

2021-23 STATE BIENNIAL BUDGET

Joint Committee on Finance Action on Youth Justice

On Thursday, June 10, 2021, the Joint Committee on Finance (JCF) took action on the portions of the Department of Children and Families' and Department of Corrections' budgets related to youth justice.

Shortly after the 2021-23 state biennial budget was introduced, the co-chairs of the Joint Committee on Finance indicated that Governor Evers' proposed modifications to the state's youth justice system would be removed from the budget, and consideration of significant changes to the youth justice system would be addressed in the fall session. Proposed changes to the youth justice system that were removed from the budget include the elimination of the serious juvenile offender program, transfer of 17-year-old youth to the youth justice system, allowing the state Department of Corrections to operate secured residential care centers for children and youth (SRCCCYs), and eliminating the July 1, 2021 closure date for Lincoln Hills.

The JCF took the following action last Thursday:

- Reestimated the average daily population at the state's juvenile correctional facilities to 86.
- Increased rates charged to counties for placement at Lincoln Hills by 88% - \$1,154 in FY22 and \$1,178 in FY23.
- Increased the youth aids base allocation by \$4,714,300 GPR annually.
- Maintained the current youth aids formula and component programs.

Items that the JCF failed to address for counties include:

- Removing the limit on the number of youth that can be served by current county 365/180 programs.
- Modifying the Lincoln Hills closure date.

WCA will work on separate legislation to address these issues, as well as other legislative issues identified by counties that have been awarded SRCCCY contracts.

Joint Committee on Finance Action on Department of Health Services and Department of Children and Families

On Tuesday, June 15, 2021, the JCF took the following action on the budgets of the Department of Health Services (DHS) and Department of Children and Families (DCF).

Department of Children and Families

Wisconsin Shares Child Care Subsidies: Increased funding for direct child care subsidies by \$11,000,000 FED in FY22 and by \$18,200,000 in FY23 so that the reimbursement rates would fully pay the price of at least 65 percent of the slots for children within the licensed capacity of all child care providers (the 65th percentile).

Kinship Care: Provided \$567,900 in FY22 and \$3,282,600 in FY23 for the estimated cost of kinship care payments under current law and to increase monthly kinship care payments from \$254 to \$300 per child, beginning January 1, 2022.

In-Home Prevention Services: Increased the annual TANF allocation for safety services, including targeted safety support funds and in-home safety services, by \$1,000,000 annually, beginning in FY22. Note: This appears to have been done in lieu of the Governor's request for \$12.3 million to create and implement a statewide in-home prevention services program.

Foster Care Rate Increase: Increased the Level 1 foster care monthly rate from \$254 to \$300 per child beginning January 1, 2022, by providing \$13,000 GPR/FED in FY22 and \$26,000 GPR/FED in FY23. Note: The Governor recommended a 2.5% rate increase in each year of the biennium).

Qualified Residential Treatment Programs – Nursing Services and Certification: Provided \$377,800 GPR in FY23 to support the ongoing costs of centralizing nursing services for congregate care facilities.

Congregate Care Provider Training: Provided \$200,000 GPR/FED in FY23 to provide training for congregate care providers to help them meet accreditation standards for qualified residential treatment programs under the Family First Prevention Services Act. Specified that the funding is intended as a one-time increase in the 2021-23 biennium. Authorized DCF to provide training for staff, including contractors, of a child welfare agency or congregate care facility.

Subsidized Guardianship: Provided \$2,400,000 GPR in FY22 and \$5,200,000 GPR in FY23 in the JCF program supplements appropriation to fund subsidized guardianship payments. Note: While funding was appropriated, separate legislation needs to be introduced and adopted to require DCF to take over payment responsibility from counties for subsidized guardianships.

Child Support: Provided \$1,750,000 GPR and \$3,395,000 FED annually to increase state support for local administration of the child support enforcement program.

Department of Health Services

Nursing Home Reimbursement: Provided \$82,034,300 GPR/FED in FY22 and \$170,375,400 GPR/FED in FY23 to increase reimbursement rates paid to skilled nursing facilities and intermediate care facilities for individuals with intellectual disabilities. Of this amount, required DHS to increase MA rates paid to nursing facilities and ICFs-IID by a budgeted sum of \$20,000,000, as the state share of payments, and the matching federal share of payments, in FY22, and by a budgeted sum of \$20,000,000, as the state share of payments, and the matching federal share of payments, in FY23, to support staff in those facilities who perform direct care.

Direct Care Workforce Funding: Provided \$53,835,800 GPR/FED in FY22 and \$50,403,200 GPR/FED in FY23 to increase funding for the direct care workforce funding supplement.

Personal Care Reimbursement: Provided \$18,904,300 GPR/FED in FY22 and \$59,369,300 in FY23 to increase hourly rates paid for personal care services to \$20.69 on January 1, 2022, and to \$22.35 on January 1, 2023. Directed DHS to increase the Medical Assistance rates paid for direct care to agencies that provide personal care services by the previous amounts to support staff in those agencies that perform direct care.

Postpartum Eligibility Extension: Provided \$1,000,000 GPR and \$1,500,000 FED in FY23 to reflect the estimated cost of extending benefits for women enrolled in MA as pregnant women until the last day of the month in which the 90th day after the last day of the month that the end of the pregnancy falls, instead of the 60th day under current law. Required DHS to request federal approval of a state Medicaid plan amendment or federal waiver to provide the postpartum coverage extension and specified that the postpartum eligibility extension applies only if federal approval is granted.

Outpatient Mental Health and Substance Abuse Services and Child-Adolescent Day Treatment Reimbursement: Provided \$6,628,100 GPR/FED in FY22 and \$13,256,200 GPR/FED in FY23 for a 15 percent increase to reimbursement rates for outpatient mental health and substance abuse services, effective January 1, 2022. Provided \$1,335,600 GPR/FED in FY22 and \$2,671,200 GPR/FED in FY23 for a 20 percent increase to reimbursement rates for child and adolescent day treatment services, effective January 1, 2022.

Coverage of Room and Board Costs During Residential Substance Use Disorder Treatment: No action was taken by the JCF; therefore, the Governor's proposal to fund room and board costs was not adopted.

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Medication-Assisted Treatment: Provided \$1,224,400 GPR/FED in FY22 and \$2,448,700 in FY23 to increase MA reimbursement rates for opioid treatment providers by 5 percent and increase rates for opioid-related patient evaluation and management (office visits) provided by primary care providers by \$5 per visit.

MA Dental Reimbursement: Provided \$15,432,800 GPR/FED in FY22 and \$30,865,800 GPR/FED in FY23 to increase MA dental reimbursement rates by 40 percent effective January 1, 2022. The rate increases do not apply to the reimbursement rates paid under the enhanced dental reimbursement pilot program created by 2015 Wisconsin Act 55.

Autism Services: Provided \$4,863,600 GPR/FED in FY22 and \$9,727,100 in FY23 to increase the reimbursement rate for adaptive behavioral treatment without a protocol modification by 15 percent effective January 1, 2022.

Children's Long-Term Support Program: No action was taken by the JCF; therefore, the Governor's proposed language to ensure that any child who is eligible and applies for the CLTS waiver program receives services under the program was not adopted. Note: No action was taken to create a Disability Resource Center for Children and Families.

Income Maintenance Workload (IMAA): No action was taken by the JCF; therefore, the Governor's proposed IMAA increase was not adopted.

FoodShare Healthy Eating Incentive: Lapsed program funding of \$425,000 GPR to the general fund in FY22.

FoodShare Employment and Training Funding Reestimate: Increased funding for FSET by \$1,409,900 FED in FY22 and \$5,616,000 GPR/FED in FY23 to reflect the current estimates of FoodShare enrollment and FSET program participation in the 2021-23 biennium. Placed the \$4,027,400 GPR in FY23 in the JCF's program supplements appropriation.

Public Health: No action was taken by the JCF; therefore, the Governor's proposed \$5 million increase for communicable disease prevention and control by local health departments was not adopted.

Birth to 3: Provided \$1,125,000 GPR annually in order for DHS to meet its federal Individuals with Disabilities Education Act (IDEA) maintenance of effort requirement for the Birth to 3 program in the 2021-23 biennium. Note: The Governor's proposed funding increase and program expansion was not adopted.

ADRC Funding: The Governor's proposal to increase funding available under the ADRC base contract to expand caregiver services was not adopted.

Dementia Care Specialists: Provided \$1,175,000 GPR/FED in FY22 and \$2,350,000 in FY23 to expand the dementia care specialist program to all tribes and ADRCs in the state. Funding is intended to fund 18 dementia care specialist positions at ADRCs and seven tribal dementia care specialist positions.

Alzheimer's Family and Caregiver Support Program: Provided \$250,000 GPR annually and increased the maximum amount of funding DHS may provide under the program from \$2,558,900 to \$2,808,900 annually.

Regional Crisis Response System Grants: Provided \$10,000,000 GPR in FY22 in the JCF program supplements appropriation for regional crisis services or facilities. Note: No language was included in the motion; therefore, it is not clear what will be funded with these dollars.

Crisis Intervention Training Grants: Provided \$375,000 GPR annually for mental health crisis intervention training for law enforcement and correctional officers. Modified a statutory provision that requires DHS to award grants totaling \$250,000 per biennium to specify, instead, that DHS is required to award grants totaling \$1,000,000 per biennium under the program.

Child Psychiatry Consultation Program: Provided \$500,000 GPR in FY23 to increase from \$1,500,000 to \$2,000,000 the funding for the child psychiatry consultation program in that year.

Medication-Assisted Treatment Expansion: Provided \$500,000 GPR in FY22 and \$1,000,000 GPR in FY23 in the JCF supplemental appropriation for medication-assisted treatment.

Methamphetamine Addiction Treatment Grants: Provided \$150,000 GPR in FY22 and \$300,000 GPR in FY23 in the JCF supplemental appropriation for training for substance use disorder treatment providers on treatment models for methamphetamine addiction.

Substance Use Disorder Treatment Platform: Provided \$300,000 GPR in FY23 in the JCF supplemental appropriation for development of a substance use disorder treatment platform that allows for the comparison of treatment programs in the state.

Behavioral Health Bed Tracker: Provided \$50,000 GPR in FY22 and \$20,000 GPR in FY23 to expand the purposes of the current psychiatric bed tracking system to include information on the availability of space for peer run respite beds and crisis stabilization beds. Modified a statutory provision relating to the users of the system to reflect the expanded purpose of the bed tracking system and to include any person who approves emergency detention under Chapter 51. Required DHS to provide to the Wisconsin Hospital Association all of the following: (a) a list of operators with peer-run respite beds and contact information; (b) a list of operators with crisis stabilization beds; and (c) a list of emergency mental health services programs that are certified by DHS and that perform crisis assessments.