



What is in the Governor's 2019-2021 State Budget Proposal?

Governor Evers introduced his proposed [2019-21 state budget](#) on February 28. This document summarizes some of the budget proposals related to people with disabilities. It is important to note that the items described below are just proposals and cannot take effect until they are passed by the Legislature and signed into law by the Governor. The next step in the budget process is for the Joint Finance Committee (the Legislature's budget-writing committee) to hold public hearings across the state to get feedback on the budget.

Medicaid

1. **Expand Medicaid** under the federal Affordable Care Act by covering all low-income Wisconsin residents who earn incomes between 0 and 138 percent of the federal poverty level. Medicaid Expansion will provide healthcare coverage to 82,000 additional Wisconsinites while saving \$320 million GPR over the biennium, funds which have been reinvested to improve the health and well-being of all Wisconsinites.
2. **Repeals BadgerCare Childless Adult Work, Premium, Co-pay requirements:** Repeals the current law requirement that DHS implement require childless adults on BadgerCare to work, pay premiums, pay co-pays for emergency room visits, complete a health risk assessment and limit enrollment to 48 months for individuals who aren't working.
3. Provide increased **funding for caregivers** through: (1) providing \$14.8 million in each year to increase the direct care and services portion of the capitation rates the department provides to long-term care managed care organizations; (2) providing \$3.3 million in fiscal year 2019-20 and \$13.4 million in fiscal year 2020-21 to fund rate increases for personal care direct care services; and (3) providing \$8.7 million in fiscal year 2019-20 and \$17.8 million in fiscal year 2020-21 for a 2.5 percent general rate increase for nursing homes with a 1.5 percent increase targeted to direct care workforce.
4. **Create a Medicaid community health benefit** that invests \$45 million for non-medical services to reduce and prevent health disparities that result from economic and social determinants of health. Services include but are not limited to housing referral services, stress management and nutritional counseling.
5. Establish medical service delivery through **telehealth** under the Medicaid program. Provide \$2.3 million in fiscal year 2019-20 and \$3.5 million in fiscal year 2020-21 to fund the increase of services due to increased access under the telehealth delivery model.
6. **Increase access to dental services** in the state: (1) create a mid-level dental provider to address dental provider shortages in Wisconsin and provide \$1,500,000 over the biennium to educational institutions to fund the development of dental therapist training programs. (2) Provide \$275,000 in the first fiscal year and \$450,000 in the second fiscal year to expand

the school-based Seal-A-Smile dental program. (3) Provide \$18 million in fiscal year 2019-20 and \$20.5 million in fiscal year 2020-21 to provide Medicaid dental incentive payments through reimbursement rate increases to dental providers that serve Medicaid recipients and repeal the dental reimbursement pilot project. (4) Provide \$425,000 in fiscal year 2019-20 and \$850,000 in fiscal year 2020-21 to fund low-income dental clinics that provide dental services to Medicaid recipients and the uninsured. (5) Provide \$2 million in fiscal year 2019-20 and \$3 million in fiscal year 2020-21 to reimburse dental providers who serve Medicaid recipients with both physical and mental disabilities. (6) Provide \$60,000 in each year of the biennium to increase funding for dental loan repayments for dentists who provide services in rural areas.

Health Care

1. Expands Wisconsin's **Family Medical Leave Act law**, which provides 12 weeks of family and medical leave, as follows: Applies the law to employers with at least 25 employees (currently 50); Permits leave to provide care for a grandparent, grandchild or sibling with a serious health condition; Expands the definition of "qualifying exigency" to include deployment of a spouse or child, and an unforeseen or unexpected closure of a school or child care facility.
2. Establish a requirement across all health insurance exchanges that guarantees health insurance for individuals with **preexisting conditions**, so all Wisconsinites receive the same quality healthcare without the additional cost associated with preexisting conditions.

Children with Disabilities

1. The Governor recommends **an end to wait lists** ensuring that any child who is eligible and who applies for the CLTS program receives CLTS program services. This creates parity between long-term care eligibility for children and adults. The Governor also recommends streamlining the intake, application and screening functions for children's long-term care programs by implementing a statewide contract to administer all Katie Beckett Medicaid screens and all initial screens for the CLTS program and the Children's Community Options Program.
2. The Governor recommends providing for **[Family Support and Disability Resources]** children's services navigators and children's disability resource specialists to help direct families towards available community resources, programs, and services. The Governor also recommends providing for children's disability ombudsmen to provide advocacy services for children with long-term support needs. Provide \$2.1 million in fiscal year 2019-20 and \$2.4 million in fiscal year 2020-21 to reduce bureaucracy and help families of children with disabilities identify available services and supports in the community that will meet their needs.

3. Increases funding for the **Birth to 3** Program by \$9.1 million to expand services to eligible children who have a positive blood lead test.

Education

1. **Increase special education aid** by \$606 million GPR over the biennium to reimburse eligible special education costs at 30 percent and 60 percent in those fiscal years, respectively. State funds available for reimbursement have remained unchanged since fiscal year 2008-09 while eligible expenses have increased, resulting in a current reimbursement rate of 25 percent.
2. Convert **high-cost special education aid** to a sum sufficient appropriation (ensuring that aid is not prorated) and modify the reimbursement rate for costs over \$30,000 per student from 90 percent to 100 percent to ensure school districts are able to fund services for students with the greatest need.
3. Increasing funding for **special education transition readiness** grants by \$7 million GPR over the biennium, which will assist school districts in providing services and conducting community engagement to prepare students with disabilities transition to postsecondary education or the workforce.
4. Increasing **special education transition incentive grants** from \$1,000 per student to \$1,500. The grants reward school districts when special education students enroll in higher education or other postsecondary training, or participate in competitive employment.
5. Prohibit new students from participating in the **special needs scholarship program** beginning in fiscal year 2020-21. Current law allows participating schools to receive 90 percent reimbursement of costs, which is much higher than the 25 percent reimbursement public schools receive. Through an increase in the reimbursement rate of eligible special education expenditures the need for an unequally funded program with unaudited costs is reduced. Additionally, private schools are not required to provide special education services under federal law, and there are no state or federal standards regarding any services a private school may provide.
6. Implement reforms to **increase the accountability of participating special needs scholarship program schools** and improve student protections within the program as follows: (a) repeal the actual cost basis by which a school can request an unverified sum for reimbursement and reinstate a per pupil aid payment; (b) require new schools that begin participating in fiscal year 2020-21 and thereafter to participate in another parental choice program through which they are accredited; (c) require that a school participating in the program may not charge tuition to a student whose income does not exceed 220 percent of the federal poverty line to provide consistency with the parental choice programs; and (d) require that schools participating in the program must allow students to opt out of the religious activity upon written request to protect the rights of students.

Mental Health

1. Provide \$69 million to fund non-institutional **mental health**, behavioral health and psychiatric services.
2. Fully fund a **youth crisis stabilization** facility. The facility will provide residential mental health services to children whose needs are greater than what is available in their community but not severe enough to warrant commitment to an institution.
3. Fund the development of a comprehensive **mental health consultation** program with \$66,700 GPR in fiscal year 2019-20.
4. Increase funding to address the need for access to **school-based mental health services** for school-age youth as follows: (a) \$22,000,000 GPR in each year to expand the mental health categorical aid program to include reimbursement for expenditures for any school-based pupil services in schools; (b) \$7,000,000 in each year to increase the number of school-based mental health collaboration grants provided; (c) \$2,580,000 in each year to expand training for school personnel in various mental health interventions; and (d) \$150,000 in each year for data system to store results of the youth risk behavior survey. In addition, support the Department of Public Instruction's administration of these programs by providing \$72,100 GPR in fiscal year 2019-20, \$95,500 GPR in fiscal year 2020-21 and 1.0 FTE GPR position in each year.
5. **Mental Health Consultation Program:** Requires DHS to convene a statewide group of interested persons to develop a concept paper, business plan, and standards for a comprehensive mental health consultation program that incorporates general, geriatric, and addiction psychiatry, a perinatal psychiatry consultation program, and the child psychiatry consultation program.