ind. & Org.		417,900	417,900	835,800	835,800		0.0%
e) Position FTE							
Total							
a) Total	43,081,900	28,366,500	27,487,600	56,733,000	54,975,200	(1,757,800)	-3.1%
b) State Operations	43,081,900	27,948,600	27,069,700	55,897,200	54,139,400	(1,757,800)	-3.1%
d) Aids to Ind. & Org.		417,900	417,900	835,800	835,800		0.0%
e) Position FTE		247.29	238.28				

**B 7 BY PROGRAM****435 Health Services**

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Program: 07 DLTC

Annual Summary**Biennial Summary**

SOURCE OF FUNDS	Prior Yr Actual	Adjusted Base Year	Agency Request		Base Year Doubled (BYD)	Biennial Request	% Change	
			1st Year	2nd Year			From BYD	From BYD
General Purpose Revenue								
a) Total		424,641,200	298,006,600	301,992,200	849,282,400	599,998,800	(249,283,600)	-29.4%
b) State Operations		10,264,500	11,433,200	11,724,000	20,529,000	23,157,200	2,628,200	12.8%
c) Local Assistance		265,251,500	270,047,500	273,742,300	530,503,000	543,789,800	13,286,800	2.5%
d) Aids to Ind. & Org.		149,125,200	16,525,900	16,525,900	298,250,400	33,051,800	(265,198,600)	-88.9%
e) Position FTE		55.87	55.92	55.92				
Federal Revenue								
a) Total	114,235,200	84,451,700	88,470,200	89,270,700	168,903,400	177,740,900	8,837,500	5.2%
b) State Operations		14,470,400	18,495,300	19,301,900	28,940,800	37,797,200	8,856,400	30.6%
c) Local Assistance	65,805,400	40,468,500	40,468,500	40,468,500	80,937,000	80,937,000		0.0%
d) Aids to Ind. & Org.	48,429,800	29,512,800	29,506,400	29,500,300	59,025,600	59,006,700	(18,900)	0.0%
e) Position FTE		86.76	86.93	86.93				
Program Revenue								
a) Total	-4,655,900	29,931,900	43,365,500	40,712,000	59,863,800	84,077,500	24,213,700	40.4%
b) State Operations		61,700	63,900	63,900	123,400	127,800	4,400	3.6%
c) Local Assistance	1,097,800	390,100	390,100	390,100	780,200	780,200		0.0%
d) Aids to Ind. & Org.	-5,753,600	29,480,100	42,911,500	40,258,000	58,960,200	83,169,500	24,209,300	41.1%
e) Position FTE		0.20	0.20	0.20				
Program Revenue Service								
a) Total	32,292,400	32,153,700	4,104,800	4,105,400	64,307,400	8,210,200	(56,097,200)	-87.2%
b) State Operations		1,503,600	2,904,800	2,905,400	3,007,200	5,810,200	2,803,000	93.2%
c) Local Assistance	1,720,300	100,000	100,000	100,000	200,000	200,000		0.0%
d) Aids to Ind. & Org.	30,572,200	30,550,100	1,100,000	1,100,000	61,100,200	2,200,000	(58,900,200)	-96.4%
e) Position FTE		12.73	16.77	16.77				
Total								
a) Total	141,871,800	571,178,500	433,947,100	436,080,300	1,142,357,000	870,027,400	(272,329,600)	-23.8%
b) State Operations		26,300,200	32,897,200	33,995,200	52,600,400	66,892,400	14,292,000	27.2%
c) Local Assistance	68,623,400	306,210,100	311,006,100	314,700,900	612,420,200	625,707,000	13,286,800	2.2%
d) Aids to Ind. & Org.	73,248,400	238,668,200	90,043,800	87,384,200	477,336,400	177,428,000	(299,908,400)	-62.8%
e) Position FTE		155.56	159.82	159.82				

**B 7 BY PROGRAM****435 Health Services**

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Program: 08 Exec Svcs

SOURCE OF FUNDS	Annual Summary			Biennial Summary			
	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	\$ Change From BYD

General Purpose Revenue

a) Total		13,643,700	13,782,600	13,782,900	27,287,400	27,565,500	278,100	1.0%
b) State Operations		13,643,700	13,782,600	13,782,900	27,287,400	27,565,500	278,100	1.0%
e) Position FTE		114.72	114.44	114.44				

Federal Revenue

a) Total	5,796,900	13,261,300	13,490,300	13,406,600	26,522,600	26,896,900	374,300	1.4%
b) State Operations	5,796,900	13,261,300	13,490,300	13,406,600	26,522,600	26,896,900	374,300	1.4%
e) Position FTE		63.75	62.10	62.10				

Program Revenue

a) Total	100,000	500	10,000	10,000	1,000	20,000	19,000	1900.0%
b) State Operations	100,000	500	10,000	10,000	1,000	20,000	19,000	1900.0%
e) Position FTE								

Program Revenue Service

a) Total	22,017,500	32,622,900	34,650,700	34,651,100	65,245,800	69,301,800	4,056,000	6.2%
b) State Operations	22,017,500	32,622,900	34,650,700	34,651,100	65,245,800	69,301,800	4,056,000	6.2%
e) Position FTE		123.57	150.96	150.96				

Total

a) Total	27,914,400	59,528,400	61,933,600	61,850,600	119,056,800	123,784,200	4,727,400	4.0%
b) State Operations	27,914,400	59,528,400	61,933,600	61,850,600	119,056,800	123,784,200	4,727,400	4.0%
e) Position FTE		302.04	327.50	327.50				



B 7 BY PROGRAM

435 Health Services

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Program:

SOURCE OF FUNDS	Annual Summary				Biennial Summary			
	Prior Yr Actual	Adjusted Base Year	Agency Request 1st Year	2nd Year	Base Year Doubled (BYD)	Biennial Request	\$ Change From BYD	% Change From BYD
General Purpose Revenue								
a) Total		2,508,108,000	2,738,330,800	2,897,836,000	5,016,216,000	5,636,166,800	619,950,800	12.4%
b) State Operations		245,779,900	261,439,900	270,021,500	491,559,800	531,461,400	39,901,600	8.1%
c) Local Assistance		322,034,100	327,007,600	330,829,900	644,068,200	657,837,500	13,769,300	2.1%
d) Aids to Ind. & Org.		1,940,294,000	2,149,883,300	2,296,984,600	3,880,588,000	4,446,867,900	566,279,900	14.6%
e) Position FTE		2,109.39	2,106.02	2,220.52				
Federal Revenue								
a) Total	3,834,435,600	3,586,478,300	3,950,862,800	4,220,196,900	7,172,956,600	8,171,059,700	998,103,100	13.9%
b) State Operations	177,999,900	192,665,600	185,679,900	185,879,300	385,331,200	371,559,200	(13,772,000)	-3.6%
c) Local Assistance	124,552,700	117,324,300	118,559,500	118,687,000	234,648,600	237,246,500	2,597,900	1.1%
d) Aids to Ind. & Org.	3,531,883,000	3,276,488,400	3,646,623,400	3,915,630,600	6,552,976,800	7,562,254,000	1,009,277,200	15.4%
e) Position FTE		945.42	930.97	930.97				
Program Revenue								
a) Total	322,945,600	379,425,400	404,830,400	412,714,600	758,850,800	817,545,000	58,694,200	7.7%
b) State Operations	218,927,800	211,164,600	247,180,800	251,827,400	422,329,200	499,008,200	76,679,000	18.2%
c) Local Assistance	1,097,800	1,395,100	1,395,100	1,395,100	2,790,200	2,790,200		0.0%
d) Aids to Ind. & Org.	102,920,000	166,865,700	156,254,500	159,492,100	333,731,400	315,746,600	(17,984,800)	-5.4%
e) Position FTE		2,217.45	2,210.86	2,210.86				
Program Revenue Service								
a) Total	92,587,800	83,640,000	106,404,200	106,439,200	167,280,000	212,843,400	45,563,400	27.2%
b) State Operations	37,362,600	46,894,200	51,749,500	51,762,300	93,788,400	103,511,800	9,723,400	10.4%
c) Local Assistance	3,179,600	2,017,900	2,662,800	2,685,000	4,035,800	5,347,800	1,312,000	32.5%
d) Aids to Ind. & Org.	52,045,600	34,727,900	51,991,900	51,991,900	69,455,800	103,983,800	34,528,000	49.7%
e) Position FTE		236.62	277.78	277.78				
Segregated Revenue								
a) Total	211,305,900	284,451,300	175,730,700	172,437,700	568,902,600	348,168,400	(220,734,200)	-38.8%
b) State Operations	305,900	313,100	322,200	322,300	626,200	644,500	18,300	2.9%
d) Aids to Ind. & Org.	211,000,000	284,138,200	175,408,500	172,115,400	568,276,400	347,523,900	(220,752,500)	-38.8%
e) Position FTE		2.00	2.00	2.00				



Department: 435 DHS

Decision Item: 2000 Adjusted Base

Decision Item Summary

Printed: 1:18 PM Wednesday, September 10, 200

Expenditure Items	First Year			Second Year		
	Changes to Base	Total Budget	Adj Base Year	Changes to Base	Total Budget	Adj Base Year
01 Permanent Position Salaries		276,833,200	276,833,200		276,833,200	276,833,200
02 Turnover						
03 Project Position Salaries		615,200	615,200		615,200	615,200
04 L TE Salaries		3,225,400	3,225,400		3,225,400	3,225,400
05 Fringe Benefits		123,632,600	123,632,600		123,632,600	123,632,600
06 Supplies and Services		210,257,800	210,257,800		210,257,800	210,257,800
07 Permanent Property		3,882,600	3,882,600		3,882,600	3,882,600
08 Unallotted Reserve		2,155,100	2,155,100		2,155,100	2,155,100
09 Aids to Individuals & Organizations		5,715,010,000	5,715,010,000		5,715,010,000	5,715,010,000
10 Local Assistance		452,633,300	452,633,300		452,633,300	452,633,300
11 One-Time Financing		202,000	202,000		202,000	202,000
12 Debt Service		11,763,600	11,763,600		11,763,600	11,763,600
13 Food		4,002,100	4,002,100		4,002,100	4,002,100
14 Variabled Non-Food		19,995,900	19,995,900		19,995,900	19,995,900
15 Internal Data Processing		11,381,600	11,381,600		11,381,600	11,381,600
16 Rent (leased and state-owned)		6,512,600	6,512,600		6,512,600	6,512,600
17 Total Cost		6,842,103,000	6,842,103,000		6,842,103,000	6,842,103,000
18 Project Positions Authorized	0.00	4.95	4.95	0.00	4.95	4.95
19 Classified Positions Authorized	0.00	5,496.93	5,496.93	0.00	5,496.93	5,496.93
20 Unclassified Positions Authorized	0.00	9.00	9.00	0.00	9.00	9.00
21 Position Totals	0.00	5,510.88	5,510.88	0.00	5,510.88	5,510.88

DEPARTMENT OF HEALTH SERVICES

AGENCY DESCRIPTION

The department is headed by a secretary, who is appointed by the Governor with the advice and consent of the Senate. The department has six divisions and works in partnership with local governments, health and human services agencies, private providers, and concerned and affected citizens to achieve the following goals:

- Assure the health, safety, and well-being of Wisconsin citizens while emphasizing prevention.
- Make Wisconsin a national leader in reforming health care.
- Improve the lives of Wisconsin seniors and people with disabilities.
- Increase opportunities for children to grow up safe, healthy, and successful in strong families.
- Create a high-performing organization that is customer-focused and values our partners and employees.

MISSION

The department's mission is to protect and promote the health and safety of the people of Wisconsin.

PROGRAMS, GOALS, OBJECTIVES AND ACTIVITIES

Program 1: Public Health Services Planning, Regulation and Delivery

Goal: Promote actions that improve and protect the health and well-being of the people in Wisconsin through programs which encourage positive and healthful lifestyles and identify preventive and remedial actions to eliminate, correct, and/or alleviate diseases and health hazards.

Objective/Activity: Reduce the prevalence of current cigarette smoking among youth through an expansion of efforts under the Thomas T. Melvin Youth Tobacco Program and through the collaborative efforts of the Division of Public Health, the Division of Mental Health and Substance Abuse Services, and the Division of Health Care Access and Accountability.

Objective/Activity: Reduce the prevalence of smoking among adults through smoking cessation activities and through community-based efforts to reduce tobacco use.

Objective/Activity: Reduce the number of people who acquire HIV infection, especially within populations disproportionately impacted by HIV infection, such as men who have sex with men, and communities of color, by increasing knowledge of serostatus among those infected; increasing prevention interventions for persons living with HIV; increasing access to care and treatment services; increasing commitment and cooperation from community partners; and evaluating HIV prevention and medical care programs.

Objective/Activity: Increase the rate at which Wisconsin children are immunized against measles, mumps, rubella, tetanus, pertussis, diphtheria, polio, haemophilus influenzae type b (Hib), hepatitis

B (Hep B), and chickenpox by supplying vaccines for immunization, enforcement of the Student Immunization Law, utilization of the immunization registry, assessing providers' immunization records, and collaboration and education.

Objective/Activity: Increase the number of Medicaid-enrolled children under age six who receive a blood lead test. Strategies include Medicaid HMO pay-for-performance initiatives, providing individualized blood lead report cards to Medicaid providers, and making blood lead test results available through the Wisconsin Immunization Registry.

Objective/Activity: Increase the number of pre-1950 dwellings where lead hazards are corrected. Wisconsin property owners correct lead hazards in approximately 5,000 dwellings per year through the use of federal and private funding. According to the U.S. Census Bureau another 5,000 pre-1950 Wisconsin dwellings are demolished each year.

Objective/Activity: Decrease the number and percentage of children under age six who have blood lead levels equal to or greater than 10 micrograms of lead per deciliter of blood through housing-based programs and expanded public health interventions.

Objective/Activity: Reduce the African American infant mortality rate through public education and social marketing on the underlying social determinants by implementing promising, best, and evidence-based practices, and by expanding access to and the availability of high quality services.

Objective/Activity: Reduce the disparity between African American low-weight births and White low-weight births (infants born at less than 2,500 grams) by expanding access to culturally appropriate, competent health care, smoking cessation, and nutritional support, including expanding early enrollment into the Women, Infants and Children supplemental nutrition program.

Program 2: Mental Health and Developmental Disabilities Services; Facilities

Goal: Improve the lives of Wisconsin seniors and people with disabilities and ensure the quality of care and treatment in the mental health institutes, secure treatment facilities, and the State Centers for people with developmental disabilities.

Objective/Activity: Increase the number of people who successfully relocate to community based residential living from the State Centers for people with developmental disabilities through the Community Integration Program (CIP) 1A and Family Care.

Program 3: Children and Family Services

Note: The Division of Children and Family Services transferred to the new Department of Children and Families on July 1, 2008. Goals and objectives for DCF are included in that agency's budget request. DHS and DCF continue to work together to achieve outcomes for children and families in Wisconsin consistent with the missions of our respective agencies.

Program 4: Health Care Access and Accountability

Goal: Promote actions that improve and protect the health and well-being of the people in Wisconsin through access to quality health care and nutrition assistance programs and services.

Objective/Activity: Increase the percentage of Wisconsin's uninsured citizens who have access to affordable health care coverage through expanded eligibility, program simplification and enhanced outreach efforts through the BadgerCare Plus program and Childless Adults expansion.

Objective/Activity: Increase the number of people in Wisconsin participating in the FoodShare program to provide benefits for improved nutrition toward the goal of improved health.

Program 5: Mental Health and Substance Abuse Services Planning, Regulation and Delivery

Goal: Improve the lives of the people of Wisconsin by providing programs and initiatives that prevent, postpone or lessen dependence on mental health/substance abuse services.

Objective/Activity: Reduce the incidence of underage drinking by developing and implementing prevention activities targeted at underage drinking in local communities.

Objective/Activity: Decrease the percentage of adults discharged from all state and county psychiatric hospitals who are readmitted within 30 days by providing access to mental health services that support successful return to the community.

Program 6: Quality Assurance Services Planning, Regulation and Delivery

Goal: Assure the safety, welfare and quality of care of persons utilizing health, long-term care and community care provider services in Wisconsin.

Objective/Activity: Uphold standards of care, provide information and education to providers and regulate provider services through inspection, investigation and enforcement activities.

Objective/Activity: Collaborate with and support providers, associations and other stakeholders to improve the quality of care through evidence-based practices that enhance services to people in long-term care facilities.

Program 7: Long Term Care Services Administration and Delivery

Goal: Ensure the quality of life of people with disabilities and seniors through programs that prevent or lessen the need for long-term support and provide options for community living and participation.

Objective/Activity: Continue to provide opportunities for elders and people with disabilities to relocate to the community from institutional settings such as nursing facilities and Intermediate Care Facilities for the Mentally Retarded (ICFs-MR).

Objective/Activity: Increase the percent of the population having access to information about long-term care, objective options counseling, benefit specialist services, and access to publicly-funded long-term care programs by establishing a statewide network of Aging and Disability Resource Centers (ADRCs).

Objective/Activity: Provide flexible long-term care benefits tailored to individual needs, circumstances and preferences to persons in need of long-term assistance through enrollment in Family Care managed care organizations.

PERFORMANCE MEASURES

2007 AND 2008 GOALS AND ACTUALS

Prog. No.	Performance Measure	Goal 2007	Actual 2007	Goal 2008	Actual 2008
1., 3., 5.	Percentage of Wisconsin youth (grades 9-12) who smoke.	20%	19.9%	19%	20.7%
1., 3., 5.	Percentage of Wisconsin youth (grades 6-8) who smoke.	6%	5.8%	6%	4.3%
1., 5.	Percentage of Wisconsin adults (persons 18 and over) who smoke.	20%	19.5%	19%	19%
1.	Number of persons in Wisconsin with newly reported HIV infections.	380	407	380	415
1., 3., 4.	Rate of completion for primary vaccinations among Wisconsin 2-year-olds. ²	84%	86.9%	84.1%	79.4%
4.	Percentage of uninsured eligible low-income children and adults enrolled in BadgerCare/Medical Assistance. ³	83%	85%	83%	85%
1., 3.	Rate of child abuse and neglect victimization in Wisconsin per 1,000 children under 18 years of age. ⁴	6.4	4.9	6.4	4.8
2., 4., 7.	Number of participants in the Community Integration Program 1A. ⁵	1,365	1,225	1,378	1,175

Note: Based on calendar year.

¹Based on fiscal year.

All results for 2008 are estimates.

Notes:

²Primary vaccinations for 2007 and 2008 for children 19-35 months of age include 4 DPT, 3 Polio, 1 MMR, 3 Hib, and 3 Hep B.

³BadgerCare Plus replaced BadgerCare in February 2008 and expanded eligibility to include all children, pregnant women with income up to 300% of the federal poverty level, young adults leaving foster care and certain parents and caretakers with higher income levels.

⁴Child abuse and neglect rates are based on actual number of victims associated with substantiated allegations. The noticeable decrease from CY 2006 to CY 2007 is due to a statutory change in 2005 Wisconsin Act 232 eliminating the requirement, effective October 2006, that child protective service agencies complete an initial assessment in situations where the alleged maltreater is not a caregiver for the children.

⁵The number of CIP 1A participants declined in 2007 and 2008 because people have transitioned from CIP 1A to Family Care. In CY 2007, 96 persons transferred from CIP 1A to Family Care. In the first six months of CY 2008, 55 persons transferred.

2009, 2010 AND 2011 GOALS

Prog. No.	Performance Measure	Goal 2009	Goal 2010	Goal 2011
1., 5.	Percentage of Wisconsin youth (grades 9-12) who smoke. ⁶	20%	19%	18.5%
1., 5.	Percentage of Wisconsin youth (grades 6-8) who smoke. ⁶	4%	4%	3%
1., 5.	Percentage of Wisconsin adults (persons 18 and over) who smoke. ⁶	19%	18%	18%
1.	Number of persons in Wisconsin with newly reported HIV infections. ⁷	410	410	410
1., 4.	Rate of completion for primary vaccinations among Wisconsin 2-year-olds. ⁸	84%	87%	90%
1., 4.	Percentage of 1 and 2-year-old Medicaid children who receive a blood lead test. ⁹	70%	80%	90%
1., 4.	Percentage of previously untested 3 to 5-year-old Medicaid children who receive a blood lead test. ⁹	25%	35%	45%
1.	Additional number of pre-1950 dwellings with lead hazards corrected each year. ⁹	10,000	10,000	10,000
1.	Percentage of Wisconsin children under age 6 with lead poisoning. ⁹	2.1%	1.6%	1.1%
1., 4.	Rate of African American infant mortality, which is the number of African American infants who die within the first year of life, per 1,000 live African American births. ¹⁰	14.0	13.0	12.0
1., 4.	Ratio of African American low-weight births to White low-weight births. ¹⁰	2.2:1	2.1:1	2:1
4.	Percentage of Wisconsin population with access to affordable health insurance coverage. ^{1, 11}	93%	96%	98%

4.	Percentage of children in Wisconsin without health insurance for an entire year. ¹¹	2%	2%	2%
4.	Number of people receiving nutrition assistance through the FoodShare program. ^{1, 12}	487,000 (12% increase)	550,000 (13% increase)	583,000 (6% increase)
5.	Percentage of 12 to 17-year-olds reporting alcohol use in the last 30 days. ¹³	18.0%	17.5%	17.0%
5.	Percentage of adults discharged from all state and county psychiatric hospitals who are readmitted within 30 days. ¹⁴	15.0%	14.5%	14.0%
2., 4., 6., 7.	Number of persons relocating to the community from the State Centers for persons with developmental disabilities. ^{1, 15}	18	12	12
6.	Percentage of Wisconsin nursing home residents with pressure ulcers. ^{1, 16}	5.5%	4.5%	3.5%
7.	Percentage of adult population with access to Aging and Disability Resource Centers (ADRCs). ¹⁷	85.8%	100%	100%
7.	Number of people enrolled in Family Care managed care organizations. ^{1, 17}	26,200	38,600	50,500

Note: Based on calendar year.

¹Based on fiscal year.

Notes:

⁶The smoking cessation goals for 2009 are revised to be consistent with the Tobacco Prevention and Control Program 5-Year Plan.

⁷The 2009 goal for HIV infections increased because the past three years (2006-2008) were higher than previously projected. New HIV incidence estimates published by the CDC indicate that overall HIV incidence increased in the late 1990s, but has been stable over the past several years.

⁸The 2009 through 2011 immunization goals reflect the addition of one varicella (for chickenpox) vaccination for children age 19-35 months. This vaccination is added to the list of required vaccinations that also include 4 DPT, 3 Polio, 1 MMR, 3 Hib and 3 Hep B. In the short-term, this increase in the number of vaccinations necessary to achieve “completion” reduces the overall rate at which all vaccinations are expected to be completed.

⁹The goals related to blood lead testing for children have been added to reflect on-going efforts in the Department for the prevention, early detection and treatment of lead poisoning in children, as well as efforts to eliminate lead hazards in Wisconsin dwellings.

¹⁰The goals related to reducing infant mortality and low weight births have been added to reflect the Department's priority to eliminate racial disparities and improve birth outcomes for all Wisconsin families.

¹¹The goals related to the percentage of the population with access to affordable health insurance coverage and the rate of uninsured children for 2009 through 2011 replace the previous goal for BadgerCare enrollment. These new goals reflect expanded access to affordable health insurance through the implementation of BadgerCare Plus in 2008 and the Childless Adults expansion that will begin January 2009.

¹²The goals for the number of persons participating in the FoodShare program have been added and reflect the results of additional outreach activities for BadgerCare Plus and the Childless Adults expansion that also identify persons eligible for FoodShare. In addition, the goal for 2010 further reflects implementation of a federal waiver that allows more streamlined enrollment in FoodShare for SSI (supplemental security income) beneficiaries.

¹³The goal related to reported alcohol use by teens has been added to reflect the Department's ongoing prevention efforts that target underage drinking in local communities and promote healthy lifestyles.

¹⁴The goal related to reducing the rate of readmissions for adults discharged from psychiatric hospitals has been added to reflect the Department's effort to provide access to mental health services that support successful community reintegration.

¹⁵The goal for the number of people relocating to the community from the State Centers for people with developmental disabilities replaces the previous CIP1A participation goal and reflects ongoing efforts to place individuals in the community.

¹⁶The goal for percentage of nursing home residents with pressure ulcers has been added to reflect the Department's ongoing efforts to educate, inform, and collaborate with providers and other stakeholders to assure quality of care in long-term care facilities.

¹⁷The goals related to access to ADRCs and Family Care enrollment have been added to reflect the continuing expansion of the Family Care program. The ADRC goals are based on the projected rate of access as of the end of the calendar year, while the Family Care enrollment goals are based on the projected enrollment at the end of each fiscal year.

TABLE OF CONTENTS		
DECISION ITEM NUMBERS AND TITLES		
DIN #	Page	DIN Title (Description)
		<i>Enterprisewide</i>
2001	1	DHS Appropriation Restructuring -- Part I
8001	1	DHS Appropriation Restructuring -- Part II
		<i>Statewide Standard Budget Items</i>
3001	1	Turnover Reduction
3002	2	Remove Noncontinuing Elements from Base
3003	2	Full Funding of Salaries and Fringe
3007	2	Overtime Reestimate
3008	3	Night and Weekend Differential
3011	3	Minor Transfers within the Same Alpha Appropriation
		<i>Departmentwide Standard Budget Items</i>
4502	4	Food Reestimate
4503	4	Rent and Rent Debt Service Reestimate
4515	5	Variable Non-Food Reestimate
4516	5	Program Revenue Fuel and Utilities Reestimate
4525	6	Extend/Convert Project Positions
4530	6	State Controller's Office Charges Reestimate
4550	6	PR/PRS Base Reestimates
4555	7	FED Base Reestimates
		<i>Program 1 -- Division of Public Health</i>
5100	7	WIC and TEFAP Transfer
5101	8	HIV/AIDS Reestimate
5102	9	Tuberculosis Program Reestimate
		<i>Program 2 -- Division of Mental Health and Substance Abuse Services and Division of Long Term Care; Facilities</i>
5200	10	Wisconsin Resource Center Female Facility Staffing
5201	10	Winnebago MHI Patient Care Staffing
5202	11	Outpatient Competency Examinations, Treatment to Competency, and Conditional and Supervised Release Reestimates
5203	12	Sand Ridge Secure Treatment Center Facility Expansion Reestimate
5205	12	Mental Health Institute Split
5206	13	Shared Services
5207	14	CIP 1A Redesign

DECISION ITEM NUMBERS AND TITLES		
DIN #	Page	DIN Title (Description)
		<i>Program 4 -- Division of Health Care Access and Accountability</i>
5400	14	Medicaid/BadgerCare Plus Base Reestimate
5401	16	SeniorCare Reestimate
5403	17	Medicaid/BadgerCare Plus and Food Share Administration Contracts Reestimate
5404	19	Disease Aids Reestimate
5411	19	Family Planning Waiver Expansion for Males
		<i>Program 7 -- Division of Long Term Care</i>
5701	20	SSI and Caretaker Supplement Reestimate
5704	21	Nursing Home Appeals Board
5708	22	Nursing Home Pay for Performance
5711	22	Family Care Expansion
		<i>Program 8 -- Executive Services</i>
5801	24	Transfer of Information Technology Positions

**DHS Appropriation Restructuring
(DINs 2001 and 8001)**

The Department requests the transfer of funding and positions to reflect the Department's 2007 reorganization of the Division of Disability and Elder Services into the Division of Mental Health and Substance Abuse Services, the Division of Quality Assurance, and the Division of Long Term Care. The reorganization also involved funding and positions moving from the three new divisions to the Division of Enterprise Services.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR		-		-		-
FED		-		-		-
PR						
PRS						
SEG						
Total		-		-		-

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR		1.00		1.00		1.00
FED	\$ (965,300)	(11.20)	\$ (965,300)	(11.20)	\$ (1,930,600)	(11.20)
PR	\$ (1,770,700)	(17.96)	\$ (1,770,700)	(17.96)	\$ (3,541,400)	(17.96)
PRS	\$ 2,736,000	28.16	\$ 2,736,000	28.16	\$ 5,472,000	28.16
SEG						
Total	\$ -	-	\$ -	-	\$ -	-

**Turnover Reduction
(DIN 3001)**

This decision item removes 3% of permanent position salaries under the assumption that savings will result from position vacancies in appropriations with at least 50 FTE.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ (3,085,800)		\$ (3,085,800)		\$ (6,171,600)	
FED	\$ (1,175,200)		\$ (1,175,200)		\$ (2,350,400)	
PR	\$ (3,119,400)		\$ (3,119,400)		\$ (6,238,800)	
PRS	\$ (311,600)		\$ (311,600)		\$ (623,200)	
SEG						
Total	\$ (7,692,000)		\$ (7,692,000)		\$ (15,384,000)	

**Remove Noncontinuing Elements from Base
(DIN 3002)**

This decision item removes from the base all noncontinuing positions and dollars approved on a one-time basis. Noncontinuing elements include project positions scheduled to end prior to January 1, 2010, and funding budgeted for specific one-time purposes.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ (202,000)		\$ (202,000)		\$ (404,000)	
FED	\$ (30,100)	(3.25)	\$ (125,100)	(3.25)	\$ (155,200)	(3.25)
PR	\$ (30,000)	(0.70)	\$ (90,000)	(0.70)	\$ (120,000)	(0.70)
PRS						
SEG						
Total	\$ (262,100)	(3.95)	\$ (417,100)	(3.95)	\$ (679,200)	(3.95)

**Full Funding of Salaries and Fringe
(DIN 3003)**

This decision item increases or decreases adjusted base year salary and fringe benefit levels to documented actual levels. The new agency fringe rate is applied to the adjusted salary levels.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 4,542,400		\$ 4,542,400		\$ 9,084,800	
FED	\$ 2,100,300		\$ 2,100,300		\$ 4,200,600	
PR	\$ (4,161,200)		\$ (4,161,200)		\$ (8,322,400)	
PRS	\$ 412,200		\$ 412,200		\$ 824,400	
SEG	\$ 7,200		\$ 7,200		\$ 14,400	
Total	\$ 2,900,900		\$ 2,900,900		\$ 5,801,800	

**Overtime Reestimate
(DIN 3007)**

This decision item requests funding for overtime costs for the Division of Mental Health and Substance Abuse Services' mental health institutions and secure treatment facilities, and the Division of Long Term Care centers for people with developmental disabilities.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 5,811,200		\$ 5,812,600		\$ 11,623,800	
FED						
PR	\$ 8,707,400		\$ 8,707,400		\$ 17,414,800	
PRS	\$ 215,300		\$ 215,300		\$ 430,600	
SEG						
Total	\$ 14,733,900		\$ 14,735,300		\$ 29,469,200	

**Night and Weekend Differential
(DIN 3008)**

This decision item adjusts for salary and fringe increments for employees entitled by contract to a wage premium. These increases cover holiday, night, nurse responsibility, weekend differential, specialty standby/on call and permanent payments.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 1,814,300		\$ 1,814,300		\$ 3,628,600	
FED	\$ 103,400		\$ 103,400		\$ 206,800	
PR	\$ 2,390,500		\$ 2,390,500		\$ 4,781,000	
PRS	\$ 74,100		\$ 74,100		\$ 148,200	
SEG						
Total	\$ 4,382,300		\$ 4,382,300		\$ 8,764,600	

**Minor Transfers Within the Same Alpha Appropriation
(DIN 3011)**

This decision item requests minor transfers of funds and/or positions within the same alpha appropriation and within base funding and position levels.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR		-		-		-
PRS						
SEG						
Total		-		-		-

**Food Reestimate
(DIN 4502)**

The Department requests \$278,000 GPR and (\$76,800) PR in FY10 and \$439,600 GPR and (\$30,700) PR in FY11 to fund food services costs for the facilities administered by the Division of Mental Health and Substance Abuse Services and the Division of Long Term Care. These facilities include Mendota and Winnebago Mental Health Institutes, the Wisconsin Resource Center, Sand Ridge Secure Treatment Center, and Central, Northern and Southern Centers for People with Developmental Disabilities.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 278,000		\$ 439,600		717,600.00	
FED						
PR	\$ (76,800)		\$ (30,700)		\$ (107,500)	
PRS						
SEG						
Total	\$ 201,200		\$ 408,900		\$ 610,100	

**Rent and Rent Debt Service Reestimate
(DIN 4503)**

The Department requests \$557,600 GPR, \$85,400 FED, \$300,100 PR, \$462,400 PRS and \$1,900 SEG in FY10 and \$565,400 GPR, \$112,800 FED, \$301,600 PR, \$464,100 PRS and \$2,000 SEG in FY11 to fund projected increases in space rental costs for state-owned space, increases in rental rates of leased space, and for the debt service portion of space rent costs that is not reimbursed by the federal government.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 557,600		\$ 565,400		\$ 1,123,000	
FED	\$ 85,400		\$ 112,800		\$ 198,200	
PR	\$ 300,100		\$ 301,600		\$ 601,700	
PRS	\$ 462,400		\$ 464,100		\$ 926,500	
SEG	\$ 1,900		\$ 2,000		\$ 3,900	
Total	\$ 1,407,400		\$ 1,445,900		\$ 2,853,300	

**Variable Non-Food Reestimate
(DIN 4515)**

The Department requests \$2,121,000 GPR and \$692,800 PR in FY10 and \$3,674,800 GPR and \$1,163,500 PR in FY11 to fund the increased cost of variable non-food expenses for the Mental Health Institutes, the Wisconsin Resource Center, Sand Ridge Secure Treatment Center and the Centers for People with Developmental Disabilities. These expenditures are directly related to average daily population and include medical services and supplies, drugs, clothing and other supplies.

This request reflects the significant increases in drug costs that have been experienced at these institutions in recent years and that are expected to continue in the 2009-11 biennium. Medical services costs are also increasing as the Department's facilities provide services to individuals with significant medical needs. Medical services include such items as hospitalization, diagnostic testing and outpatient medical visits.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 2,121,000		\$ 3,674,800		\$ 5,795,800	
FED						
PR	\$ 692,800		\$ 1,163,500		\$ 1,856,300	
PRS						
SEG						
Total	\$ 2,813,800		\$ 4,838,300		\$ 7,652,100	

**Program Revenue Fuel and Utilities Reestimate
(DIN 4516)**

The Department requests \$521,200 PR in FY10 and \$975,300 PR in FY11 for projected increases in fuel for the facilities administered by the Division of Mental Health and Substance Abuse Services and the Division of Long Term Care. These facilities include Mendota and Winnebago Mental Health Institutes, the Wisconsin Resources Center, Sand Ridge Secure Treatment Center and Central, Northern and Southern Centers for People with Developmental Disabilities.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	\$ 521,200		\$ 975,300		\$ 1,496,500	
PRS						
SEG						
Total	\$ 521,200		\$ 975,300		\$ 1,496,500	

**Extend/Convert Project Positions
(DIN 4525)**

The Department requests the conversion of an existing project position ending in the 2009-11 biennium.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	\$ 30,000	0.70	\$ 90,000	0.70	\$ 120,000	0.70
PRS						
SEG						
Total	\$ 30,000	0.70	\$ 90,000	0.70	\$ 120,000	0.70

**State Controller's Office Charges Reestimate
(DIN 4530)**

The Department requests \$151,100 FED, \$130,900 PR and \$2,900 PRS in FY10 and FY11 to fund the costs of operating and maintaining the state accounting system.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED	\$ 151,100		\$ 151,100		\$ 302,200	
PR	\$ 130,900		\$ 130,900		\$ 261,800	
PRS	\$ 2,900		\$ 2,900		\$ 5,800	
SEG						
Total	\$ 284,900		\$ 284,900		\$ 569,800	

**PR/PR-S Base Reestimates
(DIN 4550)**

The Department requests adjustments in PR/PR-S appropriations to reflect current projections of program costs.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR	\$ 35,686,000		\$ 40,317,500		\$ 76,003,500	
PRS	\$ 1,623,100		\$ 1,623,100		\$ 3,246,200	
SEG						
Total	\$ 37,309,100		\$ 41,940,600		\$ 79,249,700	

**FED Base Reestimates
(DIN 4555)**

The Department requests adjustments in FED appropriations to reflect current projections of program costs.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED	\$ 28,544,400		\$ 29,037,700		\$ 57,582,100	
PR						
PRS						
SEG						
Total	\$ 28,544,400		\$ 29,037,700		\$ 57,582,100	

**WIC and TEFAP Transfer
(DIN 5100)**

The Department requests \$508,900 GPR and \$129,600 PR in each year of the biennium to reflect the transfer of the administration of the Women, Infants and Children (WIC) program and the Temporary Emergency Food Assistance Program (TEFAP) from the Department of Children and Families (DCF) to DHS. The request includes \$9,600 GPR annually for TEFAP position support costs, \$320,000 GPR annually for TEFAP food distribution costs, \$179,300 GPR for the WIC supplemental food program, and \$129,600 PR for WIC administration.

2007 Wisconsin Act 20, the 2007-09 biennial budget, transferred WIC and TEFAP from DHS to DCF. The federal government has notified the Department that federal regulations require a state's WIC program to be administered by its department of health. WIC and TEFAP are part of the same food and nutrition program and, to ensure appropriate delivery of services, must remain in the same organizational structure. Due to the federal directive, DHS is continuing the day-to-day administration of the programs in FY09 under an interagency agreement with DCF.

Funds for WIC and TEFAP will be transferred from DCF to the Department. As a result, this request will be cost neutral for the state.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 508,900		\$ 508,900		\$ 1,017,800	
FED						
PR	\$ 129,600		\$ 129,600		\$ 259,200	
PRS						
SEG						
Total	\$ 638,500		\$ 638,500		\$ 1,277,000	

**HIV/AIDS Reestimate
(DIN 5101)**

The Department requests \$1,232,800 GPR in FY11 to meet projected caseload and cost increases in the HIV/AIDS Drug Assistance Program and Insurance Premium Subsidy Program.

The Department’s HIV/AIDS Drug Assistance Program (ADAP) and the Insurance Premium Subsidy Program provide health care services to individuals with HIV/AIDS. ADAP reimburses individuals with incomes at or below 300% of poverty for HIV/AIDS-related drug therapies. The AIDS/HIV Insurance Premium Subsidy Program subsidizes continuation coverage of group and individual health insurance premiums for individuals whose HIV disease prevents them from continuing to work, as verified by their physician. Residents of Wisconsin with incomes below 300% of the federal poverty level whose HIV infection is verified by a physician are eligible for the program.

Expenditures in both the ADAP and Insurance Premium programs are expected to continue to increase in the 2009-11 biennium, due to increased caseload, drug costs, and utilization. However, these costs will be affected by the Health Insurance Risk Sharing Plan (HIRSP) insurance premium pilot. This three-year pilot program expands eligibility for the insurance premium program to individuals who were previously not eligible. The pilot allows DHS to pay premiums for these individuals to enroll in HIRSP. Including the pilot, ADAP expenses are expected to increase by 11% in FY10 and 7% in FY11 and Insurance Premium Subsidy Program expenses are expected to increase by 22% in FY10 and 24% in FY11. The pilot program results in net savings because increased Insurance Premium expenditures are more than offset by decreased ADAP expenses for individuals participating in the pilot program who would otherwise be in the ADAP program.

In addition to state funding, the ADAP and Insurance Premium Subsidy Programs are also funded by the federal Ryan White (RW) grant, and by drug rebates received from drug manufacturers, as provided in federal law. Federal funding is projected to remain level through the biennium. The Department projects that drug rebate revenues will continue to increase but will be insufficient to fully fund other cost increases in ADAP and the Insurance Program through the biennium.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR			\$ 1,232,800		\$ 1,232,800	
FED						
PR						
PRS						
SEG						
Total			\$ 1,232,800		\$ 1,232,800	

**Tuberculosis Program Reestimate
(DIN 5102)**

The Department requests \$215,200 GPR in FY10 and \$288,600 GPR in FY11 to fund the Tuberculosis Program, which provides services related to tuberculosis (TB) to individuals and local public health departments. The state program pays for public health dispensary services and drugs for the treatment of tuberculosis. The program also pays, in some cases, the hospitalization costs of individuals who must be isolated due to their disease.

Counties with populations of more than 25,000 are permitted to establish public health dispensaries for the diagnosis and treatment of individuals who are suffering from tuberculosis. Services provided by dispensaries include TB-related clinic visits, chest x-rays, directly observed therapy and targeted testing, treatment, and education for populations vulnerable to TB. Dispensaries are reimbursed for the services provided at the rate paid for these services in the Medicaid program. The program also pays the costs of TB drugs which it provides to local agencies for the treatment of the disease.

Although actual TB caseloads have fallen in Wisconsin, the population requiring TB tests is expected to continue to increase over the biennium. In addition, more cases of very expensive multi-drug resistant TB are occurring and are expected to grow unless the state undertakes increased preventative measures. More counties are expected to establish dispensaries and receive the Medicaid rate for services to individuals with TB. Due to these factors, the cost of services is expected to continue to increase over the next biennium. The Department requests additional funding based on the trend of dispensary and drug costs over the last decade.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 215,200		\$ 288,600		\$ 503,800	
FED						
PR						
PRS						
SEG						
Total	\$ 215,200		\$ 288,600		\$ 503,800	

**Wisconsin Resource Center Female Facility Staffing
(DIN 5200)**

The Department requests \$5,811,600 GPR and 114.50 GPR FTE in FY11 to staff a 45-bed mental health unit for severely mentally ill Department of Corrections' (DOC) female inmates. The new unit is expected to open in early 2011 and will be located on the Wisconsin Resource Center (WRC) campus in Winnebago, WI.

The construction of the facility was authorized by the Governor and Legislature in 2007 Act 20, the 2007-09 biennial budget. It will significantly expand mental health treatment capacity for women in the correctional system and enable the state to comply with federal standards. Currently, the Department operates a 344-bed treatment facility at WRC for men.

The Female Patient Treatment Program will be a "Trauma Informed Program" with program components focusing on addressing the psychological residuals of trauma. Each woman will have an individualized treatment plan which will incorporate an understanding of known "triggers" of trauma responses. Staff will be trained to avoid and/or respond to trauma responses appropriately and therapeutically and will also be trained in trauma-related management and treatment issues as key components of the program. Women will be returned to DOC once they have completed their treatment as determined by treatment staff.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR			\$ 5,811,600	114.50	\$ 5,811,600	114.50
FED						
PR						
PRS						
SEG						
Total			\$ 5,811,600	114.50	\$ 5,811,600	114.50

**Winnebago MHI Patient Care Staffing
(DIN 5201)**

The Department requests \$303,300 GPR, 6.00 GPR FTE, \$54,800 PR and 1.00 PR FTE in FY10 and \$394,700 GPR, 6.00 GPR FTE, \$71,300 PR and 1.00 PR FTE in FY11 to address patient care needs and federal citations at the Winnebago Mental Health Institute.

Gordon Hall North-2 (GHN2) is a forensic unit that delivers care to men and women found not guilty by reason of mental disease or defect and committed to a state mental health institute (MHI) by the court. Many of the patients in GHN2 are elderly and have intensive care needs. Mixed genders and changes in patient acuity result in significant workload demands for staff and one-on-one supervision in some circumstances to protect vulnerable patients. The requested GPR funding and FTE would allow Winnebago MHI to utilize available adjacent space, thereby allowing men and women to live in separate areas and providing a more secure environment for the most acute patients. Federal regulators have routinely noted high patient acuity and inadequate staffing to meet the needs of the GHN2 population.

Winnebago MHI has also been cited for failure to meet dietetic standards of care. The American Dietetic Association's recommended staffing ratio for clinical dieticians in a medical service area is 1:65 to 1:75. Currently, the dietician staffing ratio at the institute is 1:120. Some patients require intensive dietetic planning because of diseases such as diabetes or eating disorders that can lead to choking complications. The requested PR funding and FTE will ensure dietetic standards are met by adding 1.0 FTE clinical dietician to the Winnebago MHI staff.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 303,300	6.00	\$ 394,700	6.00	\$ 698,000	6.00
FED						
PR	\$ 54,800	1.00	\$ 71,300	1.00	\$ 126,100	1.00
PRS						
SEG						
Total	\$ 358,100	7.00	\$ 466,000	7.00	\$ 824,100	7.00

**Outpatient Competency Examinations, Treatment to Competency,
and Conditional and Supervised Release Reestimates
(DIN 5202)**

The Department requests (\$223,900) GPR in FY10 and \$692,800 GPR in FY11 based on a reestimate of costs for outpatient competency examinations, conditional and supervised release, and treatment to competency programs for the 2009-11 biennium.

The Department performs competency-to-stand-trial examinations for criminal defendants referred by the court on an inpatient or outpatient basis. Inpatient examinations are conducted by department staff in one of the mental health institutes. The Department contracts with a private provider to conduct outpatient competency examinations in a jail or locked unit of a facility. The Supervised Release program provides treatment to individuals determined to be Sexually Violent Persons (SVPs) under Chapter 980 of the statutes and who have been released by the court under the supervision of the Department. The Conditional Release program provides treatment to individuals who have been conditionally released from one of the state mental health institutes. The 2007 Wisconsin Act 20 provided funding for a community based treatment to competency program. The Department contracts with a private provider to provide treatment to competency services in the community. The increase in costs for all four programs in FY11 results from projected increases in caseload and service costs, including the cost of global positioning system (GPS) monitoring and escorts for SVPs required under 2005 Wisconsin Act 431.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ (223,900)		\$ 692,800		\$ 468,900	
FED						
PR						
PRS						
SEG						
Total	\$ (223,900)		\$ 692,800		\$ 468,900	

**Sand Ridge Secure Treatment Center Facility Expansion Reestimate
(DIN 5203)**

The Department requests \$716,800 GPR in FY10 and \$827,400 GPR in FY11 to fully fund non-salary and fuel-related costs for the Sand Ridge Secure Treatment Center (SRSTC) expansion.

SRSTC, along with the Wisconsin Resource Center, provides specialized treatment services for persons committed under the Wisconsin Sexually Violent Persons statute. 2007 Act 20, the 2007-09 biennial budget, funded a 200-bed expansion at SRSTC and provided 91.10 GPR FTE to open the first of the new units in FY09. The Department requests funding to support the ongoing, annualized costs for supplies, services, equipment, and utilities for the new units.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 716,800		\$ 827,400		\$ 1,544,200	
FED						
PR						
PRS						
SEG						
Total	\$ 716,800		\$ 827,400		\$ 1,544,200	

**Mental Health Institute Split
(DIN 5205)**

The Department requests (\$93,100) GPR and (10.87) GPR FTE and \$93,100 PR and 10.87 PR FTE in FY10 and \$25,000 GPR and (10.87) GPR FTE, (\$25,000) PR and 10.87 PR FTE in FY11 as a result of the reestimate of the GPR/PR funding split at the Mendota and Winnebago Mental Health Institutes to reflect changes in their patient populations.

The cost of care for forensic commitments is the responsibility of the state and is funded with GPR. The cost of care for civil commitments and voluntary patients is the responsibility of boards established under s. 51.42 and other third-party payers and is funded with program revenue received from these payers. This request updates the current budgeted GPR/PR split

to reflect the most recent patient population information. The split calculation is based on actual billable (PR) and non-billable (GPR) populations, adjusted for anticipated population changes, which is consistent with methodologies used in previous biennia. The new splits will be 69% GPR/31% PR at Mendota and 54% GPR/46% PR at Winnebago for both years of the 2009-11 biennium.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ (93,100)	(10.87)	\$ 25,000	(10.87)	\$ (68,100)	(10.87)
FED						
PR	\$ 93,100	10.87	\$ (25,000)	10.87	\$ 68,100	10.87
PRS						
SEG						
Total	\$ -	-	\$ -	-	\$ -	-

**Shared Services
(DIN 5206)**

The Department requests the conversion of .50 FTE from PR to GPR and line transfers within current institutional appropriations in both years of the biennium to appropriately fund the Division of Mental Health and Substance Abuse Services (DMHSAS) and the Division of Long Term Care (DLTC) positions providing services for the institutions, such as buildings and grounds and business office positions. Positions on the Madison campus perform services for Mendota Mental Health Institute (MMHI) and Central Wisconsin Center (CWC). Positions on the Oshkosh campus perform services for Winnebago Mental Health Institute (WMHI) and Wisconsin Resource Center (WRC). This decision item adjusts the direct funding of shared services positions to reflect actual tasks performed and streamlines administrative work by eliminating the chargeback procedure of PRS positions.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR		0.50		0.50		0.50
FED						
PR		(0.50)		(0.50)		(0.50)
PRS						
SEG						
Total		-		-		-

CIP 1A Redesign (DIN 5207)

The Department proposes to modify the current budget neutrality mechanism for funding community relocations from the State Centers for People with Developmental Disabilities under the Community Integration Program (CIP 1A) to make it equivalent to that currently used for relocations from private facilities for the developmentally disabled (ICFs-MR).

The budget neutrality mechanism for private ICFs-MR imposes a total budget cap for both institutional care (nursing home payments to private ICFs-MR) and community care (home and community based waiver costs under the CIP 1B program). It is proposed that a total budget cap also be imposed for State Centers costs under Medicaid and home and community based waiver services under the CIP 1A program.

The current budget neutrality mechanism for the State Centers requires that: (1) placements under the CIP 1A program be funded at a daily rate of \$325; and (2) the budget for the State Center from which the relocation occurred be reduced by \$325 per day. The Department proposes that the community placement be funded at the actual plan costs and that the costs of the State Center be reduced by the equivalent amount needed to fund the community placement.

The community plan costs for people recently relocated to the community have averaged less than \$325 per day. The proposal would enable the State Centers to better manage their costs as their populations decline while ensuring that overall institutional and community costs for people with developmental disabilities remain cost neutral. The Department also requests deletion of an annual report to the Legislature on CIP 1A placements.

Medicaid/BadgerCare Plus Base Reestimate (DIN 5400)

The Department requests \$220,261,900 GPR, \$13,431,400 PR, \$17,694,700 PRS, \$351,095,000 FED and (\$111,411,900) SEG in FY10 and \$359,865,400 GPR, \$10,777,900 PR, \$17,694,700 PRS, \$616,040,000 FED, and (\$115,227,800) SEG in FY11 to fund the ongoing cost for the Medicaid program. Total Medicaid expenditures are projected to be \$5,669,748,300 AF (\$2,017,149,600 GPR, \$172,726,300 SEG, \$51,210,900 PR, \$19,515,300 PRS and \$3,409,146,200 FED) in FY10 and \$6,067,243,400 AF (\$2,156,169,100 GPR, \$168,910,400 SEG, \$48,557,400 PR, \$19,515,300 PRS and \$3,674,091,200 FED) in FY11.

The Medicaid base reestimate projects the cost to fund the Medicaid and BadgerCare Plus (BC Plus) program in the absence of any program changes. Only factors such as changes in caseloads and utilization of services under current benefit levels and eligibility standards are included in the reestimate. The base reestimate also includes the impact of previously enacted program changes that have not yet been fully phased-in, such as the expansion of Family Care and the implementation of the Childless Adults Program.

It is projected that Family Care will have implemented in 38 new counties in the 2007-09 biennium, but the ramp up of enrollment for these 38 counties will only be 60% completed by June 2009. The net impact of expanding to these 38 counties is expected to add \$4.3 million GPR in FY10 and \$42.0 million GPR in FY11 in benefit costs for the Medicaid program.

A second important expansion that will be only partially completed by the end of the current biennium is the Childless Adults Program that is scheduled to begin on January 1, 2009. By June 2009, approximately one-third of the projected enrollment will have occurred. The net impact of this expansion is expected to add \$18.1 million GPR in FY10 and \$38.3 million GPR in FY11.

A very important factor helping to moderate cost increases is the projected increase in the federal financial participation (FFP) rate for Medicaid and the State Child Health Insurance Program (SCHIP) during the biennium. In FY08, the FFP for Medicaid was 57.58%. In FY09, it increases to 58.94% and is projected to increase further to 60.14% in FY10 and 60.62% in FY11. This increase in FFP reduces GPR costs for Medicaid and BC Plus by \$152 million in 2009-11.

Projected expenditures reflect the loss of enhanced federal matching under the SCHIP for BC adults over 100% of the Federal Poverty Level (FPL) and for delivery costs for newborns to undocumented immigrants. During FY08, due to limited SCHIP funding Wisconsin has had to scale back the number of adults covered by SCHIP and instead fund them under Medicaid. The result is the loss of approximately \$15 million of federal funds annually. In FY09 and later, Wisconsin will not be able to claim enhanced federal funding for any adults.

The Department is projecting overall caseload to increase by 7.8% in FY 09, 4.8% in FY10 and 3.3% in FY11. It is estimated that caseload changes will cost \$263.1 million AF (\$93.8 million GPR) in FY10 and an additional \$244.1 million AF (\$92.7 million GPR) in FY11.

Intensity is a measurement of the extent to which clients utilize more or less services and the extent to which more or less costly services are delivered. It is estimated that intensity changes to Medicaid will cost \$77.3 million AF (\$22.8 million GPR) in FY10 and an additional \$150.3 million AF (\$66.6 million GPR) in FY11.

Intensity changes are estimated for both Medicaid fee-for-service and managed care programs. This reestimate includes estimated capitation rate adjustments for projected intensity changes to managed care costs and service specific adjustments for projected intensity in fee-for-service programs. Intensity adjustments to capitation rates are necessary since federal Medicaid regulations require capitation rates be actuarially sound. Thus, adjustments are needed to reflect increased utilization of services that occur each year.

A significant part of the GPR request stems from the need to replace one-time SEG funding budgeted in the 2007-09 biennium. The base budget for Medicaid in FY09 included the support of a \$128.5 million transfer from the Patients Compensation Fund to the Medicaid Trust Fund. This reduces base funding for the non-federal share of Medicaid in FY09 by the same amount. It is not expected that this transfer would continue in either FY10 or FY11. Thus, \$257 million is needed in Medicaid to replace the SEG funding in the 2009-11 biennium.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 220,261,900		\$ 359,865,400		\$ 580,127,300	
FED	\$ 351,095,000		\$ 616,040,000		\$ 967,135,000	
PR	\$ 13,431,400		\$ 10,777,900		\$ 24,209,300	
PRS	\$ 17,694,700		\$ 17,694,700		\$ 35,389,400	
SEG	\$ (111,411,900)		\$ (115,227,800)		\$ (226,639,700)	
Total	\$ 491,071,100		\$ 889,150,200		\$ 1,380,221,300	

SeniorCare Reestimate (DIN 5401)

The Department requests (\$18,809,800) GPR, (\$12,867,800) FED and (\$29,766,400) PR in FY10 and (\$15,221,200) GPR, (\$8,512,000) FED, and (\$24,980,500) PR in FY11 to fund the ongoing costs of the SeniorCare program.

SeniorCare provides prescription drug assistance to Wisconsin residents over 65 years of age whose income does not exceed 240% of the Federal Poverty Level (FPL) and to those whose income exceeds 240% of the FPL if their prescription drug expenditures bring their net income below the 240% limit (termed spenddown). Participants in SeniorCare are required to pay an annual \$30 enrollment fee and co-payments of \$15 for each name brand drug and \$5 for each generic drug. Also, participants with incomes over 160% of the FPL are subject to a deductible of \$500 (for those between 160% to 200% of the FPL) or \$850 (200% to 240% of the FPL) before SeniorCare will reimburse a participant's prescription drug expenditures.

Expenditures for the SeniorCare program declined by \$13 million (9.7%) in FY08 compared to FY07. This is due to three factors. First, enrollment declined by 10.7%. It is likely that this decline reflects some continued shift of SeniorCare participants to the Medicare Part D program. For persons eligible for the low income subsidy program under Medicare, copayments will be lower in Part D compared to SeniorCare.

A second factor is the increase in rebates. In FY08, rebates increased to 43% of total gross prescription costs compared to 29.8% in FY07, which represented a 30% increase in rebate collections. The 43% rate is in part due to lagging rebates for periods when drug claims were higher. The 43% rate is not expected to continue. The Department projects a rebate percentage of 38% for the 2009-11 biennium.

A final factor is that drug inflation and utilization has been moderate compared to past periods. In the past, drug inflation/utilization has averaged 13% annually, but is now in the 7% range.

As the experience with SeniorCare and Part D stabilizes, the rate at which seniors might shift to Medicare Part D should decline. In the 2009-11 biennium, it is projected that SeniorCare enrollment will remain stable in the first year following a 2% decline in FY09, and will grow by 1% in the second year.

The projection includes a 7% annual increase in drug prices/utilization, which is consistent with the recent experience.

Wisconsin's federal reimbursement rate for Medicaid is projected to increase from 58.94% in FY09 to 60.14% in FY10 and 60.62% in FY11. This increase in the federal reimbursement rate will decrease GPR costs in the 2009-2011 biennium by \$2.2 million GPR.

It is projected that SeniorCare expenditures will total \$135,527,900 AF (\$43,016,800 GPR, \$40,864,300 FED and \$51,646,800 PR) in FY10 and \$148,258,300 AF (\$46,605,400 GPR, \$45,220,100 FED and \$56,432,800 PR) in FY11.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ (18,809,800)		\$ (15,221,200)		\$ (34,031,000)	
FED	\$ (12,867,800)		\$ (8,512,000)		\$ (21,379,800)	
PR	\$ (29,766,400)		\$ (24,980,500)		\$ (54,746,900)	
PRS						
SEG						
Total	\$ (61,444,000)		\$ (48,713,700)		\$ (110,157,700)	

Medicaid/BadgerCare Plus and FoodShare Administration Contracts Reestimate (DIN 5403)

The Department requests \$1,651,600 GPR, \$2,212,900 PR and (\$8,624,000) FED in FY10 and \$2,088,000 GPR, \$2,448,000 PR and (\$10,275,300) FED in FY11 to fund the projected costs of Medicaid and FoodShare administration contracts for the 2009-11 biennium.

The Department utilizes numerous contracts and agreements for the administration of the Medicaid and FoodShare programs. The Medicaid and FoodShare base reestimate consists of six broad categories of expenses: 1) fiscal agent contract, 2) Client Assistance for Re-employment and Economic Support (CARES) eligibility system, 3) interagency agreements, 4) BadgerCare Plus Childless Adults administration, 5) major external contracts, and 6) the FoodShare Electronic Benefits Transfer contract. The base reestimate reflects inflation, caseload changes, contract requirements, and anticipated project needs. The Department has not requested additional funding for Medicaid and FoodShare administration since the 2005-07 biennial budget.

The largest component of non-CARES Medicaid administration costs is the fiscal agent contract for the Medicaid Management Information System (MMIS), which supports business functions such as claims processing, member and provider enrollment, managed care, customer service, federal and state reporting and program integrity. In October 2008, the Department will implement a new MMIS system called interChange. The contract specifies that an inflation rate will be applied to the contract one year after interChange certification. It is estimated that the annual inflationary increase in October 2010 will be approximately 4.3%, based on the inflation indexes trend to-date specified by the contract.

The Department will complete work on the redesign of the MMIS system in FY10. Redesign costs receive 90% federal matching funds. The Department requests a reduction in federal spending authority due to completion of the project.

The CARES system determines eligibility for Medicaid and TANF programs. The Department shares these costs with the Department of Children and Families. In FY08, DHS-administered programs accounted for 88.5% of CARES' cases. By FY11, it is anticipated that DHS programs will account for 90.5% of CARES' cases due to growth in the BadgerCare Plus and BadgerCare Plus Childless Adults programs. Thus, some DHS cost increases are due to DHS assuming a greater portion of total costs.

CARES requires ongoing maintenance to sustain the system and to keep monitoring and security tools updated. As the system becomes more complex, maintenance requirements and their associated costs rise. The contract for CARES programming will need to be re-bid in FY09; it is anticipated the rate will increase since there have been minimal inflation adjustments in the contract since 2001.

The BadgerCare Plus Childless Adults program will begin in January 2009; applicants must pay a \$60 or \$75 enrollment fee to join the program. Enrollment fees will be used to fund a support center to centrally process Childless Adults' applications, enroll members into an HMO, and serve as a members' services call center.

Other items in the reestimate include inter-agency agreements where costs are caseload-driven, including disability determinations for Medicaid-only claims and administrative fair hearings for Medicaid and FoodShare benefits. Also, major external contracts include the quality assurance contract, and the actuary and enrollment broker contracts that will be re-bid in the 2009-11 biennium. The FoodShare Electronic Benefits Transfer contract was re-bid in the 2007-09 biennium; the new contract is expected to save approximately \$679,300 AF (\$339,600 GPR) in the 2009-11 biennium compared to costs in FY08.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 1,651,600		\$ 2,088,000		\$ 3,739,600	
FED	\$ (8,624,000)		\$ (10,275,300)		\$ (18,899,300)	
PR	\$ 2,212,900		\$ 2,448,000		\$ 4,660,900	
PRS						
SEG						
Total	\$ (4,759,500)		\$ (5,739,300)		\$ (10,498,800)	

**Disease Aids Reestimate
(DIN 5404)**

The Department requests \$62,100 GPR and (\$51,200) PR in FY10 and \$381,200 GPR and (\$36,800) PR in FY11 to fund the projected costs of the Wisconsin Chronic Disease Program (WCDP), also known as the Disease Aids program.

WCDP provides payments to health care providers for disease-related services for individuals with chronic renal disease, adult cystic fibrosis and hemophilia. Disease Aids is the payer of last resort for these programs. This reestimate incorporates projected increases in outpatient, inpatient, and pharmacy health care costs based on the past experience of the Disease Aids program. The reestimate also projects a decrease in required drug manufacturer rebates based on the most recent actual experience.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 62,100		\$ 381,200		\$ 443,300	
FED						
PR	\$ (51,200)		\$ (36,800)		\$ (88,000)	
PRS						
SEG						
Total	\$ 10,900		\$ 344,400		\$ 355,300	

**Family Planning Waiver Expansion for Males
(DIN 5411)**

The Department requests \$177,500 GPR and \$177,500 FED in FY10 and (\$457,800) GPR and (\$482,500) FED in FY11 to administer an expansion of the Medicaid Family Planning Waiver (FPW) to males. This request includes a request of \$177,500 GPR and \$177,500 FED in FY10 and \$305,000 GPR and \$305,000 FED in FY11 for administrative expenses related to enrollment and eligibility systems changes and a decrease of (\$762,800) GPR and (\$787,500) FED in FY11 to reflect a reduction in Medicaid benefit costs as a result of the waiver expansion.

Wisconsin's Family Planning Waiver Program is a Medicaid program developed to reduce unplanned pregnancies by expanding access to contraceptive care. The waiver offers women, ages 15-44, with income at or below 200% of the federal poverty level (FPL), access to contraceptive and related reproductive health care services. Unplanned pregnancy poses significant health risks for women, children and families. The program also achieves savings by reducing the number of Medicaid-funded births.

Because men influence or determine sexual behavior and contraceptive use, the Department would like to expand the FPW to include services for men ages 15-44 with income below 200% of FPL. The program expansion will lead to a further reduction in the number of unplanned pregnancies and Medicaid-funded births. Men, especially low-income men, are less likely than women to have health care coverage or a usual source of care. Male access to reproductive health services through FPW is expected to benefit both men and women.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 177,500		\$ (457,800)		\$ (280,300)	
FED	\$ 177,500		\$ (482,500)		\$ (305,000)	
PR						
PRS						
SEG						
Total	\$ 355,000		\$ (940,300)		\$ (585,300)	

SSI and Caretaker Supplement Reestimate (DIN 5701)

The Department requests \$2,951,000 GPR and (\$194,900) PRS (TANF) in FY10 and \$5,205,200 GPR and (\$161,600) PRS (TANF) in FY11 to fund projected SSI and Caretaker Supplement expenditures in the next biennium. This request is composed of a change in benefits of \$1,855,800 in FY10 [\$2,951,000 GPR and (\$1,095,200) TANF] and \$4,110,000 [\$5,205,200 GPR and (\$1,095,200) TANF] in FY11 and a change in administrative costs of \$900,300 TANF in FY10 and \$933,600 TANF in FY11.

The State SSI Supplement program provides a cash benefit to low income elders and adults and children with disabilities. The Caretaker Supplement program provides a cash benefit to SSI recipients who have dependent children. The requested funding for SSI benefits assumes that SSI benefits will follow the current trend of continued growth, estimated at 1.6% per year through the 2009-11 biennium. The requested funding for Caretaker Supplement benefit costs assumes caseload will remain steady at actual FY08 levels. The projected expenditure amounts are less than the FY09 budget level, and therefore, the Department requests a decrease in funding for Caretaker Supplement benefit costs.

The Department is budgeted \$611,800 GPR, \$447,800 FED (MA), and \$644,600 PRS (TANF) in FY09 to administer SSI and Caretaker Supplement benefits. These funds cover the costs of a contract for fiscal agent services, postage, and the Caretaker Supplement share of CARES and the Income Maintenance contract. Because of limited TANF funds, the 2007-2009 biennial budget did not fully fund the Caretaker Supplement costs with base funding. The Department reallocated one-time underspending from other TANF programs within the Department to fully fund the administrative costs in FY08.

Although Caretaker Supplement benefit costs are projected to be less than the current budget level for FY10 and FY11, a funding shortfall for administrative costs remains. The Department is requesting that an additional \$900,300 PRS (TANF) in FY10 and \$933,600 PRS (TANF) in FY11 be allocated to fully fund administrative costs. In total, this request includes a net decrease in TANF funding, equal to (\$194,900) in FY10 and (\$161,600) in FY11.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 2,951,000		\$ 5,205,200		\$ 8,156,200	
FED						
PR						
PRS	\$ (194,900)		\$ (161,600)		\$ (356,500)	
SEG						
Total	\$ 2,756,100		\$ 5,043,600		\$ 7,799,700	

**Nursing Home Appeals Board
(DIN 5704)**

The Department requests \$546,800 GPR and \$813,700 FED in FY10 and \$546,800 GPR and \$813,700 FED in FY11 be reallocated from the nursing home appeals board to provide additional funding for Medicaid nursing home capital incentive payments.

Currently, the nursing home appeals board provides a mechanism through which Medicaid certified nursing homes could request small supplemental payments when Medicaid reimbursement rates do not fully cover costs for serving Medicaid residents. Originally created to comply with federal regulations, the appeals board is no longer federally required. In addition, the Department provides appeal mechanisms and administrative review outside of the appeals board for Medicaid reimbursement. The Department proposes to eliminate the board and reallocate the budgeted amount to fund nursing home capital incentive payments.

In general, nursing home buildings in Wisconsin are old and not designed to be cost efficient or to reflect consumer preferences. The average age of a nursing home statewide is 31.3 years. Effective FY09, the Department established new incentive payments to support remodeling and renovation of nursing homes that use innovative, resident-centered design elements. One of the most significant ways to improve nursing home quality of life is to replace old buildings with new environments that are home-like and support resident-centered care. The Department is able to fund \$1 million AF of new capital payments annually. The nursing appeals funds would be reallocated to the capital incentive program, expanding the pool of available funds to \$2.36 million in each year of the 2009-11 biennium.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR						
PRS						
SEG						
Total	\$ -	-	\$ -	-	\$ -	-

**Nursing Home Pay for Performance
(DIN 5708)**

The Department requests \$80,500 SEG and \$80,500 FED in FY10 and \$603,300 SEG and \$603,300 FED in FY11 to develop a nursing home performance measurement system that can provide the basis for pay for performance (P4P) incentives for nursing homes through the Medicaid program.

The initial step towards the creation of P4P incentives is the development of a performance measurement system that includes information on clinical indicators, staffing retention and turnover, and the quality of life for nursing home residents. With the requested funding, the Department would develop and issue annual performance reports for individual homes using clinical and staffing data and new quality of life surveys of nursing home residents. The performance measurement system would enable the Department in future biennia to consider P4P incentive payments based on the quality of services the facility provides.

P4P is an incentive based purchasing strategy that rewards high quality providers. The goal of a nursing home P4P would be to improve quality of life for Wisconsin citizens who live in nursing homes by rewarding nursing homes that achieve or make gains towards quality benchmarks. In addition, the development of performance measures would provide a tool for consumers and Family Care managed care organizations to consider quality of care and quality of life outcomes when choosing a nursing home.

The request is partially funded with new federal revenues the Department expects to begin claiming in FY10 for service costs for Family Care enrollees residing in county nursing homes. These new revenues will be budgeted in the Medicaid Trust Fund as SEG revenues.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED	\$ 80,500		\$ 603,300		\$ 683,800	
PR						
PRS						
SEG	\$ 80,500		\$ 603,300		\$ 683,800	
Total	\$ 161,000		\$ 1,206,600		\$ 1,367,600	

**Family Care Expansion
(DIN 5711)**

The Department requests \$10,664,600 GPR, \$2,601,700 SEG, \$50,000 PRS, and \$5,709,300 FED in FY10 and \$14,524,100 GPR, \$2,601,700 SEG, \$50,000 PRS, and \$7,105,400 FED in FY11 to support Family Care.

Family Care is a managed care long-term care program that offers seniors and people with disabilities the choice to receive long-term care in their own homes and communities as an alternative to nursing home care. Family Care has two major organizational components:

(1) aging and disability resource centers (ADRCs), which provide a central resource for information, assistance, eligibility determinations, benefits counseling, and other services relating to long-term care for elders and people with disabilities; and (2) managed care organizations (MCOs), which manage and deliver long-term care services as a flexible benefit, tailored to each individual's needs, circumstances, and preferences.

In the 2007-09 biennial budget, the Department received funding to begin statewide expansion of the program. In this decision item, the Department requests funding to support the ongoing, annualized cost of ADRCs that will have implemented by the end of FY09. The request reflects updated cost estimates based on service volume and staffing patterns at existing ADRCs. By the end of FY09, 85% of Wisconsin adults will live in a county served by an ADRC. The Department's request for ongoing funding for MCOs implementing through the 2007-09 biennium is in DIN 5400, the Medicaid Base Reestimate. MCOs will be operating in 44 counties by the end of FY 09.

As counties transition to Family Care, they will continue to serve the general public through the adult protective services (APS) system. To ensure adequate support for these services, the Department currently provides each Family Care expansion county with an annual APS allocation equal to 2% of its Community Aids Basic County Allocation. Counties are eligible for this allocation once they start enrolling participants for services under Family Care. The Department requests funding for the ongoing cost of these allocations.

The Department also requests additional resources to meet federal and state program requirements, to provide necessary updates to the functional screen tool, and to manage fiscal and care management information. As Family Care expands, the Department will need to maintain compliance with federal and state requirements for external quality monitoring, actuarial services, encounter reporting, and ombudsmen services for people with disabilities. The functional screen tool provides the basis for setting Family Care capitation rates and for determining functional eligibility for the home and community-based waivers. The Department must convert the tool to a new software platform because the current platform uses outdated technology. The requested funding will also support the continued development of quality of life measurement tools.

The request is partially funded with new federal revenues the Department expects to begin claiming in FY10 for service costs for Family Care enrollees residing in county nursing homes. These revenues will be budgeted in the Medicaid Trust Fund as SEG revenues.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR	\$ 10,664,600		\$ 14,524,100		\$ 25,188,700	
FED	\$ 5,709,300		\$ 7,105,400		\$ 12,814,700	
PR						
PRS	\$ 50,000		\$ 50,000		\$ 100,000	
SEG	\$ 2,601,700		\$ 2,601,700		\$ 5,203,400	
Total	\$ 19,025,600		\$ 24,281,200		\$ 43,306,800	

**Transfer of Information Technology Positions
(DIN 5801)**

The Department requests 13.0 PRS FTE be transferred from the Department of Administration (DOA) to DHS and \$2,155,100 PRS expenditure authority in FY10 and FY11 be restored from the unallotted reserve line to the salary, fringe, and supplies and services lines within s. 20.435(8)(k). The Bureau of Information and Technology Services (BITS) is responsible for information technology in DHS, including applications development and maintenance of applications, planning and development facilitation, contract administration for outsourced services, data management, data control and job production. The Bureau maintains a network of over 5,000 devices, which provides connectivity for departmental staff in the central office, regional offices, and institutions as well as equipment placed with county workers who connect to Department systems. This request would transfer from DOA the positions that currently provide desktop and help desk services to DHS. These positions would continue to provide the same services once permanently transferred back to DHS. Position authority in DOA would decrease by a corresponding amount.

Fiscal Effect Summary

Source of Funds	FY 2010		FY 2011		Biennial Total	
	Dollars	FTE	Dollars	FTE	Dollars	FTE
GPR						
FED						
PR						
PRS		13.00		13.00		13.00
SEG						
Total		13.00		13.00		13.00

SUMMARY OF STATUTORY LANGUAGE REQUESTS SUBMITTED BY DHS

I. Statutory Language Requests Related to DINs

Division of Public Health

WIC and TEFAP Transfer (DIN 5100) – To comply with federal law, transfer the Women, Infants and Children (WIC) program and Temporary Emergency Food Assistance Program (TEFAP) from the Department of Children and Families to DHS. In addition, request authority to implement an electronic benefit transfer system (EBT) if the necessary federal authorization is granted. (Chapter 49)

Division of Long Term Care

CIP 1A Redesign (DIN 5207) – Eliminate the current \$325 per day reduction rate for the State Centers for community placements under CIP1A and replace it with a requirement that the Department manage the State Centers and CIP1A within an overall budget cap. Eliminate an annual legislative report regarding CIP1A placements. (ss. 46.275(5m), 49.45(6b).

TANF Allocations for SSI Caretaker Supplement (DIN 5701) – Update the amount of TANF funding to be provided by the Department of Children and Families to DHS to reflect the DHS budget request. (s. 49.175(1)(ze)2.)

Nursing Home Appeals Board (DIN 5704) – Eliminate the nursing home appeals board and reallocate funding to support nursing home capital improvement incentive payments. (ss. 20.435(4) and 49.45(6m))

Nursing Home Pay for Performance (DIN 5708) – Amend the Medicaid Trust Fund appropriation to allow revenues from the Trust Fund to support the development and maintenance of a nursing home performance measurement system. (s. 20.435(4)(w))

Family Care Statute Technical Changes (DIN 5711) – Amend the Family Care statutes to: a) direct that the Department charge Family Care managed care organizations, rather than counties, for Family Care enrollees receiving short term intensive treatment at the State Centers for people with developmental disabilities; b) eliminate grandfathered eligibility for current county long term care clients with care needs below Family Care non-nursing home level of care; c) reflect the fact that some Family Care managed care organizations offer integrated primary care, acute care, and long term care benefits as well as the traditional long term care benefit; d) amend the disability ombudsman statute to delete outdated contract amounts and increase the goal for the advocate to enrollee ratio from 1:2,500 to 1:3,500; and e) delete obsolete statutory definitions. (ss. 46.2804 through s. 46.2895, s. 49.45(30m), and s. 51.437)

Division of Health Care Access and Accountability

BadgerCare Plus Childless Adults Enrollment Fees (DIN 5403) – Amend the statute and create a new appropriation to provide the Department authority to use enrollment fees paid by participants in the BadgerCare Plus Childless Adults program to support the program’s administrative costs. (Chapter 20 and s. 49.45(23(b)))

Expand Family Planning Waiver to Males (DIN 5411) – Require the Department to request a federal waiver to expand the Family Planning Waiver to men, ages 15-44. Currently, the Family Planning Waiver provides family planning services to women ages 15-44 with income below 200% of the federal poverty level. Require the Department to implement the waiver if granted. (s. 49.45 (24r))

Department-wide

Department Reorganization (DINs 2001 and 8001) – Amend appropriation language and program statutes to reflect the Department’s 2007 reorganization that divided the Division of Disability and Elder Services into the Division of Quality Assurance, the Division of Long Term Care, and the Division of Mental Health and Substance Abuse Services. (Various sections)

II. Statutory Language Requests Not Related to DINs

Division of Public Health

Vital Records Fee Sunset Removal – Remove the July 1, 2010, sunset for increases to vital records fees provided in the 2007-09 biennial budget. Removal of the sunset is needed to ensure sufficient revenue for implementation of the vital records automated online system. (s. 69.22)

Division of Quality Assurance

Assisted Living Facilities License Fees – Revise statutes to increase biennial license and certification fees by 27% for community based residential facilities (CBRFs), adult family homes (AFHs), and adult day care (ADC). The Department would also increase administratively the fee for certified residential care apartment complexes (RCACs) by 27%. The increase is requested to fully fund current assisted living licensing and certification staff in the Division of Quality Assurance. Fees have not been increased since 2000 or earlier for these providers. The Department also requests authority to increase fees for CBRFs and AFHs in future years by administrative rule. Finally, the Department requests authority to use other program revenue balances within DQA appropriations to address an accumulated deficit in the assisted living facilities program and minimize the size of the assisted living fee increase. Under the proposal, biennial fees would increase to \$389 plus \$50.25 per bed for CBRFs, \$171 for AFHs, \$445 plus \$7.60 per apartment for RCACs, and \$127 for ADCs. (ss. 20.435(6)(jm), 49.45(47), 50.037(2), 50.033(2))

Fees for Verification Visits for Health Care and Long Term Care Providers – Request authority to assess a \$200 fee on certain DQA-regulated providers when DQA must make a second inspection visit to validate the provider’s plan of correction for a violation of a licensing or certification regulation. The fee would apply to nursing homes, intermediate care facilities for the mentally retarded, hospitals, home health agencies, hospices, CBRFs, AFHs, RCACs, and ADCs and is intended to cover the cost of the verification visit and to promote better regulatory compliance. (Chapters 49 and 50)

Division of Mental Health and Substance Abuse Services

Rates at Mendota Juvenile Treatment Center – Amend the funding amounts the Department of Corrections will transfer to DHS for juveniles in the Mendota Juvenile Treatment Center (MJTC), based on a reestimate of those costs. (s 46.057(2))

Supplementary Mental Exams – Eliminate the option for courts to order an inpatient supplementary mental examination at the Mental Health Institutes to determine the appropriate placement for a person found not guilty by reason of mental disease or defect. Instead, if the court needs additional information before placing the individual, it would order a predispositional investigation for the person while in jail, a locked facility, or in the community. Predispositional investigations provide a more comprehensive assessment and are more cost effective. (ss. 51.30(4), 146.82(2), and 971.17)

Division of Health Care Access and Accountability

BadgerCare Plus Technical Changes – Make technical changes to the BadgerCare Plus statute to make it consistent with current program design and federal requirements. The proposed changes are those included in 2007 Senate Bill 518.

Medicaid Targeted Case Management – Clarify that an independent living center seeking Medicaid case management certification in order to claim targeted case management funding must meet all conditions required in statute, including the requirement of receiving funding from the Department. (s. 46.96)

General Assistance Medical Program Appropriation – Rename and revise the program revenue appropriation under s. 20.435(4)(h) to allow it to accept revenues for the BadgerCare Plus Childless Adults program from all counties and to make it a continuing appropriation. (s. 20.435(6)(h))

Division of Long Term Care

Nursing Home Bed Transfers – Eliminate current prohibitions on the transfer of nursing home beds between facilities with separate ownership and in separate health planning areas. These provisions are no longer needed because of the reduction in demand for nursing home beds since the restrictions were established. Retaining these restrictions may limit the effective distribution of beds and facility improvements. (s. 150.345)

PROGRAM NARRATIVES

Division of Public Health (Programs 1 and 5)

The Division of Public Health manages programs in the areas of environmental health, occupational health, family and community health, injury prevention, chronic disease prevention, health promotion, communicable disease prevention and preparedness, emergency medical services, public health preparedness and health information.

Division of Health Care Access and Accountability (Program 4)

The Division of Health Care Access and Accountability develops and administers the state's public health care and nutrition supplementation programs for low income persons, the elderly, and persons with disabilities. In fulfilling this mission, the Division oversees the issuance of health care and nutrition benefits and manages the statewide eligibility determination system governing the application process and on-going management of eligibility for persons in these programs. In addition, it determines and adjudicates eligibility for persons applying for benefits under federal social security disability insurance programs.

Division of Long Term Care (Programs 2 and 7)

The Division of Long Term Care manages programs involving long term support and care, aging, physical and developmental disabilities, and sensory disabilities. In addition, the division operates state residential facilities that provide care and treatment for persons with developmental disabilities.

Division of Mental Health Substance Abuse Services (Programs 2 and 5)

The Division of Mental Health and Substance Abuse Services manages programs that provide community mental health and substance abuse services. The division also operates four state institutions that provide care and treatment for persons with mental illness and/or sexually violent behavior. The Division is also responsible for client rights' reviews and investigations and for the community forensics program.

Division of Quality Assurance (Program 6)

The Division of Quality Assurance assures the safety, welfare and health of persons utilizing health, long-term care and community-care provider services. The division assures quality of care and quality of life through the development of rules and standards, on-site inspections (surveys), complaint investigations, enforcement activities, facility plan reviews, training, policy interpretations, best practice initiatives, nurse aide registration, caregiver background checks and investigations, provider information and education, proactive relationships among providers and consumers, and through the development of rules and standards.

General Administration (Program 8)

Division of Enterprise Services

The Division of Enterprise Services provides management support for fiscal services, information and technology services, purchasing and contract administration, intergovernmental relations, personnel, affirmative action and employment relations, institutional support services, internal audit and project management to the program divisions of the Department.

Office of the Secretary and Units Reporting to the Office of the Secretary

The Office of the Secretary is responsible for the overall direction and operation of the Department of Health Services. It receives direction from the Governor and the Legislature, and provides services through the five Divisions of the Department. The immediate Office of the Secretary consists of the Secretary, Deputy Secretary, Executive Assistant, and support staff. The support staff provide administrative support services, and provide for the analysis and monitoring of selected program and management issues. In addition, Public Information, Legislative Liaison, and Constituent Relations staff provide assistance directly to the Office of the Secretary.

The Office of Policy Initiatives and Budget provides departmentwide budgeting, policy development and implementation, and research and evaluation services. It is also responsible for management of the eHealth initiative and tribal affairs.

The Office of Legal Counsel is the law office for the Department, providing the Department with legal advice and representation. The Office provides formal legal opinions, informal legal advice, and litigates DHS cases in administrative hearings and in some court proceedings. The Office coordinates DHS rulemaking activities, administers DHS compliance with HIPAA regulations and other privacy laws, coordinates the Department's rehabilitation review approval process, and provides training and guidance in investigation methods and legal issues.

PRIORITY LISTING OF DINS

I. Initiatives to Improve Health Care Access, Quality and Cost Effectiveness

- 5200 Wisconsin Resource Center Female Facility Staffing
- 5201 Winnebago MHI Patient Care Staffing
- 5207 CIP 1A Redesign
- 5400 Medicaid/BadgerCare Plus Base Reestimate
- 5401 SeniorCare Reestimate
- 5411 Family Planning Waiver Expansion for Males
- 5704 Nursing Home Appeals Board
- 5708 Nursing Home Pay for Performance
- 5711 Family Care Expansion

II. Compliance with Federal Mandates

- 5100 WIC and TEFAP Transfer

III. Cost to Continue for Existing Programs

- 5101 HIV/AIDS Reestimate
- 5102 Tuberculosis Program Reestimate
- 5202 Outpatient Competency Examinations, Treatment to Competency, and Conditional and Supervised Release Reestimates
- 5203 Sand Ridge Secure Treatment Center Facility Expansion Reestimate
- 5205 Mental Health Institute Split
- 5206 Shared Services
- 5403 Medicaid/BadgerCare Plus and Food Share Administration Contracts Reestimate
- 5404 Disease Aids Reestimate
- 5701 SSI and Caretaker Supplement Reestimate

IV. Administrative Simplifications and Technical Adjustments

- 5801 Transfer of Information Technology Positions
- 2001 DHS Appropriation Restructuring -- Part I
- 8001 DHS Appropriation Restructuring -- Part II

Department of Health Services
Functions

July 2008

