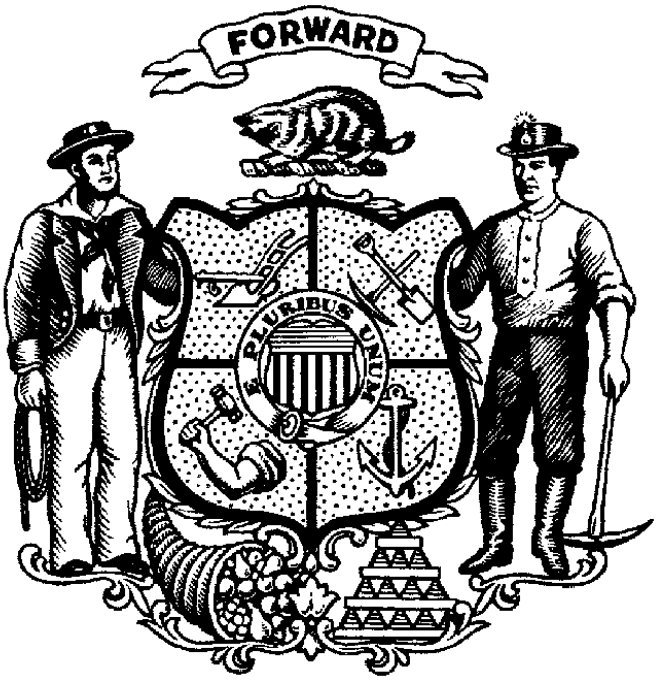
State of Wisconsin

Department of Health Services



Agency Budget Request
2015 – 2017 Biennium
September 15, 2014

P-00872 (09/2014)

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State of Wisconsin
Department of Health Services

Scott Walker, Governor
Kitty Rhoades, Secretary

September 15, 2014

Mr. Mike Huebsch
Secretary
Department of Administration
101 East Wilson Street
Madison, WI 53703

Dear Secretary Huebsch:

With this letter, I am transmitting to you the 2015-17 biennial budget request for the Department of Health Services.

Consistent with the Department of Administration's instructions, this budget request is limited to standard cost to continue re-estimates of the agency's entitlement programs and operations at its seven direct care facilities.

As always, the largest portion of the Department's budget concerns the Medicaid program. As you know, under Governor Walker's entitlement reforms, the Wisconsin Medicaid program for the first time provides health coverage to all individuals at or below the federal poverty line, regardless of household composition or age, with those above poverty accessing health coverage through the federal insurance marketplace. Unique among states, Governor Walker's plan provides access to affordable health coverage for everyone in Wisconsin, without relying on the uncertain promise of funding under the Patient Protection and Affordable Care Act. The Department's request fully funds the program under existing eligibility and benefits to ensure health coverage continues for all participants.

The projected increase for Medicaid for the 2015-17 biennium, $760 million GPR, is based on enrollment and service utilization trends over the next three years. It reflects a significant reduction in the base federal match rate that will occur in federal fiscal year 2015 and further projected declines in 2016 and 2017, plus increases in federally required payments for Medicaid individuals served in Medicare. On a weighted per member basis, the Department estimates all funds costs will grow by 1.7% in FY 15, 4.7% in FY 16 and 3.0% in FY 17. These percentages are below national health care inflation trends. The federal Centers for Medicare and Medicaid Services projects per capita national health care expenditures will grow on average by 4.6% annually from 2014 through 2017. That said, health care costs continue to consume an ever larger share of the state budget, creating funding pressures for other state priorities. We will continue to work with you to develop cost effective care delivery models that promote consumer choice and independence and rely on evidence-based standards of practice to improve health outcomes. We also continue our efforts to identify, prevent, and eliminate waste, fraud, and abuse in the program.

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

The Department's budget request also continues the investments in mental health services that Governor Walker and the Legislature began in the 2013-15 biennium. These initiatives are expanding and improving services and giving support to those living with mental illness.

Finally, the Department's budget request fully funds the statewide implementation of the FoodShare Employment and Training (FSET) Program. Part of the Governor's $100 million investment in workforce training, this initiative will provide Able-Bodied Adults Without Dependents employment and training services that will result in successful competitive employment while promoting economic self-sufficiency.

Agency budget requests are the starting point for the biennial budget process. In preparation for the Governor's Budget, we will work with you and your staff to further the Governor's policy goals and maximize the efficiency and effectiveness of the Department's programs.

Sincerely,

Kitty Rhoades
Secretary

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 four offices and works in partnership with local governments, tribes, health and human services agencies, private providers, consumers, and concerned citizens.

State of Wisconsin
Department of Health Services

OUR MISSION: To support economic prosperity and quality of life, the Department of Health Services exercises multiple roles in the protection and promotion of the health and safety of the people of Wisconsin.

OUR GUIDING PRINCIPLES: The Department of Health Services has a vital mission that touches the lives of all Wisconsinites. Our collective path to success in meeting our mission lies in always acting true to our shared conviction — "We are all in this together."

The following principles guide our actions as we collectively strive to fulfill our mission:

We serve the citizens of Wisconsin by being effective stewards of the resources with which they have entrusted us.

We recognize health care costs are not sustainable at current levels.

We need new models for care delivery, regulation development, prevention strategies, risk sharing and purchasing.

We believe that competition, choice, and transparency are critical elements to these emerging models if we are to increase the value of health care to our citizens.

We must, in this transition, enhance the role of our citizens as primary stakeholders in managing their health and associated costs.

We will align resources to achieve positive outcomes and hold ourselves accountable for achieving results.

We will provide support systems to help vulnerable people lead fulfilling, self-directed, healthy lives that promote independence, while recognizing the value of and utilizing supports from families and the community.

We will work to eliminate cost shifting to the private sector and among different systems (acute, mental health, long-term care). Public programs shall complement rather than compete against the private market.

We will promote quality health care delivery, protect the interests of citizens receiving services, and develop policies to reflect evidence-based standards of practice that promote optimal health.

We will promote development of information, assistance and care provision systems that help citizens obtain quality support and care in a least restrictive setting and at an appropriate cost, consistent with need and available resources.

We will promote collaboration in pursuit of innovation, increased value and improved outcomes for the benefit of all our citizens.

PROGRAMS, GOALS, OBJECTIVES AND ACTIVITIES

Program 1: Public Health Services Planning, Regulation and Delivery

Goal: Reduce infant mortality.

Performance Measure: Rate of premature births (<37 weeks).

Performance Measure: Percentage of mothers who smoke during pregnancy.

Performance Measure: African American to white prematurity rate ratio.

Goal/Performance Measure: Develop regional health care coalitions for partner collaboration in Emergency Planning and Disaster Response.

Program 2: Mental Health and Developmental Disabilities Services; Facilities

Goal: Reduce the incidence of admissions and re-admissions to institution-based care.

Performance Measure: Reduce rates of civil re-admissions within 30 days following discharge at Mendota Mental Health Institute (MMHI) and Winnebago Mental Health Institute (WMHI).

Performance Measure: Reduce the trend of increasing admissions of children at WMHI.

Performance Measure: Reduce the number of civil patients who have a length of stay of 5 days or less at MMHI and WMHI.

Program 4: Health Care Access and Accountability

Goal/Performance Measure: Adopt innovative methods of care to expand the use of integrated health care for populations with complex medical needs.

Goal/Performance Measure: Establish a standard methodology for Total Cost of Care (TCOC) under the ForwardHealth umbrella across the Department for members.

Program 6: Quality Assurance Services Planning, Regulation and Delivery

Goal: Reduce the incidence of falls-related injuries in Wisconsin.

Performance Measure: Reduce average percentage of Wisconsin nursing home residents with falls.

Performance Measure: Increase the number of assisted living facilities participating in the Wisconsin Coalition for Collaborative Excellence.

Performance Measure: Develop and implement a plan to decrease occupational injuries and fatalities among youth.

Program 7: Long-Term Care (LTC) Services Administration and Delivery

Goal/Performance Measure: Improve the design and support for the Include, Respect, I Self-Direct (IRIS) program to ensure program integrity and efficiency, and to meet consumer needs effectively.

Goal: Better support and expand paid, integrated community employment outcomes of people with intellectual and/or developmental disabilities.

> Performance Measure: Increase the percentage of young adults who are in integrated employment.
>
> Performance Measure: Increase the percentage of people with disabilities in Family Care and IRIS who are in integrated employment.

Goal/Performance Measure: Integrate behavioral and mental health services into the LTC system by developing a coordinated system of care for the LTC population with behavioral and mental health needs.

Program 8: General Administration

Goal: Enhance our capacity to meet quality/outcome goals through more effective data management.

> Performance Measure: Develop and implement a coordinated plan to improve enterprise data management.

Goal: Expand and improve integrity efforts to increase compliance and reduce the incidence and risk of fraud or misuse of department funds.

> Performance Measure: Medical Assistance (MA) and FoodShare (FS) overpayment claims established in dollars.
>
> Performance Measure: Public Assistance Reporting Information System (PARIS) overpayment claims established in dollars.
>
> Performance Measure: Number of fraud prevention investigations completed.

Goal: Simplify, streamline and improve processes to become more efficient and reduce costs.

> Performance Measure: Number of LEAN projects completed.
>
> Performance Measure: Complete implementation of State Transforming Agency Resources (STAR) redesign processes to effectively use new STAR functionality and expand use of STAR's business intelligence capacity to improve management of DHS resources.

Performance Measure: Design and implement an automated nursing home cost reporting system.

Goal: Effectively collaborate with Wisconsin's Tribal Nations to make sustained progress toward maximizing funding support for health care services provided to tribal members and improving health outcomes.

Performance Measure: Expand funding for LTC for Tribal Nations.

Performance Measure: Expand funding for mental health and substance abuse services for Tribal Nations.

Performance Measure: Pursue medical home models for Tribal Nations.

PERFORMANCE MEASURES

2013 AND 2014 GOALS AND ACTUALS

Prog. No.	Performance Measure	Goal 2013	Actual 2013	Goal 2014	Actual 2014
1	Percent of pregnant women receiving a prenatal visit within the 1st trimester.[1]	85%	Data not yet available	86%	Data not yet available
1, 4	Percent of women who had a post-partum visit between 21-56 days after delivery.[2]	66%	Data not yet available	67%	Data not yet available
1, 4	Percent of pregnant women who smoke.[3]	26%	Data not yet available	25%	Data not yet available
2	Percent of civil patients re-admitted to MMHI within 30 days of discharge following treatment.	7.8%	5.6%	7.8%	5.7%
2	Percent of civil patients re-admitted to WMHI within 30 days of discharge following treatment.	7.8%	6.8%	7.8%	6.7%
2	Percent of continuing care plans transmitted to the next level of care provider within 5 days of discharge (MMHI).[4]	90%	95.2%	90%	91.9%
2	Percent of continuing care plans transmitted to the next level of care provider within 5 days of discharge (WMHI).[5]	90%	92.5%	90%	94.6%
4	Percent of BadgerCare Plus HMO members who smoke.	37%	Data not yet available	36%	Data not yet available
4	Percent of patients readmitted to hospitals after 30 days.	Hospital Specific Goals	Hospital Specific Goals	Hospital Specific Goals	Hospital Specific Goals
4	Reduce the rate of growth in the per member cost of individuals in the Medicaid program.	$6,622 (4.7%)	$6,480 (0.7%)	$6,649 (0.4%)	$6,792 (4.8%)
4	Implement improved fiscal monitoring and controls for Medicaid administration.	Implement	Implemented	Further automate	Further automated
5	Wisconsin to receive an approved 1937 Benchmark Benefit Plan for mental health services from Centers for Medicare and Medicaid Services	Complete	In progress	Complete	In progress

[1] HEDIS Quality Compass Report.
[2] HEDIS Quality Compass Report.
[3] http://www.dhfs.wi.us/wish/Maternal Smoking Prevalence Module
[4] Civil and forensic
[5] Civil and forensic

Prog. No.	Performance Measure	Goal 2013	Actual 2013	Goal 2014	Actual 2014
	(CMS).				
6	Percent of nursing home residents with pressure ulcers.	2.8%	2.4%	2.6%	2.3%
6	Number of nursing home citations related to preventable accidents.	224	174	213	135
6, 7	Average percent of nursing homes with falls.	20.7%	19.34%	19.7%	19.05%
7	Number of individuals voluntarily choosing to relocate from a State Center to the community.	5	0	4	0
7	Percent of foster children in southeast Wisconsin who have a medical home.	100%	0%[6]	100%	100%[7]
7	Triple the number of individuals self-directing services in the IRIS program.	7,890	8,805[8]	9,800	10,808[9]
8	Claims established for Medical Assistance and Food Share program overpayments (client and non-client error) in dollars.	$6.1 million	$8.2 million	$6.3 million	$11.1 million
8	Dollars recovered per dollar spent by the Inspector General.	22.0	17.72	23.0	17.65

2015, 2016 AND 2017 GOALS

Prog. No.	Performance Measure	Goal FY 2015	Goal FY 2016	Goal FY 2017
1	Rate of premature births (<37 weeks).	9.9%	9.8%	9.7%
1	Percentage of mothers who smoke during pregnancy.	13.75%	13.5%	13.25%
1	African American to white prematurity rate ratio.	1.68	1.66	1.64
1	Develop regional health care coalitions for partner collaboration in Emergency Planning and Disaster Response.	Design coalition infrastructure	Implement regional coalitions	Design emergency medical coordination procedures
2	Reduce rates of civil re-admissions within 30 days following discharge.	Reduce by 0.2%	Reduce by 0.2%	Reduce by 0.2%

[6] Program was implemented January 2014.
[7] Expected by December 2014.
[8] July 2013
[9] July 2014

Prog. No.	Performance Measure	Goal FY 2015	Goal FY 2016	Goal FY 2017
2	Reduce the trend of increasing admissions of children at WMHI.	Reduce by 1%	Reduce by 2%	Reduce by 4%
2	Reduce the number of civil patients who have a length of stay of 5 days or less.	Reduce by 1%	Reduce by 2%	Reduce by 4%
4	Adopt innovative models of care to expand the use of integrated healthcare for populations with complex medical needs.	Complete Care4Kids implementation	Consider Care4Kids model for other populations and areas	Consider Care4Kids model for other populations and areas
4	Establish a standard methodology for Total Cost of Care under the ForwardHealth umbrella across the Department for members.	Design methodology	Complete design	Implement design
6	Average percentage of Wisconsin nursing homes residents with falls.	18.91%	18.53%	18.16%
6	Increase the number of assisted living facilities participating in the WI Coalition for Collaborative Excellence.	353	388	427
6	Develop and implement a plan to decrease occupational injuries and fatalities among youth.	In progress	In progress	In progress
7	Improve the design and support for the IRIS program to ensure program integrity and efficiency, and to meet consumer needs effectively.	Implement plan	Implement plan	Implement plan
7	Increase the percentage of young adults who are in integrated employment.	13%	14%	15%
7	Increase the percentage of people with disabilities in Family Care and IRIS who are in integrated employment.	10%	11%	12%
7	Integrate behavioral and mental health service into the LTC system by developing a coordinated system of care for the LTC population with behavioral and mental health needs.	All 8 MCOs have crisis planning agreements with counties	All 8 MCOs have crisis planning agreements with counties	All 8 MCOs have crisis planning agreements with counties
8	Develop and implement a coordinated plan to improve enterprise data management.	Develop plan	Complete plan	Implement plan
8	Overpayment (MA & FS) claims established in dollars.	$10 million	$10 million	$10 million
8	PARIS overpayment claims	$1.8 million	$1.8 million	$1.9 million

Prog. No.	Performance Measure	Goal FY 2015	Goal FY 2016	Goal FY 2017
	established in dollars.			
8	Recipient fraud investigations completed.	7,000 investigations	7,000 investigations	7,000 investigations
8	Number of LEAN projects completed.	15	20	20
8	Complete implementation of STAR redesign processes to effectively use new STAR functionality and expand use of STAR's business intelligence capacity to improve management of DHS resources.	Complete modules	Implement modules	Implement processes improvement
8	Design and implement an automated nursing home cost reporting system.	Design	Design	Implement
8	Expand funding for LTC for Tribal Nations.	In progress	In progress	In progress
8	Expand funding for mental health and substance abuse services for Tribal Nations.	In progress	In progress	In progress
8	Pursue medical home models for Tribal Nations.	In progress	In progress	In progress

Department of Health Services
Functions

October 2011

Secretary
Deputy Secretary
Executive Assistant

- Urban Development
  Constituent Relations
  Public Information
  Legislative Liaison
  Policy Implementation
- Office of Legal Counsel
- Office of Policy Initiatives and Budget
- Office of Inspector General

Division of Public Health

AIDS/HIV/STD Programs
Asbestos and Lead (Pb)
Chronic Disease Prev & Cancer Control
Communicable Diseases/Preparedness
Communicable Disease Epidemiology
Community Health Promotion
E-Health Initiative
Emergency Medical Services
Environmental and Occupational Health
Epidemiology Coordination
Family Health
Food Safety & Recreational License
Health Alert Network
Health Care Information
Health Hazard Evaluation
Health Information and Policy
Hospital Preparedness
Immunization Section
Local Health Department Support
Minority Health
Nutrition and Physical Activity
Oral Health
Population Health Information
Primary Care
Public Health Council
Public Health Information Network
Public Health Nursing
Public Health Preparedness
Radiation Protection
Respiratory Disease/International Health
Sexually Transmitted Diseases
TB and Refugee Health
Tobacco Prevention and Control Program
Trauma Program
Vital Records
Wisconsin Electronic Disease Surveillance
Wisconsin Well Woman Program

Division of Health Care Access and Accountability

BadgerCare
BadgerCare Plus
Children Come First
Chronic Renal Disease
Coordination of Benefits
Decision Support System
Disability Determinations
Disability Hearings
Eligibility Policy and Waivers
Estate Recovery
Fee-for-Service Benefits Policy & Reimbursement
Fiscal Agent Liaison & Monitoring
Food Stamp & Eligibility Outreach
Food Stamp Program
General Relief
HIRSP
Hospital Rate Setting
Managed Care Programs
Medical Assistance
Medical Policy
Milwaukee Wrap Around
Nursing Home Reimbursement
Prior Authorization
Provider Audits
Provider Certification
Quality Assurance
Recipient Lock-In
Senior Care Prescription Program
Social Security & SSI Disability Determination
SSI HMO Program
SSI Medicaid Eligibility
State Data Exchange
Wisconsin Medicaid Program

Division of Mental Health & Substance Services

Mental Health Institutes
Sand Ridge Secure Treatment Center
WI Council on MH
PASARR
Deaf & Hard of Hearing Outpatient MH
MH & SA Administrative Rules
MH & SA Evaluation
State Council on Alcohol & Other Drug Abuse
Access to Recovery
Methadone Treatment Programs
Injection Drug Use & HIV
Intoxicated Driver Program
Intercultural SA Program
SA Clinical Consultation
Crisis Intervention Programs
Gambling Awareness
Alliance for WI Youth
Fetal Alcohol Syndrome
WI United for MH
Infant MH Initiative
Women's AODA Treatment
Milwaukee W2/TANF
MH & SA Clinical Consulting
PATH Homeless Programs
Treatment Alternatives Program (TAP)
SSI Managed Care
COP Mental Health
MH & SA Quality Improvement
Adult Forensics
Child/Adolescent/Adult Civil Inpatient Care Juvenile Treatment Center
Outpatient Day School
Program of Assertive Treatment (PACT) – Community Support
Mental Illness/Developmental Disability Adult and Youth
MH/AODA Adult and Youth Outpatient Day School
Treatment for Mentally Ill Prisoners Sexually Violent Persons
Admission and Assessments
Evaluation of SVP Individuals

Division of Quality Assurance

Adult Family Homes, Community Based Residential Facilities, Adult Day Care Survey and Complaint Investigations
Residential Care Apartment Complexes
Nursing Home/FDD Survey/ Complaint Investigations
Care Level Determinations for Medical Assistance
Plan Review for NHs/FDDs/CBRFs
Licensing/Certification Process
Enforcement
CMS Federal Liaison
Standards/Administrative Rules
Information Technology Services and Data Systems
Interpretation
Publications/Information
Quality Improvement
Home Health Hotline
Training for OQA/Industry
Referrals
Prevention/Best Practice
Hospital, Home Health, Hospice, and various other health care provider type survey/complaint investigations
Alcohol and Other Drug Abuse (AODA) and Mental Health Programs Certification
Clinical laboratories testing human specimens
Plan Review for Hospitals, CBRFs, Ambulatory Surgery Centers, and Inpatient Hospice
Nurse Aide Registry
Nurse Aide Training/Competency Programs
Caregiver Misconduct Registry
Caregiver Investigations
Feeding Assistant Training Programs
Caregiver Background Checks
Liaison to various state agencies

Division of Long Term Care

Centers for the Developmentally Disabled
Family Care Program Mgnt
Brain Injury Program
Community Options Program/Waiver
Community Integration Program II
Options Counseling
Family Care Enrollment and Eligibility Coordination with Managed Care/ Family Care Contract
ADRC Liaison
Disability Benefit Program
Pathways
Ticket to Work
MA Purchase Plan
Ind Lvg Contr Mgmt
Ind Liv Pol Dev/Prot Plan
Adult Protective Svcs
Alzheimers
Elder Abuse
Elderly Benefit Couns
Elder Nutrition
Family Caregivers
Housing/Asst Liv
Foster Grandparents
Transp Planning
Intergen Prog
Older Amer Act Plans
Senior Centers
Senior Employ
Assistive Technology
DVR Liaison Referrals
Interpreter Certification
Interpreter Registry Info Database
Telecomm Assist Prog
DHH System Development
ADA Training
Support w/Deaf & HH
Deaf Benefits Specialist
Low Vision Aid
Develop Nursing Home Policies & Reimbursement Strategies
Calculate Accurate & Timely Payment Rates
Audit Nursing Home Costs

Division of Enterprise Services

Accounting
Affirmative Action/Civil Rights Compliance
Business Process Management
Collections
Employee Assistance
Employment Relations
Engineering
Health and Safety
Information Systems
Office Space
Payroll & Benefits
Personnel
Purchasing
Records & Forms Mgmt
Telecommunications
Training & Development
Wisconsin Environmental Protection Act (WEPA) Coordination

Agency Total by Fund Source

Department of Health Services

1517 Biennial Budget

		ANNUAL SUMMARY						BIENNIAL SUMMARY			
Source of Funds		Prior Year Total	Adjusted Base	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE	Base Year Doubled (BYD)	Biennial Request	Change From (BYD)	Change From BYD %
GPR	A	$2,418,706,770	$2,655,011,600	$2,992,489,400	$3,136,832,200	0.00	0.00	$5,310,023,200	$6,129,321,600	$819,298,400	15.4%
GPR	L	$352,671,814	$370,667,400	$364,910,400	$369,812,000	0.00	0.00	$741,334,800	$734,722,400	($6,612,400)	-0.9%
GPR	S	$321,286,033	$340,250,100	$347,920,700	$351,406,100	2,555.51	2,549.15	$680,500,200	$699,326,800	$18,826,600	2.8%
Total		$3,092,664,617	$3,365,929,100	$3,705,320,500	$3,858,050,300	2,555.51	2,549.15	$6,731,858,200	$7,563,370,800	$831,512,600	12.4%
PR	A	$639,576,851	$685,470,100	$807,544,700	$833,554,000	0.00	0.00	$1,370,940,200	$1,641,098,700	$270,158,500	19.7%
PR	L	$3,071,792	$5,466,600	$5,179,100	$5,179,100	0.00	0.00	$10,933,200	$10,358,200	($575,000)	-5.3%
PR	S	$245,620,002	$272,617,400	$288,045,300	$289,371,600	2,386.85	2,393.21	$545,234,800	$577,416,900	$32,182,100	5.9%
Total		$888,268,645	$963,554,100	$1,100,769,100	$1,128,104,700	2,386.85	2,393.21	$1,927,108,200	$2,228,873,800	$301,765,600	15.7%
PR Federal	A	$5,957,593,925	$4,887,545,200	$5,369,860,800	$5,580,699,300	0.00	0.00	$9,775,090,400	$10,950,560,100	$1,175,469,700	12.0%
PR Federal	L	$119,714,753	$125,111,500	$139,472,300	$144,348,600	0.00	0.00	$250,223,000	$283,820,900	$33,597,900	13.4%
PR Federal	S	$251,132,626	$279,039,300	$302,346,600	$303,935,600	1,249.19	1,249.19	$558,078,600	$606,282,200	$48,203,600	8.6%
Total		$6,328,441,304	$5,291,696,000	$5,811,679,700	$6,028,983,500	1,249.19	1,249.19	$10,583,392,000	$11,840,663,200	$1,257,271,200	11.9%
SEG	A	$617,347,059	$809,347,200	$755,209,800	$751,009,600	0.00	0.00	$1,618,694,400	$1,506,219,400	($112,475,000)	-6.9%
SEG	S	$318,182	$328,600	$317,300	$317,700	2.00	2.00	$657,200	$635,000	($22,200)	-3.4%
Total		$617,665,241	$809,675,800	$755,527,100	$751,327,300	2.00	2.00	$1,619,351,600	$1,506,854,400	($112,497,200)	-6.9%
Grand Total		$10,927,039,807	$10,430,855,000	$11,373,296,400	$11,766,465,800	6,193.55	6,193.55	$20,861,710,000	$23,139,762,200	$2,278,052,200	10.9%

Agency Total by Program

435 Health Services, Department of **1517 Biennial Budget**

Source of Funds		ANNUAL SUMMARY						BIENNIAL SUMMARY			
		Prior Year Actual	Adjusted Base	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE	Base Year Doubled (BYD)	Biennial Request	Change From (BYD)	Change From BYD %
01 PUBLIC HEALTH SERVICES PLANNING, REGULATION AND DELIVERY											
Non Federal											
GPR		**$37,597,992**	**$45,024,700**	**$45,137,100**	**$45,137,100**	**34.28**	**34.28**	**$90,049,400**	**$90,274,200**	**$224,800**	**0.25%**
	A	$31,114,258	$40,247,700	$40,247,700	$40,247,700	0.00	0.00	$80,495,400	$80,495,400	$0	0.00%
	L	$760,103	$583,300	$583,300	$583,300	0.00	0.00	$1,166,600	$1,166,600	$0	0.00%
	S	$5,723,631	$4,193,700	$4,306,100	$4,306,100	34.28	34.28	$8,387,400	$8,612,200	$224,800	2.68%
PR		**$37,104,975**	**$46,212,700**	**$47,281,200**	**$46,877,100**	**123.71**	**123.71**	**$92,425,400**	**$94,158,300**	**$1,732,900**	**1.87%**
	A	$3,603,118	$4,357,200	$3,542,500	$3,542,500	0.00	0.00	$8,714,400	$7,085,000	($1,629,400)	-18.70%
	S	$33,501,857	$41,855,500	$43,738,700	$43,334,600	123.71	123.71	$83,711,000	$87,073,300	$3,362,300	4.02%
SEG		**$318,182**	**$328,600**	**$317,300**	**$317,700**	**2.00**	**2.00**	**$657,200**	**$635,000**	**($22,200)**	**-3.38%**
	S	$318,182	$328,600	$317,300	$317,700	2.00	2.00	$657,200	$635,000	($22,200)	-3.38%
Total - Non Federal		**$75,021,149**	**$91,566,000**	**$92,735,600**	**$92,331,900**	**159.99**	**159.99**	**$183,132,000**	**$185,067,500**	**$1,935,500**	**1.06%**
	A	$34,717,376	$44,604,900	$43,790,200	$43,790,200	0.00	0.00	$89,209,800	$87,580,400	($1,629,400)	-1.83%
	L	$760,103	$583,300	$583,300	$583,300	0.00	0.00	$1,166,600	$1,166,600	$0	0.00%
	S	$39,543,670	$46,377,800	$48,362,100	$47,958,400	159.99	159.99	$92,755,600	$96,320,500	$3,564,900	3.84%
Federal											
PR		**$165,695,611**	**$192,895,400**	**$195,086,400**	**$195,086,400**	**240.16**	**240.16**	**$385,790,800**	**$390,172,800**	**$4,382,000**	**1.14%**
	A	$131,501,852	$156,201,300	$156,707,800	$156,707,800	0.00	0.00	$312,402,600	$313,415,600	$1,013,000	0.32%
	S	$34,193,759	$36,694,100	$38,378,600	$38,378,600	240.16	240.16	$73,388,200	$76,757,200	$3,369,000	4.59%
Total - Federal		**$165,695,611**	**$192,895,400**	**$195,086,400**	**$195,086,400**	**240.16**	**240.16**	**$385,790,800**	**$390,172,800**	**$4,382,000**	**1.14%**
	A	$131,501,852	$156,201,300	$156,707,800	$156,707,800	0.00	0.00	$312,402,600	$313,415,600	$1,013,000	0.32%

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	S	$34,193,759	$36,694,100	$38,378,600	$38,378,600	240.16	240.16	$73,388,200	$76,757,200	$3,369,000	4.59%
PGM 01 Total		**$240,716,760**	**$284,461,400**	**$287,822,000**	**$287,418,300**	**400.15**	**400.15**	**$568,922,800**	**$575,240,300**	**$6,317,500**	**1.11%**
GPR		**$37,597,992**	**$45,024,700**	**$45,137,100**	**$45,137,100**	**34.28**	**34.28**	**$90,049,400**	**$90,274,200**	**$224,800**	**0.25%**
	A	$31,114,258	$40,247,700	$40,247,700	$40,247,700	0.00	0.00	$80,495,400	$80,495,400	$0	0.00%
	L	$760,103	$583,300	$583,300	$583,300	0.00	0.00	$1,166,600	$1,166,600	$0	0.00%
	S	$5,723,631	$4,193,700	$4,306,100	$4,306,100	34.28	34.28	$8,387,400	$8,612,200	$224,800	2.68%
PR		**$202,800,586**	**$239,108,100**	**$242,367,600**	**$241,963,500**	**363.87**	**363.87**	**$478,216,200**	**$484,331,100**	**$6,114,900**	**1.28%**
	A	$135,104,970	$160,558,500	$160,250,300	$160,250,300	0.00	0.00	$321,117,000	$320,500,600	($616,400)	-0.19%
	S	$67,695,616	$78,549,600	$82,117,300	$81,713,200	363.87	363.87	$157,099,200	$163,830,500	$6,731,300	4.28%
SEG		**$318,182**	**$328,600**	**$317,300**	**$317,700**	**2.00**	**2.00**	**$657,200**	**$635,000**	**($22,200)**	**-3.38%**
	S	$318,182	$328,600	$317,300	$317,700	2.00	2.00	$657,200	$635,000	($22,200)	-3.38%
TOTAL 01		**$240,716,760**	**$284,461,400**	**$287,822,000**	**$287,418,300**	**400.15**	**400.15**	**$568,922,800**	**$575,240,300**	**$6,317,500**	**1.11%**
	A	$166,219,228	$200,806,200	$200,498,000	$200,498,000	0.00	0.00	$401,612,400	$400,996,000	($616,400)	-0.15%
	L	$760,103	$583,300	$583,300	$583,300	0.00	0.00	$1,166,600	$1,166,600	$0	0.00%
	S	$73,737,429	$83,071,900	$86,740,700	$86,337,000	400.15	400.15	$166,143,800	$173,077,700	$6,933,900	4.17%

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Source of Funds		ANNUAL SUMMARY						BIENNIAL SUMMARY			
		Prior Year Actual	Adjusted Base	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE	Base Year Doubled (BYD)	Biennial Request	Change From (BYD)	Change From BYD %
02 MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICES; FACILITIES											
Non Federal											
GPR		**$213,865,366**	**$226,919,600**	**$229,508,900**	**$232,542,200**	**1,890.28**	**1,883.92**	**$453,839,200**	**$462,051,100**	**$8,211,900**	**1.81%**
	A	$10,225,424	$10,729,200	$12,740,300	$14,099,600	0.00	0.00	$21,458,400	$26,839,900	$5,381,500	25.08%
	S	$203,639,942	$216,190,400	$216,768,600	$218,442,600	1,890.28	1,883.92	$432,380,800	$435,211,200	$2,830,400	0.65%
PR		**$171,128,847**	**$173,074,900**	**$187,307,000**	**$188,908,600**	**2,030.96**	**2,037.32**	**$346,149,800**	**$376,215,600**	**$30,065,800**	**8.69%**
	A	$0	$500,000	$100,000	$100,000	0.00	0.00	$1,000,000	$200,000	($800,000)	-80.00%
	L	$0	$250,000	$250,000	$250,000	0.00	0.00	$500,000	$500,000	$0	0.00%
	S	$171,128,847	$172,324,900	$186,957,000	$188,558,600	2,030.96	2,037.32	$344,649,800	$375,515,600	$30,865,800	8.96%
Total - Non Federal		**$384,994,213**	**$399,994,500**	**$416,815,900**	**$421,450,800**	**3,921.24**	**3,921.24**	**$799,989,000**	**$838,266,700**	**$38,277,700**	**4.78%**
	A	$10,225,424	$11,229,200	$12,840,300	$14,199,600	0.00	0.00	$22,458,400	$27,039,900	$4,581,500	20.40%
	L	$0	$250,000	$250,000	$250,000	0.00	0.00	$500,000	$500,000	$0	0.00%
	S	$374,768,789	$388,515,300	$403,725,600	$407,001,200	3,921.24	3,921.24	$777,030,600	$810,726,800	$33,696,200	4.34%
PGM 02 Total		**$384,994,213**	**$399,994,500**	**$416,815,900**	**$421,450,800**	**3,921.24**	**3,921.24**	**$799,989,000**	**$838,266,700**	**$38,277,700**	**4.78%**
GPR		**$213,865,366**	**$226,919,600**	**$229,508,900**	**$232,542,200**	**1,890.28**	**1,883.92**	**$453,839,200**	**$462,051,100**	**$8,211,900**	**1.81%**
	A	$10,225,424	$10,729,200	$12,740,300	$14,099,600	0.00	0.00	$21,458,400	$26,839,900	$5,381,500	25.08%
	S	$203,639,942	$216,190,400	$216,768,600	$218,442,600	1,890.28	1,883.92	$432,380,800	$435,211,200	$2,830,400	0.65%
PR		**$171,128,847**	**$173,074,900**	**$187,307,000**	**$188,908,600**	**2,030.96**	**2,037.32**	**$346,149,800**	**$376,215,600**	**$30,065,800**	**8.69%**
	A	$0	$500,000	$100,000	$100,000	0.00	0.00	$1,000,000	$200,000	($800,000)	-80.00%

	L	$0	$250,000	$250,000	$250,000	0.00	0.00	$500,000	$500,000	$0	0.00%
	S	$171,128,847	$172,324,900	$186,957,000	$188,558,600	2,030.96	2,037.32	$344,649,800	$375,515,600	$30,865,800	8.96%
TOTAL 02		**$384,994,213**	**$399,994,500**	**$416,815,900**	**$421,450,800**	**3,921.24**	**3,921.24**	**$799,989,000**	**$838,266,700**	**$38,277,700**	**4.78%**
	A	$10,225,424	$11,229,200	$12,840,300	$14,199,600	0.00	0.00	$22,458,400	$27,039,900	$4,581,500	20.40%
	L	$0	$250,000	$250,000	$250,000	0.00	0.00	$500,000	$500,000	$0	0.00%
	S	$374,768,789	$388,515,300	$403,725,600	$407,001,200	3,921.24	3,921.24	$777,030,600	$810,726,800	$33,696,200	4.34%

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Source of Funds		ANNUAL SUMMARY						BIENNIAL SUMMARY			
		Prior Year Actual	Adjusted Base	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE	Base Year Doubled (BYD)	Biennial Request	Change From (BYD)	Change From BYD %
04 HEALTH CARE ACCESS AND ACCOUNTABILITY											
Non Federal											
GPR		**$2,458,527,061**	**$2,714,024,400**	**$3,066,345,000**	**$3,214,923,000**	**343.74**	**343.74**	**$5,428,048,800**	**$6,281,268,000**	**$853,219,200**	**15.72%**
	A	$2,360,093,509	$2,586,647,200	$2,921,595,200	$3,064,565,100	0.00	0.00	$5,173,294,400	$5,986,160,300	$812,865,900	15.71%
	L	$27,071,549	$48,212,000	$61,597,200	$66,046,300	0.00	0.00	$96,424,000	$127,643,500	$31,219,500	32.38%
	S	$71,362,003	$79,165,200	$83,152,600	$84,311,600	343.74	343.74	$158,330,400	$167,464,200	$9,133,800	5.77%
PR		**$603,527,935**	**$647,322,000**	**$760,563,400**	**$787,542,000**	**11.22**	**11.22**	**$1,294,644,000**	**$1,548,105,400**	**$253,461,400**	**19.58%**
	A	$596,330,985	$628,223,200	$743,307,800	$770,264,500	0.00	0.00	$1,256,446,400	$1,513,572,300	$257,125,900	20.46%
	L	$931,483	$1,858,100	$1,858,100	$1,858,100	0.00	0.00	$3,716,200	$3,716,200	$0	0.00%
	S	$6,265,467	$17,240,700	$15,397,500	$15,419,400	11.22	11.22	$34,481,400	$30,816,900	($3,664,500)	-10.63%
SEG		**$617,347,059**	**$809,347,200**	**$755,209,800**	**$751,009,600**	**0.00**	**0.00**	**$1,618,694,400**	**$1,506,219,400**	**($112,475,000)**	**-6.95%**
	A	$617,347,059	$809,347,200	$755,209,800	$751,009,600	0.00	0.00	$1,618,694,400	$1,506,219,400	($112,475,000)	-6.95%
Total - Non Federal		**$3,679,402,055**	**$4,170,693,600**	**$4,582,118,200**	**$4,753,474,600**	**354.96**	**354.96**	**$8,341,387,200**	**$9,335,592,800**	**$994,205,600**	**11.92%**
	A	$3,573,771,553	$4,024,217,600	$4,420,112,800	$4,585,839,200	0.00	0.00	$8,048,435,200	$9,005,952,000	$957,516,800	11.90%
	L	$28,003,032	$50,070,100	$63,455,300	$67,904,400	0.00	0.00	$100,140,200	$131,359,700	$31,219,500	31.18%
	S	$77,627,470	$96,405,900	$98,550,100	$99,731,000	354.96	354.96	$192,811,800	$198,281,100	$5,469,300	2.84%
Federal											
PR		**$5,999,577,377**	**$4,924,416,000**	**$5,442,394,000**	**$5,659,061,400**	**633.03**	**633.03**	**$9,848,832,000**	**$11,101,455,400**	**$1,252,623,400**	**12.72%**
	A	$5,776,830,624	$4,684,484,400	$5,166,522,200	$5,376,360,700	0.00	0.00	$9,368,968,800	$10,542,882,900	$1,173,914,100	12.53%
	L	$51,819,396	$58,520,100	$74,127,600	$79,097,000	0.00	0.00	$117,040,200	$153,224,600	$36,184,400	30.92%
	S	$170,927,357	$181,411,500	$201,744,200	$203,603,700	633.03	633.03	$362,823,000	$405,347,900	$42,524,900	11.72%

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Total - Federal		**$5,999,577,377**	**$4,924,416,000**	**$5,442,394,000**	**$5,659,061,400**	**633.03**	**633.03**	**$9,848,832,000**	**$11,101,455,400**	**$1,252,623,400**	**12.72%**
	A	$5,776,830,624	$4,684,484,400	$5,166,522,200	$5,376,360,700	0.00	0.00	$9,368,968,800	$10,542,882,900	$1,173,914,100	12.53%
	L	$51,819,396	$58,520,100	$74,127,600	$79,097,000	0.00	0.00	$117,040,200	$153,224,600	$36,184,400	30.92%
	S	$170,927,357	$181,411,500	$201,744,200	$203,603,700	633.03	633.03	$362,823,000	$405,347,900	$42,524,900	11.72%
PGM 04 Total		**$9,678,979,432**	**$9,095,109,600**	**$10,024,512,200**	**$10,412,536,000**	**987.99**	**987.99**	**$18,190,219,200**	**$20,437,048,200**	**$2,246,829,000**	**12.35%**
GPR		**$2,458,527,061**	**$2,714,024,400**	**$3,066,345,000**	**$3,214,923,000**	**343.74**	**343.74**	**$5,428,048,800**	**$6,281,268,000**	**$853,219,200**	**15.72%**
	A	$2,360,093,509	$2,586,647,200	$2,921,595,200	$3,064,565,100	0.00	0.00	$5,173,294,400	$5,986,160,300	$812,865,900	15.71%
	L	$27,071,549	$48,212,000	$61,597,200	$66,046,300	0.00	0.00	$96,424,000	$127,643,500	$31,219,500	32.38%
	S	$71,362,003	$79,165,200	$83,152,600	$84,311,600	343.74	343.74	$158,330,400	$167,464,200	$9,133,800	5.77%
PR		**$6,603,105,312**	**$5,571,738,000**	**$6,202,957,400**	**$6,446,603,400**	**644.25**	**644.25**	**$11,143,476,000**	**$12,649,560,800**	**$1,506,084,800**	**13.52%**
	A	$6,373,161,609	$5,312,707,600	$5,909,830,000	$6,146,625,200	0.00	0.00	$10,625,415,200	$12,056,455,200	$1,431,040,000	13.47%
	L	$52,750,879	$60,378,200	$75,985,700	$80,955,100	0.00	0.00	$120,756,400	$156,940,800	$36,184,400	29.96%
	S	$177,192,824	$198,652,200	$217,141,700	$219,023,100	644.25	644.25	$397,304,400	$436,164,800	$38,860,400	9.78%
SEG		**$617,347,059**	**$809,347,200**	**$755,209,800**	**$751,009,600**	**0.00**	**0.00**	**$1,618,694,400**	**$1,506,219,400**	**($112,475,000)**	**-6.95%**
	A	$617,347,059	$809,347,200	$755,209,800	$751,009,600	0.00	0.00	$1,618,694,400	$1,506,219,400	($112,475,000)	-6.95%
TOTAL 04		**$9,678,979,432**	**$9,095,109,600**	**$10,024,512,200**	**$10,412,536,000**	**987.99**	**987.99**	**$18,190,219,200**	**$20,437,048,200**	**$2,246,829,000**	**12.35%**
	A	$9,350,602,177	$8,708,702,000	$9,586,635,000	$9,962,199,900	0.00	0.00	$17,417,404,000	$19,548,834,900	$2,131,430,900	12.24%
	L	$79,822,428	$108,590,200	$137,582,900	$147,001,400	0.00	0.00	$217,180,400	$284,584,300	$67,403,900	31.04%
	S	$248,554,827	$277,817,400	$300,294,300	$303,334,700	987.99	987.99	$555,634,800	$603,629,000	$47,994,200	8.64%

Agency Total by Program

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Source of Funds		ANNUAL SUMMARY						BIENNIAL SUMMARY			
		Prior Year Actual	Adjusted Base	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE	Base Year Doubled (BYD)	Biennial Request	Change From (BYD)	Change From BYD %
05 MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES											
Non Federal											
GPR		**$22,981,611**	**$28,681,000**	**$29,157,600**	**$29,157,600**	**19.19**	**19.19**	**$57,362,000**	**$58,315,200**	**$953,200**	**1.66%**
	A	$0	$500,000	$500,000	$500,000	0.00	0.00	$1,000,000	$1,000,000	$0	0.00%
	L	$20,059,809	$25,199,700	$25,360,700	$25,360,700	0.00	0.00	$50,399,400	$50,721,400	$322,000	0.64%
	S	$2,921,802	$2,981,300	$3,296,900	$3,296,900	19.19	19.19	$5,962,600	$6,593,800	$631,200	10.59%
PR		**$6,281,729**	**$6,668,000**	**$7,090,900**	**$7,170,000**	**8.10**	**8.10**	**$13,336,000**	**$14,260,900**	**$924,900**	**6.94%**
	A	$1,106,697	$1,083,500	$1,083,500	$1,083,500	0.00	0.00	$2,167,000	$2,167,000	$0	0.00%
	L	$1,614,914	$1,728,900	$1,728,900	$1,728,900	0.00	0.00	$3,457,800	$3,457,800	$0	0.00%
	S	$3,560,118	$3,855,600	$4,278,500	$4,357,600	8.10	8.10	$7,711,200	$8,636,100	$924,900	11.99%
Total - Non Federal		**$29,263,340**	**$35,349,000**	**$36,248,500**	**$36,327,600**	**27.29**	**27.29**	**$70,698,000**	**$72,576,100**	**$1,878,100**	**2.66%**
	A	$1,106,697	$1,583,500	$1,583,500	$1,583,500	0.00	0.00	$3,167,000	$3,167,000	$0	0.00%
	L	$21,674,723	$26,928,600	$27,089,600	$27,089,600	0.00	0.00	$53,857,200	$54,179,200	$322,000	0.60%
	S	$6,481,920	$6,836,900	$7,575,400	$7,654,500	27.29	27.29	$13,673,800	$15,229,900	$1,556,100	11.38%
Federal											
PR		**$36,837,260**	**$37,929,200**	**$37,186,600**	**$37,186,600**	**33.23**	**33.23**	**$75,858,400**	**$74,373,200**	**($1,485,200)**	**-1.96%**
	A	$12,446,626	$12,310,100	$10,957,100	$10,957,100	0.00	0.00	$24,620,200	$21,914,200	($2,706,000)	-10.99%
	L	$21,001,197	$21,657,200	$21,861,900	$21,861,900	0.00	0.00	$43,314,400	$43,723,800	$409,400	0.95%
	S	$3,389,437	$3,961,900	$4,367,600	$4,367,600	33.23	33.23	$7,923,800	$8,735,200	$811,400	10.24%
Total - Federal		**$36,837,260**	**$37,929,200**	**$37,186,600**	**$37,186,600**	**33.23**	**33.23**	**$75,858,400**	**$74,373,200**	**($1,485,200)**	**-1.96%**
	A	$12,446,626	$12,310,100	$10,957,100	$10,957,100	0.00	0.00	$24,620,200	$21,914,200	($2,706,000)	-10.99%
	L	$21,001,197	$21,657,200	$21,861,900	$21,861,900	0.00	0.00	$43,314,400	$43,723,800	$409,400	0.95%

	S	$3,389,437	$3,961,900	$4,367,600	$4,367,600	33.23	33.23	$7,923,800	$8,735,200	$811,400	10.24%
PGM 05 Total		**$66,100,600**	**$73,278,200**	**$73,435,100**	**$73,514,200**	**60.52**	**60.52**	**$146,556,400**	**$146,949,300**	**$392,900**	**0.27%**
GPR		**$22,981,611**	**$28,681,000**	**$29,157,600**	**$29,157,600**	**19.19**	**19.19**	**$57,362,000**	**$58,315,200**	**$953,200**	**1.66%**
	A	$0	$500,000	$500,000	$500,000	0.00	0.00	$1,000,000	$1,000,000	$0	0.00%
	L	$20,059,809	$25,199,700	$25,360,700	$25,360,700	0.00	0.00	$50,399,400	$50,721,400	$322,000	0.64%
	S	$2,921,802	$2,981,300	$3,296,900	$3,296,900	19.19	19.19	$5,962,600	$6,593,800	$631,200	10.59%
PR		**$43,118,989**	**$44,597,200**	**$44,277,500**	**$44,356,600**	**41.33**	**41.33**	**$89,194,400**	**$88,634,100**	**($560,300)**	**-0.63%**
	A	$13,553,323	$13,393,600	$12,040,600	$12,040,600	0.00	0.00	$26,787,200	$24,081,200	($2,706,000)	-10.10%
	L	$22,616,111	$23,386,100	$23,590,800	$23,590,800	0.00	0.00	$46,772,200	$47,181,600	$409,400	0.88%
	S	$6,949,555	$7,817,500	$8,646,100	$8,725,200	41.33	41.33	$15,635,000	$17,371,300	$1,736,300	11.11%
TOTAL 05		**$66,100,600**	**$73,278,200**	**$73,435,100**	**$73,514,200**	**60.52**	**60.52**	**$146,556,400**	**$146,949,300**	**$392,900**	**0.27%**
	A	$13,553,323	$13,893,600	$12,540,600	$12,540,600	0.00	0.00	$27,787,200	$25,081,200	($2,706,000)	-9.74%
	L	$42,675,920	$48,585,800	$48,951,500	$48,951,500	0.00	0.00	$97,171,600	$97,903,000	$731,400	0.75%
	S	$9,871,357	$10,798,800	$11,943,000	$12,022,100	60.52	60.52	$21,597,600	$23,965,100	$2,367,500	10.96%

Agency Total by Program

435 Health Services, Department of **1517 Biennial Budget**

Source of Funds		ANNUAL SUMMARY						BIENNIAL SUMMARY			
		Prior Year Actual	Adjusted Base	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE	Base Year Doubled (BYD)	Biennial Request	Change From (BYD)	Change From BYD %
06 QUALITY ASSURANCE SERVICES PLANNING, REGULATION AND DELIVERY											
Non Federal											
GPR		**$5,375,012**	**$5,509,500**	**$5,577,200**	**$5,577,200**	**54.98**	**54.98**	**$11,019,000**	**$11,154,400**	**$135,400**	**1.23%**
	S	$5,375,012	$5,509,500	$5,577,200	$5,577,200	54.98	54.98	$11,019,000	$11,154,400	$135,400	1.23%
PR		**$4,797,680**	**$5,644,600**	**$5,659,000**	**$5,659,000**	**45.84**	**45.84**	**$11,289,200**	**$11,318,000**	**$28,800**	**0.26%**
	S	$4,797,680	$5,644,600	$5,659,000	$5,659,000	45.84	45.84	$11,289,200	$11,318,000	$28,800	0.26%
Total - Non Federal		**$10,172,692**	**$11,154,100**	**$11,236,200**	**$11,236,200**	**100.82**	**100.82**	**$22,308,200**	**$22,472,400**	**$164,200**	**0.74%**
	S	$10,172,692	$11,154,100	$11,236,200	$11,236,200	100.82	100.82	$22,308,200	$22,472,400	$164,200	0.74%
Federal											
PR		**$12,805,452**	**$15,802,200**	**$16,001,900**	**$16,001,900**	**137.58**	**137.58**	**$31,604,400**	**$32,003,800**	**$399,400**	**1.26%**
	S	$12,805,452	$15,802,200	$16,001,900	$16,001,900	137.58	137.58	$31,604,400	$32,003,800	$399,400	1.26%
Total - Federal		**$12,805,452**	**$15,802,200**	**$16,001,900**	**$16,001,900**	**137.58**	**137.58**	**$31,604,400**	**$32,003,800**	**$399,400**	**1.26%**
	S	$12,805,452	$15,802,200	$16,001,900	$16,001,900	137.58	137.58	$31,604,400	$32,003,800	$399,400	1.26%
PGM 06 Total		**$22,978,144**	**$26,956,300**	**$27,238,100**	**$27,238,100**	**238.40**	**238.40**	**$53,912,600**	**$54,476,200**	**$563,600**	**1.05%**
GPR		**$5,375,012**	**$5,509,500**	**$5,577,200**	**$5,577,200**	**54.98**	**54.98**	**$11,019,000**	**$11,154,400**	**$135,400**	**1.23%**
	S	$5,375,012	$5,509,500	$5,577,200	$5,577,200	54.98	54.98	$11,019,000	$11,154,400	$135,400	1.23%
PR		**$17,603,132**	**$21,446,800**	**$21,660,900**	**$21,660,900**	**183.42**	**183.42**	**$42,893,600**	**$43,321,800**	**$428,200**	**1.00%**
	S	$17,603,132	$21,446,800	$21,660,900	$21,660,900	183.42	183.42	$42,893,600	$43,321,800	$428,200	1.00%

Agency Total by Program

435 Health Services, Department of

1517 Biennial Budget

TOTAL 06		**$22,978,144**	**$26,956,300**	**$27,238,100**	**$27,238,100**	**238.40**	**238.40**	**$53,912,600**	**$54,476,200**	**$563,600**	**1.05%**
	S	$22,978,144	$26,956,300	$27,238,100	$27,238,100	238.40	238.40	$53,912,600	$54,476,200	$563,600	1.05%

Agency Total by Program

435 Health Services, Department of

1517 Biennial Budget

Source of Funds		ANNUAL SUMMARY						BIENNIAL SUMMARY			
		Prior Year Actual	Adjusted Base	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE	Base Year Doubled (BYD)	Biennial Request	Change From (BYD)	Change From BYD %
07 LONG-TERM CARE SERVICES ADMINISTRATION AND DELIVERY											
Non Federal											
GPR		**$335,546,328**	**$327,455,700**	**$309,334,100**	**$310,346,100**	**59.45**	**59.45**	**$654,911,400**	**$619,680,200**	**($35,231,200)**	**-5.38%**
	A	$17,273,579	$16,887,500	$17,406,200	$17,419,800	0.00	0.00	$33,775,000	$34,826,000	$1,051,000	3.11%
	L	$304,584,210	$296,422,400	$277,119,200	$277,571,700	0.00	0.00	$592,844,800	$554,690,900	($38,153,900)	-6.44%
	S	$13,688,539	$14,145,800	$14,808,700	$15,354,600	59.45	59.45	$28,291,600	$30,163,300	$1,871,700	6.62%
PR		**$40,065,266**	**$52,982,200**	**$60,995,300**	**$60,041,900**	**15.44**	**15.44**	**$105,964,400**	**$121,037,200**	**$15,072,800**	**14.22%**
	A	$38,536,051	$49,306,200	$57,510,900	$56,563,500	0.00	0.00	$98,612,400	$114,074,400	$15,462,000	15.68%
	L	$525,395	$1,629,600	$1,342,100	$1,342,100	0.00	0.00	$3,259,200	$2,684,200	($575,000)	-17.64%
	S	$1,003,820	$2,046,400	$2,142,300	$2,136,300	15.44	15.44	$4,092,800	$4,278,600	$185,800	4.54%
Total - Non Federal		**$375,611,594**	**$380,437,900**	**$370,329,400**	**$370,388,000**	**74.89**	**74.89**	**$760,875,800**	**$740,717,400**	**($20,158,400)**	**-2.65%**
	A	$55,809,630	$66,193,700	$74,917,100	$73,983,300	0.00	0.00	$132,387,400	$148,900,400	$16,513,000	12.47%
	L	$305,109,605	$298,052,000	$278,461,300	$278,913,800	0.00	0.00	$596,104,000	$557,375,100	($38,728,900)	-6.50%
	S	$14,692,359	$16,192,200	$16,951,000	$17,490,900	74.89	74.89	$32,384,400	$34,441,900	$2,057,500	6.35%
Federal											
PR		**$100,625,047**	**$100,056,900**	**$99,672,600**	**$100,309,000**	**89.01**	**89.01**	**$200,113,800**	**$199,981,600**	**($132,200)**	**-0.07%**
	A	$36,814,823	$34,549,400	$35,673,700	$36,673,700	0.00	0.00	$69,098,800	$72,347,400	$3,248,600	4.70%
	L	$45,980,441	$44,684,200	$42,918,600	$42,825,500	0.00	0.00	$89,368,400	$85,744,100	($3,624,300)	-4.06%
	S	$17,829,783	$20,823,300	$21,080,300	$20,809,800	89.01	89.01	$41,646,600	$41,890,100	$243,500	0.58%
Total - Federal		**$100,625,047**	**$100,056,900**	**$99,672,600**	**$100,309,000**	**89.01**	**89.01**	**$200,113,800**	**$199,981,600**	**($132,200)**	**-0.07%**
	A	$36,814,823	$34,549,400	$35,673,700	$36,673,700	0.00	0.00	$69,098,800	$72,347,400	$3,248,600	4.70%
	L	$45,980,441	$44,684,200	$42,918,600	$42,825,500	0.00	0.00	$89,368,400	$85,744,100	($3,624,300)	-4.06%

Agency Total by Program

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	S	$17,829,783	$20,823,300	$21,080,300	$20,809,800	89.01	89.01	$41,646,600	$41,890,100	$243,500	0.58%
PGM 07 Total		**$476,236,641**	**$480,494,800**	**$470,002,000**	**$470,697,000**	**163.90**	**163.90**	**$960,989,600**	**$940,699,000**	**($20,290,600)**	**-2.11%**
GPR		**$335,546,328**	**$327,455,700**	**$309,334,100**	**$310,346,100**	**59.45**	**59.45**	**$654,911,400**	**$619,680,200**	**($35,231,200)**	**-5.38%**
	A	$17,273,579	$16,887,500	$17,406,200	$17,419,800	0.00	0.00	$33,775,000	$34,826,000	$1,051,000	3.11%
	L	$304,584,210	$296,422,400	$277,119,200	$277,571,700	0.00	0.00	$592,844,800	$554,690,900	($38,153,900)	-6.44%
	S	$13,688,539	$14,145,800	$14,808,700	$15,354,600	59.45	59.45	$28,291,600	$30,163,300	$1,871,700	6.62%
PR		**$140,690,313**	**$153,039,100**	**$160,667,900**	**$160,350,900**	**104.45**	**104.45**	**$306,078,200**	**$321,018,800**	**$14,940,600**	**4.88%**
	A	$75,350,874	$83,855,600	$93,184,600	$93,237,200	0.00	0.00	$167,711,200	$186,421,800	$18,710,600	11.16%
	L	$46,505,836	$46,313,800	$44,260,700	$44,167,600	0.00	0.00	$92,627,600	$88,428,300	($4,199,300)	-4.53%
	S	$18,833,603	$22,869,700	$23,222,600	$22,946,100	104.45	104.45	$45,739,400	$46,168,700	$429,300	0.94%
TOTAL 07		**$476,236,641**	**$480,494,800**	**$470,002,000**	**$470,697,000**	**163.90**	**163.90**	**$960,989,600**	**$940,699,000**	**($20,290,600)**	**-2.11%**
	A	$92,624,453	$100,743,100	$110,590,800	$110,657,000	0.00	0.00	$201,486,200	$221,247,800	$19,761,600	9.81%
	L	$351,090,046	$342,736,200	$321,379,900	$321,739,300	0.00	0.00	$685,472,400	$643,119,200	($42,353,200)	-6.18%
	S	$32,522,142	$37,015,500	$38,031,300	$38,300,700	163.90	163.90	$74,031,000	$76,332,000	$2,301,000	3.11%

Agency Total by Program

435 Health Services, Department of

1517 Biennial Budget

Source of Funds		ANNUAL SUMMARY						BIENNIAL SUMMARY			
		Prior Year Actual	Adjusted Base	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE	Base Year Doubled (BYD)	Biennial Request	Change From (BYD)	Change From BYD %
08 GENERAL ADMINISTRATION											
Non Federal											
GPR		**$18,771,247**	**$18,314,200**	**$20,260,600**	**$20,367,100**	**153.59**	**153.59**	**$36,628,400**	**$40,627,700**	**$3,999,300**	**10.92%**
	L	$196,143	$250,000	$250,000	$250,000	0.00	0.00	$500,000	$500,000	$0	0.00%
	S	$18,575,104	$18,064,200	$20,010,600	$20,117,100	153.59	153.59	$36,128,400	$40,127,700	$3,999,300	11.07%
PR		**$25,362,213**	**$31,649,700**	**$31,872,300**	**$31,906,100**	**151.58**	**151.58**	**$63,299,400**	**$63,778,400**	**$479,000**	**0.76%**
	A	$0	$2,000,000	$2,000,000	$2,000,000	0.00	0.00	$4,000,000	$4,000,000	$0	0.00%
	S	$25,362,213	$29,649,700	$29,872,300	$29,906,100	151.58	151.58	$59,299,400	$59,778,400	$479,000	0.81%
Total - Non Federal		**$44,133,460**	**$49,963,900**	**$52,132,900**	**$52,273,200**	**305.17**	**305.17**	**$99,927,800**	**$104,406,100**	**$4,478,300**	**4.48%**
	A	$0	$2,000,000	$2,000,000	$2,000,000	0.00	0.00	$4,000,000	$4,000,000	$0	0.00%
	L	$196,143	$250,000	$250,000	$250,000	0.00	0.00	$500,000	$500,000	$0	0.00%
	S	$43,937,317	$47,713,900	$49,882,900	$50,023,200	305.17	305.17	$95,427,800	$99,906,100	$4,478,300	4.69%
Federal											
PR		**$12,900,557**	**$20,596,300**	**$21,338,200**	**$21,338,200**	**116.18**	**116.18**	**$41,192,600**	**$42,676,400**	**$1,483,800**	**3.60%**
	L	$913,719	$250,000	$564,200	$564,200	0.00	0.00	$500,000	$1,128,400	$628,400	125.68%
	S	$11,986,838	$20,346,300	$20,774,000	$20,774,000	116.18	116.18	$40,692,600	$41,548,000	$855,400	2.10%
Total - Federal		**$12,900,557**	**$20,596,300**	**$21,338,200**	**$21,338,200**	**116.18**	**116.18**	**$41,192,600**	**$42,676,400**	**$1,483,800**	**3.60%**
	L	$913,719	$250,000	$564,200	$564,200	0.00	0.00	$500,000	$1,128,400	$628,400	125.68%
	S	$11,986,838	$20,346,300	$20,774,000	$20,774,000	116.18	116.18	$40,692,600	$41,548,000	$855,400	2.10%
PGM 08 Total		**$57,034,017**	**$70,560,200**	**$73,471,100**	**$73,611,400**	**421.35**	**421.35**	**$141,120,400**	**$147,082,500**	**$5,962,100**	**4.22%**

Agency Total by Program

435 Health Services, Department of

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GPR		**$18,771,247**	**$18,314,200**	**$20,260,600**	**$20,367,100**	**153.59**	**153.59**	**$36,628,400**	**$40,627,700**	**$3,999,300**	**10.92%**
	L	$196,143	$250,000	$250,000	$250,000	0.00	0.00	$500,000	$500,000	$0	0.00%
	S	$18,575,104	$18,064,200	$20,010,600	$20,117,100	153.59	153.59	$36,128,400	$40,127,700	$3,999,300	11.07%
PR		**$38,262,770**	**$52,246,000**	**$53,210,500**	**$53,244,300**	**267.76**	**267.76**	**$104,492,000**	**$106,454,800**	**$1,962,800**	**1.88%**
	A	$0	$2,000,000	$2,000,000	$2,000,000	0.00	0.00	$4,000,000	$4,000,000	$0	0.00%
	L	$913,719	$250,000	$564,200	$564,200	0.00	0.00	$500,000	$1,128,400	$628,400	125.68%
	S	$37,349,051	$49,996,000	$50,646,300	$50,680,100	267.76	267.76	$99,992,000	$101,326,400	$1,334,400	1.33%
TOTAL 08		**$57,034,017**	**$70,560,200**	**$73,471,100**	**$73,611,400**	**421.35**	**421.35**	**$141,120,400**	**$147,082,500**	**$5,962,100**	**4.22%**
	A	$0	$2,000,000	$2,000,000	$2,000,000	0.00	0.00	$4,000,000	$4,000,000	$0	0.00%
	L	$1,109,862	$500,000	$814,200	$814,200	0.00	0.00	$1,000,000	$1,628,400	$628,400	62.84%
	S	$55,924,155	$68,060,200	$70,656,900	$70,797,200	421.35	421.35	$136,120,400	$141,454,100	$5,333,700	3.92%
Agency Total		**$10,927,039,807**	**$10,430,855,000**	**$11,373,296,400**	**$11,766,465,800**	**6,193.55**	**6,193.55**	**$20,861,710,000**	**$23,139,762,200**	**$2,278,052,200**	**10.92%**

Agency Total by Decision Item

Department of Health Services

1517 Biennial Budget

Decision Item	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
2000 Adjusted Base Funding Level	$10,430,855,000	$10,430,855,000	6,195.05	6,195.05
3001 Turnover Reduction	($2,948,000)	($2,948,000)	0.00	0.00
3002 Removal of Noncontinuing Elements from the Base	($110,000)	($110,000)	(1.50)	(1.50)
3003 Full Funding of Continuing Position Salaries and Fringe Benefits	$8,791,300	$8,791,300	0.00	0.00
3007 Overtime	$6,064,200	$6,064,200	0.00	0.00
3008 Night and Weekend Differential Pay	$4,442,000	$4,442,000	0.00	0.00
3010 Full Funding of Lease and Directed Moves Costs	($408,900)	($213,100)	0.00	0.00
3011 Minor Transfers Within the Same Alpha Appropriation	$0	$0	0.00	0.00
4502 Food Re-Estimate	($23,100)	$95,100	0.00	0.00
4515 Variable Non-Food Re-Estimate	($1,050,200)	$2,107,200	0.00	0.00
4550 Program Revenue Re-Estimate	$3,782,100	$3,573,200	0.00	0.00
4555 Federal Revenue Re-Estimate	$24,608,500	$28,460,300	0.00	0.00
5201 Conditional Release and Supervised Release Re-Estimate	$2,011,100	$3,370,400	0.00	0.00
5202 Mental Health Institutes Funding Split	$0	$0	0.00	0.00
5400 Medicaid Base Re-Estimate: Caseload and Intensity	$843,833,700	$1,204,109,000	0.00	0.00
5401 SeniorCare Re-Estimate	$20,069,200	$32,247,100	0.00	0.00
5407 Wisconsin Funeral and Cemetery Aids Re-Estimate	$382,900	$862,600	0.00	0.00
5409 FoodShare Employment and Training Re-Estimate	$21,691,400	$29,630,200	0.00	0.00
5410 SSI State Supplement and Caretaker Supplement Re-Estimate	$2,099,700	$4,629,900	0.00	0.00
5412 Medicaid and FoodShare Administration Re-Estimate	$9,454,100	$10,748,000	0.00	0.00
5500 Sum Sufficient Re-Estimate	$107,800	$107,800	0.00	0.00
5800 Administrative Transfers	($356,400)	($356,400)	0.00	0.00

Agency Total by Decision Item

Department of Health Services

1517 Biennial Budget

TOTAL	**$11,373,296,400**	**$11,766,465,800**	**6,193.55**	**6,193.55**

Decision Item (DIN) - 3001

Decision Item (DIN) Title - Turnover Reduction

NARRATIVE

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

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**3001**	**Turnover Reduction**				
	GPR	S	($881,600)	($881,600)	0.00	0.00
	PR	S	($407,900)	($407,900)	0.00	0.00
	PR Federal	S	($1,658,500)	($1,658,500)	0.00	0.00
	Total		**($2,948,000)**	**($2,948,000)**	**0.00**	**0.00**
Agency Total			**($2,948,000)**	**($2,948,000)**	**0.00**	**0.00**

Decision Item (DIN) - 3002

Decision Item (DIN) Title - Removal of Noncontinuing Elements from the Base

NARRATIVE

This decision item removes from the base all non-continuing positions and dollars approved on a one-time basis. Non-continuing elements include project positions scheduled to end prior to July 1, 2015.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**3002**	**Removal of Noncontinuing Elements from the Base**				
	GPR	S	($55,000)	($55,000)	(0.75)	(0.75)
	PR Federal	S	($55,000)	($55,000)	(0.75)	(0.75)
	Total		**($110,000)**	**($110,000)**	**(1.50)**	**(1.50)**
Agency Total			**($110,000)**	**($110,000)**	**(1.50)**	**(1.50)**

Decision Item (DIN) - 3003

Decision Item (DIN) Title - Full Funding of Continuing Position Salaries and Fringe Benefits

NARRATIVE

The Department requests increases or decreases to adjust base salary and fringe benefit levels to documented actual levels. The new agency fringe rate is applied to the adjusted salary levels.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**3003**	**Full Funding of Continuing Position Salaries and Fringe Benefits**				
	GPR	S	$4,535,400	$4,535,400	0.00	0.00
	PR	S	$1,354,700	$1,354,700	0.00	0.00
	PR Federal	S	$2,909,900	$2,909,900	0.00	0.00
	SEG	S	($8,700)	($8,700)	0.00	0.00
	Total		**$8,791,300**	**$8,791,300**	**0.00**	**0.00**
Agency Total			**$8,791,300**	**$8,791,300**	**0.00**	**0.00**

Decision Item (DIN) - 3007

Decision Item (DIN) Title - Overtime

NARRATIVE

The Department requests funds 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.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**3007**	**Overtime**				
	GPR	S	$1,943,700	$1,943,700	0.00	0.00
	PR	S	$4,120,500	$4,120,500	0.00	0.00
	Total		**$6,064,200**	**$6,064,200**	**0.00**	**0.00**
Agency Total			**$6,064,200**	**$6,064,200**	**0.00**	**0.00**

Decision Item (DIN) - 3008

Decision Item (DIN) Title - Night and Weekend Differential Pay

NARRATIVE

The Department requests funding for salary and fringe increments for employees entitled to a wage premium. These increases cover holiday, night, weekend differential, nurse responsibility, specialty standby/on-call and permanent payments.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**3008**	**Night and Weekend Differential Pay**				
	GPR	S	$1,913,600	$1,913,600	0.00	0.00
	PR	S	$2,427,000	$2,427,000	0.00	0.00
	PR Federal	S	$101,400	$101,400	0.00	0.00
	Total		**$4,442,000**	**$4,442,000**	**0.00**	**0.00**
Agency Total			**$4,442,000**	**$4,442,000**	**0.00**	**0.00**

Decision Item (DIN) - 3010

Decision Item (DIN) Title - Full Funding of Lease and Directed Moves Costs

NARRATIVE

The Department requests funding for the 2015-17 estimated costs of state-owned rent and private lease payments based on actual charges in the first year of the current biennium.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**3010**	**Full Funding of Lease and Directed Moves Costs**				
	GPR	S	$1,031,800	$1,138,300	0.00	0.00
	PR	S	($501,600)	($467,800)	0.00	0.00
	PR Federal	S	($936,500)	($881,400)	0.00	0.00
	SEG	S	($2,600)	($2,200)	0.00	0.00
	Total		**($408,900)**	**($213,100)**	**0.00**	**0.00**
Agency Total			**($408,900)**	**($213,100)**	**0.00**	**0.00**

Decision Item (DIN) - 3011
Decision Item (DIN) Title - Minor Transfers Within the Same Alpha Appropriation

NARRATIVE

The Department requests transfers within the same alpha appropriations to align budget with expenditures.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**3011**	**Minor Transfers Within the Same Alpha Appropriation**				
	GPR	A	$0	$0	0.00	0.00
	GPR	S	$0	$0	0.00	0.00
	PR	S	$0	$0	0.00	0.00
	Total		**$0**	**$0**	**0.00**	**0.00**
Agency Total			**$0**	**$0**	**0.00**	**0.00**

Decision Item (DIN) - 4502

Decision Item (DIN) Title - Food Re-Estimate

NARRATIVE

The Department requests ($90,200) GPR and $67,100 PR in FY16 and ($17,600) GPR and $112,700 PR in FY17 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.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**4502**	**Food Re-Estimate**				
	GPR	S	($90,200)	($17,600)	0.00	0.00
	PR	S	$67,100	$112,700	0.00	0.00
	Total		**($23,100)**	**$95,100**	**0.00**	**0.00**
Agency Total			**($23,100)**	**$95,100**	**0.00**	**0.00**

Decision Item (DIN) - 4515

Decision Item (DIN) Title - Variable Non-Food Re-Estimate

NARRATIVE

The Department requests ($2,362,300) GPR and $1,312,100 PR in FY16 and ($253,100) GPR and $2,360,300 PR in FY17 to fund the increased cost of variable non-food expenditures 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 the average daily population and include medical services and supplies, prescription drugs, clothing, and other supplies. The GPR portion of this request reflects a flat projection of population at Sand Ridge Secure Treatment Center and a more moderate increase in population and drug and medical services costs at Sand Ridge Secure Treatment Center than budgeted in 2013-15 biennium. The increase in program revenue authority reflects an increase in civil population at the MHIs and increased medical services costs. The Department's facilities provide services to individuals with significant medical needs as well as an aging population. Medical services include such items as hospitalization, diagnostic testing, and outpatient medical visits.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**4515**	**Variable Non-Food Re-Estimate**				
	GPR	S	($2,362,300)	($253,100)	0.00	0.00
	PR	S	$1,312,100	$2,360,300	0.00	0.00
	Total		**($1,050,200)**	**$2,107,200**	**0.00**	**0.00**
Agency Total			**($1,050,200)**	**$2,107,200**	**0.00**	**0.00**

Decision Item (DIN) - 4550

Decision Item (DIN) Title - Program Revenue Re-Estimate

NARRATIVE

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

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**4550**	**Program Revenue Re-Estimate**				
	PR	A	$189,100	$289,300	0.00	0.00
	PR	L	($287,500)	($287,500)	0.00	0.00
	PR	S	$3,880,500	$3,571,400	0.00	0.00
	Total		**$3,782,100**	**$3,573,200**	**0.00**	**0.00**
Agency Total			**$3,782,100**	**$3,573,200**	**0.00**	**0.00**

Decision Item (DIN) - 4555

Decision Item (DIN) Title - Federal Revenue Re-Estimate

NARRATIVE

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

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**4555**	**Federal Revenue Re-Estimate**				
	PR Federal	A	$277,800	$1,277,800	0.00	0.00
	PR Federal	L	$5,671,700	$6,578,600	0.00	0.00
	PR Federal	S	$18,659,000	$20,603,900	0.00	0.00
	Total		**$24,608,500**	**$28,460,300**	**0.00**	**0.00**
Agency Total			**$24,608,500**	**$28,460,300**	**0.00**	**0.00**

Decision Item (DIN) - 5201

Decision Item (DIN) Title - Conditional Release and Supervised Release Re-Estimate

NARRATIVE

The Department requests an increase of $2,011,100 GPR in FY16 and an increase of $3,370,400 GPR in FY17 based on a re-estimate of costs for outpatient competency examinations, conditional and supervised release, and treatment to competency programs for the 2015-17 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 state mental health institutes (MHI). 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 (SVP) under Chapter 980 of the statutes and who have been released by the courts under the supervision of the Department. The Conditional Release program provides treatment to individuals who have been conditionally released from one of the MHIs. The Treatment to Competency Program provides treatment to competency services to individuals who would otherwise receive inpatient treatment at an MHI. The Department contracts with a private provider to provide treatment to competency services in the community. The Department's request is based on a re-estimate of caseload and service costs in each program.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**5201**	**Conditional Release and Supervised Release Re-Estimate**				
	GPR	A	$2,011,100	$3,370,400	0.00	0.00
	Total		**$2,011,100**	**$3,370,400**	**0.00**	**0.00**
Agency Total			**$2,011,100**	**$3,370,400**	**0.00**	**0.00**

Decision Item (DIN) - 5202

Decision Item (DIN) Title - Mental Health Institutes Funding Split

NARRATIVE

The Department requests ($3,068,100) GPR and (71.60) GPR FTE and $3,068,100 PR and 71.60 PR FTE in FY16 and ($3,575,900) GPR and (77.96) GPR FTE and $3,575,900 PR and 77.96 PR FTE in FY17 as a result of the re-estimate 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 voluntarily committed patients is the responsibility of boards established under s. 51.42 and other third-party payers and is funded with program revenue (PR) 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 93% GPR/7% PR at Mendota and 43% GPR/57% PR at Winnebago for FY16 and 93% GPR/7% PR at Mendota and 42% GPR/58% PR at Winnebago in FY17.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**5202**	**Mental Health Institutes Funding Split**				
	GPR	S	($3,068,100)	($3,575,900)	(71.60)	(77.96)
	PR	S	$3,068,100	$3,575,900	71.60	77.96
	Total		**$0**	**$0**	**0.00**	**0.00**
Agency Total			**$0**	**$0**	**0.00**	**0.00**

Decision Item (DIN) - 5210

Decision Item (DIN) Title - Mendota Juvenile Treatment Center

NARRATIVE

The Department requests statutory changes to reflect the estimated cost of care of juveniles in Mendota Juvenile Treatment Center (MJTC) in FY16 and FY17. Total costs of MJTC are re-estimated every biennium to take into account changes in average staff salaries and fringe costs. The amount specified in statutes under s. 46.057(2) must be changed to reflect the new re-estimate. MJTC costs are funded by a mix of GPR, which is part of the Department of Corrections (DOC) base budget, and program revenue, which is revenue from the youth correctional rate charged to counties.

Decision Item (DIN) - 5400
Decision Item (DIN) Title - Medicaid Base Re-Estimate: Caseload and Intensity

NARRATIVE

The Department requests funding based on a re-estimate of costs for the Medicaid program.

The Department requests an increase of $310,888,600 GPR, $109,266,200 PR, $477,816,300 FED and a decrease of ($54,137,400) SEG in FY16 and an increase of $449,124,600 GPR, $128,457,100 PR, $684,864,900 FED, and a decrease of ($58,337,600) SEG in FY17 to fund the ongoing cost for the Medicaid program for caseload and utilization increases.

The Medicaid and BadgerCare Plus (BC Plus) program provides health care services to certain groups of persons who have low income and resources. The major groups receiving comprehensive health care coverage include low income elderly, people with disabilities, children and their families, pregnant women, and, more recently, adults without dependent children. In FY14, Medicaid and BC Plus expenditures totaled $7.7 billion AF ($2.9 billion GPR/SEG), and served an average of 1,097,902 recipients per month.

The Medicaid base re-estimate projects the cost to fund the Medicaid and 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 re-estimate. The base re-estimate also includes the impact of previously enacted program changes that have not yet been fully phased in.

This re-estimate incorporates the planned expansion of Family Care to seven counties in the Northeast (Brown, Door, Kewaunee, Marinette, Menominee, Oconto and Shawano), which is expected to begin on March 1, 2015, contingent on Joint Committee on Finance approval. While the impact of this expansion in 2015-17 is an estimated $3.7 million GPR, the Department has demonstrated that Family Care is more cost effective compared to the legacy long term care system.

On April 1, 2014, Wisconsin's Medicaid program implemented a number of major changes to eligibility. The major changes were to remove the cap on enrollment for childless adults, and provide Medicaid coverage to all childless adults at or below 100% of the federal poverty level (FPL). In addition, coverage for BC Plus parents and caretakers was reduced from 200% FPL to 100% FPL. Along with these Medicaid changes, the federal health exchange began offering health insurance that provided tax credits for households with income above 100% FPL and below 400% FPL. At this point, the full impact of these eligibility changes is uncertain, but this base re-estimate attempts to estimate the change in 2015-17.

FY15 Expenditure Growth

The 2013-15 biennial budget has been subject to several unexpected factors that have increased state costs for the Medicaid program. First, enrollment for the childless adult group has been much higher than expected in Act 20 (the 2013-15 biennial budget). Average monthly enrollment in FY15 is currently projected to be 137,642 compared to the Act 20 assumption of 98,641, which is expected to increase GPR costs in 2013-15 by $91.5 million GPR. Also, the federal medical assistance participation rate (FMAP) for federal FY15 turned out to be 0.92% lower than budgeted in Act 20, resulting in increased costs of $52 million GPR in FY15. In spite of these significant cost impacts, the Department expects to operate the Medicaid program within budget levels for 2013-15. This re-estimate does not assume any carryover deficit from FY15 to the 2015-17 biennium. The Department's funding request for 2015-17 biennium, however, needs to address the ongoing impact of these two factors in FY16 and FY17.

Change in FMAP Rate

An important factor in funding Medicaid in the 2015-17 biennium is that base funding is based on a FMAP that is lower than occurred for FY15 and the projected change in the FMAP, based on preliminary state per capita income levels released in the spring of 2014, indicates that the FMAP rate will continue to fall in the next two years. The preliminary income figures show Wisconsin's three year average relative to the national average increasing and resulting in a further drop of 0.12% in the federal fiscal year matching rate for 2016. Wisconsin's blended FMAP is projected to decrease from 58.47% in FY15 to 58.16% in FY16 and 57.99% in FY17. The base funding level budget for Medicaid (FY15) is built on an assumption that the FMAP would be 59.16%.

One favorable factor in regards to the FMAP is that the Patient Protection and Affordable Care Act (PPACA) includes a provision that provides an additional 23% to a state's FMAP for children in the Children's Health Insurance Program (CHIP), beginning October 1, 2015 and continuing until September 30, 2019. This enhancement would be applicable to all but the first three months of the 2015-17 biennium.

The projected GPR need to replace lost federal funding due to the combined impact of the declining Medicaid FMAP rate and the enhanced CHIP FMAP rate is estimated to be $50.6 million in FY16 and $52.7 million in FY17, or a biennial cost of $103.3 million GPR. The lower Medicaid FMAP has a biennial cost of $188.2 million GPR which is offset in part by the savings of $84.9 million GPR from the enhanced CHIP FMAP.

Long Term Care

In FY14, Medicaid enrollees in long term care programs averaged 77,473 per month, which was approximately 7% of the Medicaid enrollment of 1,097,902. Although the recipients were only 7% of total enrollment, long term care costs were approximately 40% of all Medicaid costs. Long term care programs include nursing home care, Family Care, PACE/Partnership, Home and Community-Based Waiver programs, and the Medicaid Card Services of Personal Care, Home Health and Hospice Care. Due to the high relative cost of long term care, changes in these programs can have significant impacts on Medicaid costs.

A major change that will begin at the end of FY15 is the expansion of Family Care and IRIS to seven counties in the Northeast, contingent on Joint Committee on Finance approval. Although this is a major change, the net impact is only $3.7 million GPR. Enrollment in long term care programs is projected to grow from 79,584 in FY15 to 81,750 in FY16 and 83,392 in FY17, which reflects annual growth rates of 2.7% and 2.0%, respectively. These growth rates are moderately higher than the projected increase of all Elderly, Blind and Disabled (EBD) recipients, which is projected to increase at a 1.2% annual rate during 2015-17.

In the early years of Family Care expansion in a county, a large part of the enrollment growth in Family Care reflects the transition of persons from the home and community-based waiver programs which does not increase the number of long term care participants. During the first three years of expansion, managed care organizations are allowed to serve each month an additional 1/36th of their waiting list at the start of implementation.

Total GPR costs for long term care programs are projected to increase from $1,296,309,600 in FY15 to $1,383,262,300 in FY16 and $1,457,593,900 in FY17 which in terms of percentage increase is 6.7% in FY16 and 5.4% in FY17. Compared to the cost in FY15 doubled, the biennial GPR cost of long term care programs is $248,237,000 higher. This increase reflects

factors such as the declining FMAP, increased managed care utilization trends, and an increase of $39.5 million for personal care card services as well as the growth of Family Care and IRIS enrollments.

This projection anticipates Family Care managed care rates will increase by 3.2% in CY16 and 2.5% in CY17, due to per person utilization. IRIS costs are also assumed to increase at these rates. PACE/Partnership rates are projected to increase by 3.0% in CY16 and 3.0% in CY17. The Department will set actual rates based on its existing rate methodology, in compliance with the federal requirement that rates be actuarially sound.

The statutes require counties that have implemented Family Care to contribute amounts equal to their prior long term care expenditures. However, the 2007-09 biennial budget included a provision that phases down each county's contribution to 22% of its Community Aids allocation if the county contribution is greater than this amount. In 2013-15, this phase down increased GPR costs by $9 million. However, current counties in Family Care have reached the end of the five year phase down so this is not a factor in the increased costs for 2015-17.

With the expansion to the seven Northeast counties, there will be only eight counties that have not expanded to Family Care, including Dane and Rock counties. This projection does not include the impact of expansion to these eight remaining counties.

Medicaid Caseload Assumptions

The most difficult part of the caseload projection is for BC Plus children, parents, caretakers, and childless adults. These groups have the most sensitivity to the economy. Also, the major eligibility changes that were implemented for parents, caretakers and childless adults have not fully been realized to this point, so there is uncertainty as to the full impact of the eligibility changes as well as the interaction with the availability of federal tax credits for health coverage through the Federal Health Care Exchange.

On April 1, 2014, eligibility for BC Plus parents and caretakers was changed to reduce eligibility from income of 200% FPL to 100% FPL. Also, eligibility for childless adults was modified to allow all childless adults at or below 100% FPL to be eligible for Medicaid. During the first six to eight months of an eligibility change, there can be significant changes in the enrollment levels, so at this stage, it is uncertain how enrollment will eventually end up. Childless adults enrollment has increased faster than projected. Enrollment for childless adults will likely reach 130,000 in August 2014, but it is uncertain at what level enrollment will stabilize since the monthly increases have been significant over the months of May to August. Typically, at this point of an eligibility expansion, enrollment increases slow down, but it is uncertain what the rate of decrease will be. This projection anticipates that enrollment will reach 145,000 by June 2015.

There has been a consistent downward trend in enrollment for both parents/caretaker and children even after accounting for the eligibility changes in April 2014. It may be that the availability of federal tax credits under the Federal Health Care Exchange has affected the number of households seeking coverage under Medicaid. It may be that a number of households have shifted to other health insurance coverage, but the impact is only slowly impacting Medicaid enrollment since households do not shift from Medicaid coverage until their Medicaid renewal date. This may imply that enrollment for parents/caretakers and children will continue to decline until January 2015. This projection assumes reductions in enrollment for both parents/caretakers and children through September 2014, since there is initial enrollment data to support this assumption. After September 2014, this projection assumes annual growth

of 0.25% for both parents/caretakers and children through FY15, and then annual growth of 1% in FY16 and FY17.

Enrollment for both Medicaid Well Woman and the Family Planning Waiver has had consistent monthly reductions since April 2014. As with parents/caretakers and children, this may continue until January 2015 for the same reasons. These two groups, though, have relatively small GPR costs due to enhanced FMAP (90% FMAP for family planning services and the CHIP FMAP for Well Woman).

The Medicaid EBD population is less sensitive to the economy, but there is still some impact on enrollees who are disabled. The EBD growth has averaged 1.5% over the last year. The projection assumes that this group will grow at a 1.2% annual rate after September 2014 and through FY16 and grow at 1.3% in FY17.

The average monthly caseload of full benefit Medicaid enrollees is projected to increase from 1,097,902 in FY14 to 1,123,647 in FY15 due to program changes for childless adults to 100% FPL which is significantly exceeding the decrease in enrollment for BC Plus parents/caretakers. In 2015-17, caseload is projected to increase to 1,137,673 in FY16 and 1,151,056 in FY17, which are annual increases of 1.2%.

Projected caseload changes by eligibility group are shown in the table below.

Annual MA Caseload Changes

	Aged, Blind and Disabled	**BC Plus Children + Foster Children + Subsidized Adoptions**	**BC Plus Adults + Well Women + Childless Adults**	**Family Planning Waiver***	**Medicare Beneficiaries ***	**Total**
FY14	221,710	494,737	269,027	69,838	21,466	1,097,902
FY15	223,182	485,595	322,480	48,876	22,247	1,123,647
% change	*0.7%*	*-1.8%*	*19.9%*	*-30.0%*	*3.6%*	*2.3%*
FY16	225,917	488,098	332,566	46,434	23,323	1,137,673
% change	1.2%	0.5%	3.1%	-5.0%	4.8%	1.2%
FY17	228,739	493,001	336,588	46,901	24,491	1,151,055
% change	*1.2%*	*1.0%*	*1.2%*	*1.0%*	*5.0%*	*1.2%*

*limited benefits

Medicaid Intensity

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. In the fee-for-service area, excluding nursing homes, Medicare Buy-in, Medicare Part D "Clawback" and federally qualified health clinics (FQHCs) cost settlements, the estimated intensity changes to Medicaid will increase costs by $94.5 million AF ($39.5 million GPR) in FY16 over FY15 and by an additional $96.4 million AF ($40.5 million GPR) in FY17. These amounts only reflect intensity related to services provided under fee-for-service. Intensity changes in managed care are discussed later. The table below lists the projected intensity changes for the larger categories of fee-for-service.

Medicaid Projected Intensity Changes By Service

	FY 15	FY 16	FY 17
Drugs	3.1%	3.0%	3.0%
Inpatient Hospital	2.0%	4.3%	4.5%
Outpatient Hospital	2.0%	4.1%	4.3%
Personal Care	12.2%	11.2%	10.1%
Physicians	1.3%	0.9%	1.0%
Home Health	-2.9%	-2.8%	-3.0%
Hospice	3.1%	3.1%	3.1%
Medicare Part A Premiums	0.4%	-0.5%	-0.4%
Medicare Part B Premiums	2.5%	2.6%	2.5%
Lab & X-ray	2.4%	2.7%	1.5%
Dental	3.3%	3.3%	3.2%

Since 2006, states have been required to pay what are known as "clawback" payments to the federal government because Medicare Part D began providing prescription drug coverage for persons who are dually eligible for both Medicaid and Medicare. In FY15, clawback payments are projected to total $161.0 million GPR, but in FY16 and FY17 are projected to increase to $200.1 million and $180.1 million GPR. Over the base year of FY15, this will increase GPR expenditures in 2015-17 by $58.2 million.

Cost settlements for FQHCs have a history of volatile growth. Over the period FY04 to FY11, the amount of cost settlements grew by an annual rate of 27% while caseload was growing at an annual rate of 6.3%. However, for the period from FY11 to FY14, the amount of cost settlements has been flat. In part, this is may be due to flat caseload growth in this period. Also, there have been delays in completing cost settlements for one of the largest FQHCs. Since FQHC cost settlements have at times growth substantially beyond caseload growth and there is moderate caseload growth projected in FY15 through FY17, it is assumed that cost settlements will have an annual growth rate of 10%. This assumption results in projected increased biennial costs for settlements of $49.5 million AF ($20.3 million GPR) in 2015-17 over the level in FY15.

The Medicaid program is responsible for paying the Medicare Part A and Part B premiums for Medicaid recipients with income below 135% FPL. In FY15, the Medicaid program will pay an estimated $177.5 million AF in Medicare premiums for dual eligibles. It is projected that Medicare premium billings will increase to $189.4 million AF in FY16 and $200.7 million AF in

FY17. Over the base year of FY15, this will increase GPR expenditures in 2015-17 by $14.4 million. This projection assumes that premiums in CY15 through CY17 will increase by 3.3% per year.

The projection anticipates decline in fee-for-service utilization of nursing homes. The projected cost declines from FY15 are $12.7 million AF ($5.3 million GPR) in FY16 and an additional $7.4 million AF ($3.1 million GPR) in FY17.

Intensity changes in service utilization affect managed care as well as the fee-for-service system under Medicaid. Federal regulations require that capitation rates are actuarially sound. The re-estimate assumes that future managed care utilization will increase between 2% and 4% per year over the next three years, depending on the program. These amounts are only estimates, and actual managed care rates will be set through the Department's rate setting methodology. The projected changes will increase managed care expenditures by $116 million AF ($48.5 million GPR) in FY16 and an additional $95.3 million AF ($40.3 million GPR) in FY17.

In past biennial budgets, the request for Medicaid has been significantly affected by changes in SEG revenues. For the coming 2015-17 biennium, there are three significant changes in SEG revenues. The largest impact is a lower projected nursing home certified public expenditure (CPE) claim related to deficits at county-owned nursing homes. Act 20 budgeted $52 million SEG REV due to the nursing home CPE in FY15, but the current annual projected claim for FY16 and FY17 is $35.1 million SEG REV. This is a decrease of $33.6 million SEG REV over the 2015-17 biennium.

The second change in SEG revenues is that the declining FMAP in 2015-17 will result in a decline in transfers to the Medicaid Trust Fund from the two Hospital SEG Funds of approximately $15.3 million over the biennium. Finally, due to declines in the number of licensed nursing home beds, there is a projected biennial decline of $7.2 million SEG REV for the Medicaid Trust Fund. In total, these three factors reduce SEG REV by $56.3 million over the biennium. An equal amount of GPR will be needed in 2015-17 to replace these SEG revenues.

Summary

The net impact of all the estimated impacts of intensity and caseload increases, as well as the structural deficit in the base funding, is that an additional $310.9 million GPR in FY16 and $449.1 million GPR in FY17 is needed to fully fund projected costs in the Medicaid program. This sums to a need of $760 million GPR in the 2015-17 biennium. A listing of the factors behind this amount is listed in the table below. It should be cautioned that due to interaction between the factors, these estimates depend on the order of application.

KEY FACTORS BEHIND GPR INCREASE FOR MEDICAID (Millions of Dollars)	
Federal Factors	
FMAP Increase	$103.3
Medicare Part D Clawback	$58.2
Medicare Buy-In Premiums	$14.4
Subtotal	$175.9
Caseload & Intensity	
Managed Care Intensity	$137.3
Fee-for-Service Intensity	$119.5
HMO Excise Tax	$46.8
Caseload over Act 20 FY15 Levels	$136.4
FQHC Cost Settlements	$20.3
CCS Full Funding	$26.0
Transportation Manager	$14.4
Expansion of Family Care to NE	$3.7
Loss of SEG Revenues	$56.3
Subtotal	$557.0
TOTAL Identified	$736.6
Other Factors	$23.4
Total Biennial GPR Request	$760.0

The total impact of this re-estimate on expenditures is shown in the table below. To provide a better comparison, the All Funds amount is also shown with an adjustment to include the same number of monthly clawback payments in each year. In even numbered years there are 13 Medicare Part D payments while in odd numbered years there are only 11 payments. The All Funds amounts in the table below are adjusted for this timing factor.

Total Expenditures

	Actual FY14	Projected FY15	Projected FY16	Projected FY17
GPR	$2,270,047,400	$2,573,207,900	$2,798,129,600	$2,936,473,900
Chg.		$303,160,600	$224,921,700	$138,344,300
SEG	$618,091,000	$584,715,900	$620,002,000	$617,309,000
PR (excluding rebates, collections & premiums)	$53,379,500	$51,847,500	$55,782,400	$54,878,300
FED	$4,655,260,700	$4,835,194,800	$5,140,379,400	$5,538,783,300
TOTAL	$7,596,778,600	$8,044,966,100	$8,614,293,400	$8,967,444,500
Adjust for 12 clawback payments	-$14.851,700	$15,042,200	-$15,042,200	$16,869,000
Adjusted Total	$7,581,926,900	$8,060,008,400	$8,599,251,200	$8,984,313,600
Change		$478,081,400	$539,242,800	$385,062,400
% Change		6.3%	6.7%	4.5%

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**5400**	**Medicaid Base Re-Estimate: Caseload and Intensity**				
	GPR	A	$330,138,600	$467,922,100	0.00	0.00
	GPR	L	($19,250,000)	($18,797,500)	0.00	0.00
	PR	A	$109,266,200	$128,457,100	0.00	0.00
	PR Federal	A	$477,816,300	$684,864,900	0.00	0.00
	SEG	A	($54,137,400)	($58,337,600)	0.00	0.00
	Total		**$843,833,700**	**$1,204,109,000**	**0.00**	**0.00**
Agency Total			**$843,833,700**	**$1,204,109,000**	**0.00**	**0.00**

Decision Item (DIN) - 5401

Decision Item (DIN) Title - SeniorCare Re-Estimate

NARRATIVE

The Department requests an increase of $1,644,100 GPR, $4,221,500 FED and $14,203,600 PR in FY16 and an increase of $4,313,900 GPR, $7,011,400 FED, and $20,921,800 PR in FY17 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 increased by an estimated $7.4 million (9.4%) in FY14 compared to FY13. On a date-of-service basis, the state paid amount (after cost sharing and third party liability) increased by $4.9 million AF (6.0%) from $81.4 million in FY13 to $86.3 million in FY14. In addition, the average state paid amount per enrollee (the state allowed amount minus TPL) increased by 7.1% in FY14, the first increase in the average state paid amount since FY09. Previously, it had been assumed Wisconsin seniors were utilizing Medicare Part D for all or a portion of their drug costs to a greater extent each year, resulting in smaller amounts paid by SeniorCare. The increase in the average state paid amount in FY14 suggests that the rate at which seniors are switching to Part D may be declining. Once the shift to Part D plateaus, it can be expected that the average state paid amount per enrollee will increase faster than drug costs since the amount of cost sharing (copays and deductibles) is fixed. This will result in a higher growth rate for state costs than the gross cost increase. Based on the experience in FY14, it is projected that average state expenditures per enrollee will increase by 11% per year for the Medicaid-waiver group and 5.0% per year for the state-only group, for a blended increase of 10.3%. Rebates as a percentage of state paid amount continue to increase. Invoiced rebates for CY13, which are collected in FY14 due to lags in billing manufacturers, increased from 63.5% of state paid amount in CY12 to 64.3% in CY13. These percentages are based on a date-of-service, and therefore are not influenced by the timing of collections and payments, and represent the best basis for projected future rebate collections. The Department projects a rebate percentage for the 2015-17 biennium of 63.2% for the Medicaid-waiver group and 65% for the state-only group Because of federal provisions regarding the sharing of Medicaid rebates that were part of the federal Patient Protection and Affordable Care Act, approximately 3.85% of rebates collected on the Medicaid part of SeniorCare are 100% allocated to the federal government. SeniorCare enrollment decreased by 1.0% in FY14 as projected. However, enrollment in FY10 and FY11 increased, and enrollment in FY12 was the same as in FY09. Since the longer historical experience is flat and there is an assumption that the shift to Part D is starting to stabilize, the projected enrollment growth is 1% in FY15 and 1% per year in FY16 and FY17 to reflect a growing population of persons over 65. Wisconsin's federal reimbursement rate for Medicaid is projected to decrease from 58.47% in FY15 to 58.18% in FY16 and 57.99% in FY17. These declines will increase GPR costs by approximately $0.3 million in the 2015-17 biennium. It is projected that SeniorCare expenditures will total $106,588,700 AF ($20,960,100 GPR, $20,916,200 FED and $64,712,400 PR) in FY16 and $118,766,600 AF ($23,629,900 GPR, $23,706,100 FED and $71,430,600 PR) in FY17.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**5401**	**SeniorCare Re-Estimate**				
	GPR	A	$1,644,100	$4,313,900	0.00	0.00
	PR	A	$14,203,600	$20,921,800	0.00	0.00
	PR Federal	A	$4,221,500	$7,011,400	0.00	0.00
	Total		**$20,069,200**	**$32,247,100**	**0.00**	**0.00**
Agency Total			**$20,069,200**	**$32,247,100**	**0.00**	**0.00**

Decision Item (DIN) - 5407

Decision Item (DIN) Title - Wisconsin Funeral and Cemetery Aids Re-Estimate

NARRATIVE

The Department requests $382,900 GPR in FY16 and $862,600 GPR in FY17 to fund the projected costs of the Wisconsin Funeral and Cemetery Aids Program. The Wisconsin Funeral and Cemetery Aids Program provides supplemental funding for funeral and cemetery services when the estate or others lack resources to pay for the necessary services. To qualify for funding, the individual must have been enrolled in select categories of Medicaid or a W-2 participant at the time of his or her death. State statutes specify that the state is to pay the lesser of the amount not covered by the estate or other persons or $1,000 for cemetery reimbursement and $1,500 for funeral and burial expenses. The program does not pay any funeral expenses if the total expense for funeral services exceeds $4,500 or does not pay any cemetery expenses if cemetery services exceed $3,500. Benefits are funded entirely with GPR funding. This re-estimate incorporates projected increases in program costs based on recent trends.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**5407**	**Wisconsin Funeral and Cemetery Aids Re-Estimate**				
	GPR	L	$382,900	$862,600	0.00	0.00
	Total		**$382,900**	**$862,600**	**0.00**	**0.00**
Agency Total			**$382,900**	**$862,600**	**0.00**	**0.00**

Decision Item (DIN) - 5409

Decision Item (DIN) Title - FoodShare Employment and Training Re-Estimate

NARRATIVE

The Department requests $13,002,300 GPR and $8,689,100 FED in FY16 and $16,971,700 GPR and $12,658,500 FED in FY17 to fund the projected costs of the FoodShare Employment and Training Program. The intent of the FoodShare Employment and Training (FSET) Program is to provide participants with education, skills, or work experience necessary to obtain competitive employment, enhance earning potential, and promote self-sufficiency. States are federally mandated to offer training and employment programs to FoodShare participants. The 2013-15 biennial budget, 2013 Wisconsin Act 20, created S. 49.79(10), which requires FoodShare eligibility and work requirements for able bodied adults without dependents (ABAWDs) to be implemented beginning July 1, 2014 in Racine, Kenosha, and Walworth Counties and January 1, 2015 in the balance of the state. FSET remains a voluntary program, though ABAWDs will be referred to the FSET program as a means of meeting the work requirements. The ABAWD policy is expected to increase enrollment in the FSET program significantly, starting in January 2015. Act 20 provided funding for this expected enrollment increase for half of FY15. Additional funding is necessary to fully fund the FSET program, at the expected increased enrollment levels, for a full year. This re-estimate incorporates full funding of the FSET program based on projected FoodShare enrollment, FSET participation, and per person costs, using the same assumptions as under Act 20.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**5409**	**FoodShare Employment and Training Re-Estimate**				
	GPR	L	$13,002,300	$16,971,700	0.00	0.00
	PR Federal	L	$8,689,100	$12,658,500	0.00	0.00
	Total		**$21,691,400**	**$29,630,200**	**0.00**	**0.00**
Agency Total			**$21,691,400**	**$29,630,200**	**0.00**	**0.00**

Decision Item (DIN) - 5410

Decision Item (DIN) Title - SSI State Supplement and Caretaker Supplement Re-Estimate

NARRATIVE

The Department requests an increase of $3,684,000 GPR and a decrease of ($1,584,300) PR in FY16 and an increase of $6,214,200 GPR and a decrease of ($1,584,300) PR in FY17 to fund projected SSI State Supplement and Caretaker Supplement expenditures in the next biennium. The source of the PR funding is federal TANF funds transferred from the Department of Children and Families. The SSI State Supplement program, funded with GPR, provides a cash benefit to low income seniors and adults and children with disabilities. The TANF-funded Caretaker Supplement program provides a cash benefit to SSI recipients who have dependent children. The requested funding for SSI benefits assumes expenditures will grow based on the historical trend since 2000, which is approximately 1.6% per year. Expenditures are expected to total $155,291,400 GPR in FY16 and $157,821,600 GPR in FY17. Caretaker Supplement benefit costs are projected to remain steady at FY 14 levels through FY17. Expenditures will equal $30,433,400 TANF in both FY16 and FY17 under this assumption.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**5410**	**SSI State Supplement and Caretaker Supplement Re-Estimate**				
	GPR	A	$3,684,000	$6,214,200	0.00	0.00
	PR	A	($1,584,300)	($1,584,300)	0.00	0.00
	Total		**$2,099,700**	**$4,629,900**	**0.00**	**0.00**
Agency Total			**$2,099,700**	**$4,629,900**	**0.00**	**0.00**

Decision Item (DIN) - 5412

Decision Item (DIN) Title - Medicaid and FoodShare Administration Re-Estimate

NARRATIVE

The Department requests $4,703,300 GPR and $4,750,800 FED in FY16 and $6,408,200 GPR and $4,339,800 FED in FY17 to fund the projected costs of Medicaid and FoodShare Administration. This re-estimate includes costs for the two divisions within the Department that administer the Medicaid and FoodShare programs. The primary drivers of the cost increase include rate increases for existing contracts, new and continuing projects within the claims and eligibility information systems to meet federal requirements and implement state policy changes, and projected shifts to lower federal match rates for a number of projects. Automatic rate increases are built into most contracts for Medicaid and FoodShare Administration. The Medicaid fiscal agent contract has an annual rate increase that is based on weighted averages of changes to certain inflation indexes. It is expected that the contract costs will increase by 3.0% in November 2015 and 3.25% in November 2016. This inflationary increase will result in approximately $440,100 of additional GPR spending in FY16 and $659,700 GPR in FY17. The Department contracts for programming, analysis, and maintenance tasks for the CARES eligibility system. This contract will increase by 5% annually in the coming biennium, resulting in additional expenditures of $159,400 GPR in FY16 and $466,300 GPR in FY17. Most other contracts held by both divisions have mandatory automatic rate increases, contributing to nearly $1 million GPR of the total increase over the biennium. The automatic rate increases account for about one quarter of the GPR increase over the biennium. Federal match rates for information system projects will be lower in 2015-17 than in the 2013-15 biennium. This change reflects the end of the 90% match that was temporarily available for eligibility activities and an expected different mixture of projects. This shift to a lower expected overall federal match rate results in increased GPR expenditures of approximately $2,255,000 in FY16 and $2,910,500 in FY17, or nearly half the total GPR increase in the biennium under this decision item. The remaining increased GPR costs are attributable to information system projects necessary to meet federal requirements and implement state policy changes. These projects include updating the End Stage Renal Disease (ESRD) reimbursement methodology, claims system data alignment necessary for the Total Cost of Care initiative, the federally mandated ICD-10 code set project, the federally mandated development of Transformed Medicaid Statistical Information System (TMSIS), and others.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**5412**	**Medicaid and FoodShare Administration Re-Estimate**				
	GPR	S	$4,703,300	$6,408,200	0.00	0.00
	PR Federal	S	$4,750,800	$4,339,800	0.00	0.00
	Total		**$9,454,100**	**$10,748,000**	**0.00**	**0.00**
Agency Total			**$9,454,100**	**$10,748,000**	**0.00**	**0.00**

Decision Item (DIN) - 5500

Decision Item (DIN) Title - Sum Sufficient Re-Estimate

NARRATIVE

The Department requests $107,800 GPR in FY16 and $107,800 GPR in FY17 based on a re-estimate of costs for non-Wisconsin residents committed for mental health treatment at the mental health institutes (MHI) under s. 51.22(3). The Department reimburses counties for civil commitment costs of non-residents to the MHIs from the sum sufficient appropriation under s. 20.435(5)(da).

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**5500**	**Sum Sufficient Re-Estimate**				
	GPR	L	$107,800	$107,800	0.00	0.00
	Total		**$107,800**	**$107,800**	**0.00**	**0.00**
Agency Total			**$107,800**	**$107,800**	**0.00**	**0.00**

Decision Item (DIN) - 5800

Decision Item (DIN) Title - Administrative Transfers

NARRATIVE

The Department requests $107,400 PR, ($463,800) FED, 2.95 FTE GPR, 1.40 FTE PR, and (4.35) FTE FED in FY16 and FY17. Overall, this request is a zero increase to position authority on an All Funds basis. This request reflects department-wide reallocations of vacant positions to high priority projects since the Department's 2013-15 agency budget request. This request also transfers funds and positions between appropriations to accurately align funding for positions.

Decision Item by Fund Source

Department of Health Services

	Source of Funds		1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
Decision Item	**5800**	**Administrative Transfers**				
	GPR	S	$0	$0	2.95	2.95
	PR	S	$107,400	$107,400	1.40	1.40
	PR Federal	S	($463,800)	($463,800)	(4.35)	(4.35)
	Total		**($356,400)**	**($356,400)**	**0.00**	**0.00**
Agency Total			**($356,400)**	**($356,400)**	**0.00**	**0.00**