	AGENDA **Executive Committee** **Tuesday, December 10, 2019 – 5:00 pm** **Health & Human Services Center – Community Room** **303 W. Chapel Street** **Dodgeville, Wisconsin**	**Iowa County Wisconsin**

For information regarding access for the disabled, please call 935-0399.

Any subject on this agenda may become an action item.

1	Call to order.
2	Roll Call.
3	Approve the agenda for this December 10, 2019 meeting.
4	Approve the minutes of the November 5, 2019 meeting.
5	Report from committee members and an opportunity for members of the audience to address the committee. No action will be taken.
6	ComElec Broadband Grant Proposal.
7	Update on the 2020 Corporation Counsel Position.
8	Consider the Resolution Recommending 2019 Budget Amendment to Transfer Funds from the General Fund to the Corporation Counsel Budget.
9	Consider the Resolution Recommending 2019 Budget Amendment for the Health Department.
10	Consider the Resolution Opposing Proposed Rule Changes Regarding Medicaid Fiscal Accountability.
11	Review the audit bids received and forward the Committee's recommendation to the Iowa County Board.
12	Consider the letter from Friends of Governor Dodge concerning funding for a new equestrian campground at Governor Dodge State Park.
13	Chair's report.
14	Set date and time for next meeting. (1/14/20)
15	Adjournment.

Posting verified by the County Clerk's Office: Date: 12/5/19 Initials: GK

	Draft Minutes of the Executive Committee Tuesday, November 5, 2019 – 5:00 pm Health & Human Services Center – Community Room 303 W. Chapel Street Dodgeville, Wisconsin	**Iowa County Wisconsin**

1	Call to order. Chair John Meyers called the November 5, 2019 Executive Committee to order at 5:00 p.m.
2	Roll Call. Present at roll call: Sups. Ron Benish, Dave Gollon, Judy Lindholm, John Meyers, Dan Nankee and Curt Peterson. Excused: Sup. Jeremy Meek Others present: Sups. Steve Deal, Justin O'Brien, and Bruce Paull; Larry Bierke, Roxie Hamilton, Matt Allen, Jay Bennett Johnson Block and Company Inc., Susan Hepler Attic Correctional Services, and Steve Schneider Bug Tussel Wireless
3	Approve the agenda for this November 5, 2019 meeting. Motion by Sup. Benish seconded by Sup. Lindholm to approve the November 5, 2019 agenda. Motion Carried.
4	Approve the minutes of the October 8, 2019 meeting. Motion by Sup. Nankee seconded by Sup. Lindholm to approve the October 8, 2019 minutes with the correction of a last name for a member of the public listed in others present section of the minutes -- correcting Allen's last name to Pincus. Motion Carried.
5	Report from committee members and an opportunity for members of the audience to address the committee. No action will be taken. Sup. Peterson reported he has to leave at 5:50 for a Town of Dodgeville budget meeting. Sup. Nankee mentioned the article in last week's Dodgeville Chronicle on the "Will this Money be Well Spent. Sup. Nankee talked about an article in the Wisconsin Counties Magazine on Mental Health & Suicide and mentioned a couple of other drug, mental health and suicide prevention articles he has read recently.
6	Presentation on the 2018 Iowa County Audit by Johnson Block and Company. Jay Bennett, Partner Johnson Block and Company Inc. gave a presentation of the 2018 Iowa County Audit report.
7	Broadband Partnership Agreement. Larry distributed an updated agreement and project summary information on the Broadband Partnership with Bug Tussel. Steve Schneider, Bug Tussel, gave an overview of the proposed broadband project in Iowa County. He explained the proposed phase I, II and III outlined on the map that was distributed at the meeting. He covered the cost of the three phases. Discussion followed. Sup. Peterson left at 5:54 p.m. Larry Bierke explained what documents the County Board would need to be approve in order to apply

	for the grant. The grant is due December 19, 2019 and if the County plans to apply for the grant, the documents should be approved by County Board at the November 12, 2019 meeting. The project would not move forward if the grant were not received. The projection would be to finish Phase I and Phase II by fall 2021. Motion by Sup. Benish seconded by Sup. Lindholm to approve the Agreement to Establish Public Private Partnership for the Purpose of Applying for a Broadband Expansion Grant and the resolution and forward both to the County Board. Motion Carried. The Committee asked Larry to summarize frequently asked questions and information to assist with this discussion at next week's Board meeting.
8	Public Service Commission Broadband Grant. Discussed as part of agenda item #7
9	Consider the trends of the Iowa County Fund and Reserve balances for the last five years. Roxie distributed the summary fund balances and retained earnings balances for 2014 to 2018. Discussion followed.
10	Review the contract and funding source to pay Progressive Law Group LLC for filing an appeal of the Public Service Commission's decision concerning the Cardinal-Hickory Creek Transmission Line. The Committee discussed the funding and further discussion will occur during the 2020 Budget agenda item #13.
11	Consider funding for the OWI program. This will be discussed in the 2020 Budget agenda item #13.
12	Consider the Resolution Awarding the Financing for Capital Projects. Motion by Sup. Gollon seconded by Sup. Lindholm to approve and forward to the County Board the Resolution Awarding the Financing for Capital Projects. Motion Carried.
13	Consider the Iowa County 2020 preliminary budget. The Committee discussed the 2020 budget including the funding up to $50,000 for legal fees for the appeal against the PSC decision and the additional funding of $61,168 for the OWI intensive supervision program. Motion by Sup. Gollon seconded by Sup. Benish to allocate $25,000 from the general fund balance to cover legal fees and $61,168 from the Economic Development department budget to fund the OWI department budget and in 2020 the County Board will decide if they would like to fund the remaining $25,000 for the legal fees by a budget transfer requiring a 2/3 vote. Motion Carried with Sup. Meyer voting No.
14	Consider the Resolution Notice on Intent to Issue Financing Regarding the Purchase of Highway Equipment. Motion by Sup. Gollon seconded by Sup. Nankee to approve and forward to the County Board the Resolution Notice on Intent to Issue Financing Regarding the Purchase of Highway Equipment. Motion Carried.

15	Consider the Resolution Carrying Over Certain Accounts from the 2019 Budget for use in 2020. Motion to approve by Sup. Lindholm seconded by Sup. Benish to approve and forward to the County Board the Resolution Carrying Over Certain Accounts from the 2019 Budget for use in 2020. Motion Carried.
16	Consider the Resolution to Approve the Budgets and Approve Funds for the County of Iowa for the Fiscal Year Beginning January 1, 2020 and Ending December 31, 2020. Motion by Sup. Gollon seconded by Sup. Lindholm to approve the resolution to Approve the Budgets and Approve Funds for the County of Iowa for the Fiscal Year Beginning January 1, 2020 and Ending December 31, 2020 including the changes to the budget approved in agenda item #13. Motion Carried.
17	Consider the Resolution Authorizing 2019 Tax Levy for the 2020 Budget. Motion by Sup. Nankee seconded by Sup. Gollon approve the Resolution Authorizing 2019 Tax Levy for the 2020 Budget. Motion Carried.
18	Consider the highway funding referendum question and appointments to the Referendum Committee. Chair Meyers will bring this to next week's County Board meeting.
19	Preliminary Financial Reports ending September 30, 2019. The committee discussed the preliminary financial reports. Discussion followed.
20	Chair's report. No report at this time.
21	Set date and time for next meeting. (12/10/19) The next meeting will be December 10, 2019 at 5:00 p.m.
22	Adjournment. Motion by Sup. Gollon seconded by Sup. Lindholm to adjourn at 7:37 p.m. Motion Carried
Prepared by Roxie Hamilton. Reviewed by Sup. Nankee, Secretary on 11/7/2019	

AGENDA ITEM COVER SHEET

Title: ComElec Broadband Grant Proposal ◉ Original ○ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

The County Administrator met with the owner of ComElec and his staff on Monday, December 2nd to discuss their request to partner on a 2019 PSC Broadband Grant Application. They would like Iowa County to partner on providing wireless broadband service upgrades to the Villages of Linden and the Village of Rewey. The project would also include fiber connections to each house in Cobb.

In 2018 Iowa County and ComElec partnered on a similar application. That applciation included installing fiber to each home in each of the three Villages. This time, it is being proposed to reduce the costs of the project and the local government contribution by changing two of the Villages to wireless upgrades instead of fiber installations. By reducing the cost of our grant request and increasing the match provided (from 50% to 55%), it is hoped that this application scores higher than it has in the past.

RECOMMENDATIONS (IF ANY):

The Public Service Commission's pool of grant dollars available for this round of grants is also much higher than it has been in the past. As a result, our odds of getting funded are suspected to be higher. Given that the County's contribution would be appropriated in 2021, we have enough time to plan for our contribution.

ANY ATTACHMENTS? (Only 1 copy is needed) ○ Yes ◉ No If yes, please list below:

Rough Draft of the Project Budget.

FISCAL IMPACT:

Iowa County has been asked to contribute $50,000 in Fiscal Year 2021 to this project if the Public Service Commission awards the grant. The total project cost is currently being assembled and will hopefully be available at our Executive Committee Meeting.

LEGAL REVIEW PERFORMED: ○ Yes ◉ No **PUBLICATION REQUIRED:** ○ Yes ◉ No

STAFF PRESENTATION?: ○ Yes ◉ No How much time is needed? _____

COMPLETED BY: Larry Bierke **DEPT:** County Administrator

2/3 VOTE REQUIRED: ○ Yes ◉ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE: **AGENDA ITEM #**

COMMITTEE ACTION:

AGENDA ITEM COVER SHEET

Title: Resolution- 2019 Transfer of Funds To Corporation Counsel ◉ Original ○ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Resolution of Recommending Transfer of Funds in 2019 from the Iowa County General Fund Balance to Corporation Counsel budget to cover expenditures in excess of Budget.

RECOMMENDATIONS (IF ANY):

Review and Approve the Transfer

ANY ATTACHMENTS? (Only 1 copy is needed) ◉ Yes ○ No If yes, please list below:

Resolution of Recommending Transfer of Funds from the Iowa County General Fund to Corporation Counsel Budget

FISCAL IMPACT:

Transfer of $65,000.00 from the General Fund Balance to Corporation Counsel

LEGAL REVIEW PERFORMED: ○ Yes ◉ No **PUBLICATION REQUIRED:** ◉ Yes ○ No

PRESENTATION?: ◉ Yes ○ No How much time is needed? 5 minutes

COMPLETED BY: Roxie Hamilton **DEPT:** Finance Department

2/3 VOTE REQUIRED: ◉ Yes ○ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE: **AGENDA ITEM #**

COMMITTEE ACTION:

Resolution No. _____

Recommendation of 2019 Budget Amendment to Transfer Funds from the General Fund to the Corporation Counsel Budget

WHEREAS, the Iowa County Board of Supervisors approved the 2019 Budget at the November 13, 2018 County Board meeting and approved Resolution 7-1118 approving the Iowa County budgets and funds for the fiscal year beginning January 1, 2019 and ending December 31, 2019; and

WHEREAS, the part-time 25% Corporation Counsel county position was not filled when the Assistant District Attorney position increased from 75% to 100%; and

WHEREAS, when the part-time corporation counsel position was not filled, the County decided to outsource the corporation counsel services with outside legal counsel/attorneys; and

WHEREAS, it is anticipated the actual 2019 expense for the Corporation Counsel will exceed the adopted budget by $65,000; and

NOW, THEREFORE, BE IT RESOLVED the Iowa County Board of Supervisors adopts the recommendation of the Executive Committee to transfer from the Iowa County General Fund to the Corporation Counsel budget to cover the anticipated overage by $65,000 per the following list of accounts:

Fund Balance	**Amount**	**EXPENSE**	**Amount of (Increase)**
Iowa County Fund Balance:			
100.00.34203.00000.000 Iowa County Fund Balance	$ 65,000.00	100.24.51320.00000.212 Corporation Counsel Outside Legal Counsel	$65,000.00

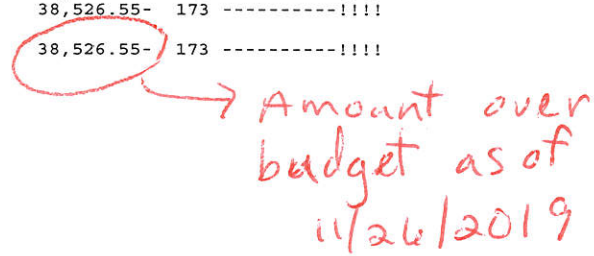
BE IT FURTHER RESOLVED the Iowa County Board of Supervisors directs the County Clerk to publish this budget transfer pursuant to Wisconsin State Statute number 65.90 (5) (a) per the statutory requirement.

ACS FINANCIAL SYSTEM
11/26/2019 15:57:12
LEVEL OF DETAIL 1.0 THRU 5.0

Expenditure Guideline
FOR THE PERIOD(S) JAN 01, 2019 THROUGH NOV 30, 2019

IOWA COUNTY WISCONSIN
GL520R-V08.12 PAGE 1

		ANNUAL REVISED	ENCUMBERED	ACT MTD POSTED AND IN PROCESS	ACT YTD POSTED AND IN PROCESS	REMAINING BALANCE	PCT	
100	GENERAL FUND							
24	DISTRCT ATTORNEY & CORP CNSL							
51320	CORP COUNSEL-GENERAL GOV'T							
00000	CORP COUNSEL-GENERAL GOV'T							
110	SALARIES	26,604.00	0.00	0.00	12,278.40	14,325.60	46	----
151	SOCIAL SECURITY & MEDICARE	2,036.00	0.00	0.00	939.35	1,096.65	46	----
156	WORKERS COMP BENEFIT	46.00	0.00	0.00	20.88	25.12	45	----
212	OUTSIDE LEGAL COUNSEL	17,000.00	0.00	18,488.54	76,872.70	59,872.70-	452	----------!!!!
273	COURT COSTS	1,200.00	0.00	0.00	0.00	1,200.00	0	
311	POSTAGE	850.00	0.00	0.00	522.60	327.40	61	------
319	OFFICE SUPPLIES	600.00	0.00	0.00	458.62	141.38	76	-------
325	REGISTRATION FEES & TUITION	300.00	0.00	0.00	0.00	300.00	0	
332	TRAVEL/MILEAGE	250.00	0.00	0.00	0.00	250.00	0	
790	CRIME PREVENTION GRANTS	3,680.00	0.00	0.00	0.00	3,680.00	0	
TOTAL:	CORP COUNSEL-GENERAL GOV'T	52,566.00	0.00	18,488.54	91,092.55	38,526.55-	173	----------!!!!
TOTAL:	CORP COUNSEL-GENERAL GOV'T	52,566.00	0.00	18,488.54	91,092.55	38,526.55-	173	----------!!!!
TOTAL:	DISTRCT ATTORNEY & CORP CNSL	52,566.00	0.00	18,488.54	91,092.55	38,526.55-	173	----------!!!!
TOTAL:	GENERAL FUND	52,566.00	0.00	18,488.54	91,092.55	38,526.55-	173	----------!!!!



AGENDA ITEM COVER SHEET

Title: 2019 Budget Amendment - Health Dept Grants ◉ Original ○ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Iowa County Health Department applied for and were awarded for 2 grants after the 2019 budget was approved. The Healthy Aging in Rural Towns (HeArt) grant is a 3 year grant through UW-Madison and the 2019 amount is $44,888.25. The Awareness of the Dangers of Opioid Addiction (Opioid) grant through the WI Dept. of Health Services for $25,000.

RECOMMENDATIONS (IF ANY):

Since this was not in the budget, this will require a budget amendment. Please consider moving to approve and adopting the attached budget amendment resolution.

ANY ATTACHMENTS? (Only 1 copy is needed) ◉ Yes ○ No If yes, please list below:

Attached is a budget amendment resolution

FISCAL IMPACT:

This will increase the revenue and the expense with no additional county funding needed.

LEGAL REVIEW PERFORMED: ○ Yes ◉ No **PUBLICATION REQUIRED:** ◉ Yes ○ No

STAFF PRESENTATION?: ◉ Yes ○ No How much time is needed? 10 Minutes

COMPLETED BY: Roxie Hamilton **DEPT:** Finance Director

2/3 VOTE REQUIRED: ◉ Yes ○ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE: **AGENDA ITEM #**

COMMITTEE ACTION:

Resolution No.
Resolution Recommending 2019 Budget Amendment for Health Department

TO THE HONORABLE IOWA COUNTY BOARD OF SUPERVISORS:

WHEREAS, the County Board approved the 2019 Iowa County Budget on November 13, 2018 and the budget adoption is considered authorization and Department Heads shall have the authority to expend or receive funds within their respective budgets without regard to specific line items.

WHEREAS, the County Board realizes that budget amendments are necessary and these increase the revenue budget and increase the expenditure budget; and

WHEREAS, the Iowa County Health Department applied for and received a two grants after the 2019 budget was adopted. The grants are Healthy Aging in Rural Towns (HeArt grant) through UW Madison and Prevention and Awareness of the Dangers of Opioid Addiction (Opioid Grant) through WI Department of Health Services; and

WHEREAS, the HeArt grant is a 3 year grant and the 2019 grant amount is 44,888.25 and the Opioid Grant award is $25,000; and

WHEREAS, the grant award will increase the 2019 revenue and expenditure budget; and

NOW, THEREFORE, BE IT RESOLVED THAT:
The Iowa County Board of Supervisors adopts the recommendations and approves the budget amendment for the following accounts. The Board further directs the County Clerk to publish this Resolution pursuant to Wisconsin State Statute number 65.90 (5) (a) for the statutory requirement.

REVENUE	Amount of Increase	EXPENSE	Amount of Increase (Decrease)
Iowa County Health Department:			
400.50.46515.00000.000 HeArt Grant Revenue	$ 44,888.25	100.50.54111.00000.*** HeArt Grant Expense	$ 44,888.25
100.50.43241.00000.000 Opioid Grant Revenue	$ 25,000.00	100.50.54100.00000.407 Opioid Grant Expense	$ 25,000.00

Dated this 17th day of December, 2019

AGENDA ITEM COVER SHEET

Title: CMS Rule

◉ Original ○ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

At the last Senior Living 2020 Committee meeting it was brought to the Committee's attention that a new Center for Medicare and Medicaid (CMS) rule was being proposed that would impact the proposed merger between Upland Hills and Iowa County. Attached to this Cover Sheet is a copy of a draft position statement explaining the rule and the impact thereof. Also attached is a resolution drafted by the Iowa County Corporation Counsel that lays out a position for the County to take regarding the proposed rule.

RECOMMENDATIONS (IF ANY):

The Senior Living 2020 Committee was greatly concerned about the rule and noted that there was a 60 day comment window. Though it may not have a large impact on the Federal Government, it is important for Iowa County to establish our position regarding the prosed rule.

ANY ATTACHMENTS? (Only 1 copy is needed) ◉ Yes ○ No If yes, please list below:

Attached is a draft position statement and a resolution for your consideration.

FISCAL IMPACT:

The adoption of this rule by CMS will put a substancial wrinkle into the plans for Iowa County to merge nursing homes with upland hills health. The impact has not been fiscally measured, but would at minimum result in the potential loss of the County's IGT Aid ($400,000+) under the current proposed merger.

LEGAL REVIEW PERFORMED: ◉ Yes ○ No **PUBLICATION REQUIRED:** ○ Yes ◉ No

STAFF PRESENTATION?: ○ Yes ◉ No How much time is needed? _____

COMPLETED BY: Larry Bierke **DEPT:** County Administrator

2/3 VOTE REQUIRED: ○ Yes ○ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE: **AGENDA ITEM #**

COMMITTEE ACTION:

IOWA COUNTY BOARD OF SUPERVISORS
RESOLUTION _____

A RESOLUTION OPPOSING PROPOSED RULE CHANGES REGARDING MEDICAID FISCAL ACCOUNTABILITY

WHEREAS, the Centers for Medicare and Medicaid Services ("CMS") issued a proposed rule on November 18, 2019, that impacts the way funding for Medicaid services is obtained by states and paid to Medicaid providers (the "Proposed Rule"); and

WHEREAS, there exists a chronic shortage of nursing home facilities in Iowa County available to low income senior citizens; and

WHEREAS, the Proposed Rule would likely impact public-private partnerships to provide needed nursing home services within the County; and

WHEREAS, due to various economic and demographic factors, there are insufficient private enterprises willing and able to provide low income nursing home services in Iowa County, and public-private partnerships are necessary to fill that void; and

WHEREAS, the Proposed Rule would likely reduce the amount of funding available to such public-private partnerships to the point of rendering them unfeasible; and

WHEREAS, the manner in which the Proposed Rule would limit such funding will have a direct and negative impact on access to such services by low-income patients of the County; and

WHEREAS, the Federal government should encourage, not discourage, cooperative efforts by public-private partnerships to provide needed services to our citizens most in need of such services.

NOW THEREFORE, BE IT RESOLVED, by the County Board that it opposes the rule changes proposed by the Centers for Medicare and Medicaid Services as set forth in 84 FR 63779. The County Administrator and staff are authorized and directed to disseminate this opposition to the appropriate federal officials; and to work with other counties and stakeholders in opposing these rule changes.

The above and foregoing Resolution was duly adopted by the Iowa County Board of Supervisors this _____ day of _____, 2019.

_____
John M. Meyers, Iowa County Board Chair

ATTEST:

_____
Greg Klusendorf, County Clerk

POSITION STATEMENT
The Adverse Effects of CMS Proposed Rule:
Medicaid Program; Medicaid Fiscal Accountability Regulation

Iowa County has significant concerns about how proposed regulations recently published by the Centers for Medicare and Medicaid Services ("CMS") could reduce access to services for Medicaid beneficiaries and undermine the local autonomy of health care facilities operated by Wisconsin counties if they become final. Iowa County operates a 50-bed skilled nursing facility, the Bloomfield Health and Rehabilitation Center ("Bloomfield Health and Rehab"), in Dodgeville, Wisconsin. Bloomfield Health and Rehab serves a number of low-income individuals, who are, as a result, able to receive skilled nursing care in their own communities and in close proximity to their families. Iowa County is able to accept more low-income Medicaid beneficiaries than privately-owned facilities in part because of a Medicaid supplemental funding mechanism that is put in jeopardy by the proposed regulations.

The proposed regulations, which are entitled "Medicaid Program; Medicaid Fiscal Accountability Regulation," were published on November 18, 2019. While the proposed regulations are complex, we have attempted to describe here how they would affect not only Bloomfield Health and Rehab but all other county-owned nursing facilities in the State of Wisconsin.

Just under half of the 72 Wisconsin counties own nursing facilities.[1] These county-owned nursing facilities fill a critical community need, especially in rural areas, by providing local nursing home care to Medicaid beneficiaries and cannot afford to pay for their care. (Privately-owned nursing facilities often limit or completely reject admissions of Medicaid beneficiaries to their facilities due to the low level of payment received under the Medicaid program.) Because of this higher patient mix of Medicaid beneficiaries, the under-funding of the Medicaid program disproportionately affects the county-owned nursing facilities. Wisconsin Medicaid reimbursement falls over $60 below the average cost of nursing home care per patient, per day.[2] As a result, it is essential that Wisconsin's county-owned nursing facilities have support through Wisconsin's supplemental payments program and the corresponding federal match funding available through the federal government. The proposed regulations put this crucial financial support in jeopardy for certain facilities.

This position statement is intended to provide an overview of the proposed regulations' potentially negative impact on Medicaid funding for county-operated facilities like Bloomfield Health and Rehab, as well the erosion of the autonomy local governments currently have to determine the most cost-effective way to provide care to Medicaid patients. We have also described the additional, unfunded administrative burden the proposed regulations will place on state and local governments, at a time when state and local governments are already struggling to

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[1] David Wahlberg, Counties seek voter support to pay for nursing homes, Wisconsin State Journal, Oct. 23, 2018 (available at https://madison.com/wsj/news/local/health-med-fit/counties-seek-voter-support-to-pay-for-nursing-homes/article_b16ef327-7235-5c5c-88e7-154dc779ae7b.html).

[2] Hansen Hunter & Company, PC, A Report on Shortfalls in Medicaid Funding for Nursing Center Care, Commissioned by the American Health Care Association, Nov. 2018 (available at https://www.ahcancal.org/facility_operations/medicaid/Documents/2017%20Shortfall%20Methodology%20Summary.pdf).

shoulder their existing regulatory burden. We ask for your support in challenging these proposed regulations which will negatively affect Medicaid patients in Iowa County and across the State of Wisconsin. Comments to the proposed regulations are due to CMS by 5 p.m. on January 17, 2020.

Eliminating Local and State Control

The proposed regulations would unfairly deny certain county-owned nursing facilities supplemental payments and corresponding federal match funding. Before describing the proposed changes, it is important to understand how these Medicaid services are funded generally today. While the Medi*care* program is funded entirely by the federal government, Medi*caid* is jointly financed by the respective state governments (through their non-federal share funding) and the federal government (through the federal financial participation funding). States must allocate the non-federal share funding to their Medicaid programs in order to draw in the federal financial participation funding from the federal government. The non-federal share and the federal financial participation funding comprise the total pool of money from which Medicaid participating providers are reimbursed for their services.

From this pool of Medicaid funding, all nursing facilities in Wisconsin receive a standard base payment. As noted above, this standard base payment falls short of covering the actual costs of care. Therefore, in addition to the base payment, Wisconsin's Medicaid State Plan provides for a supplemental payment for facilities operated by local government entities.[3] These supplemental payments are designed to increase the amount of Medicaid reimbursement these facilities receive. Because these facilities serve a higher percentage of Medicaid beneficiaries, without this supplemental reimbursement, the Medicaid funding shortfall would further affect the overall reimbursement to these facilities.

As an example, if a privately-owned nursing facility limits Medicaid beneficiaries to 5% of its patient population, the shortfall caused by the failure of typical Medicaid funding to cover the actual costs of care can be "made up" through higher-reimbursing private pay and commercial insurance patients. By comparison, for a county-owned nursing facility that does not cap the number of Medicaid beneficiaries it accepts, those beneficiaries typically constitute a much higher percentage of the facility's patient mix, generally from a quarter to almost a half of the facility's patients. This patient mix results in total reimbursement that is significantly lower for the county-owned facilities, which cannot be "made up" through other reimbursement sources. The supplemental payments are designed to help fill this gap and ensure the survival of these county-owned facilities. Even with the supplemental payments, some county-owned facilities with high Medicaid beneficiary patient mixes have been unable to remain financially viable.

In Wisconsin, dollars that are spent by a local governmental entity on the provision of Medicaid-covered services (the "Certified Public Expenditures") are an eligible source of its non-federal share funding. Federal law permits states to "count" these Certified Public Expenditures (except for donations or certain tax dollars that do not qualify) as part of the state's non-federal

[3] "Facilities Operated by Local Units of Government," Wisconsin Medicaid State Plan Attachment 4-19D, pg 23 (2018).

share funding. [4] This means that for a county-owned nursing facility, the facility expenses that are certified as Certified Public Expenditures are matched by dollars from the federal government. Under the current system, the State of Wisconsin has the autonomy to certify as Certified Public Expenditures the expenses the counties incur to operate these nursing facilities, and the counties have autonomy in determining how best to operate the facilities and what expenses are necessary for them to incur. Under the proposed regulations, this decision-making is removed from the State and counties.

In the proposed regulations, CMS proposes that only payments made to "non-State governmental providers" would be eligible to be certified as Certified Public Expenditures that count toward the federal match dollars.[5] The proposed regulations introduce this newly defined term, "non-State governmental provider," which is defined as a health care provider that is a local unit of government, including but not limited to a county, that has the ability to access and exercises control over state funds that are appropriated to it by the legislature or local tax revenue that supports it."[6]

For many counties, this definition can be easily met. However, in the proposed regulations, CMS describes in greater detail how it will review all of the facts and circumstances surrounding the ownership and operation of a facility in order to determine whether it is truly a non-State government provider whose expenses can be certified as Certified Public Expenditures. For counties that partner with other entities through management arrangements or joint ventures to operate nursing facilities, the factors CMS is stating it will consider are concerning.

In the proposed regulations, CMS states it will consider:

- how the facility is described (for example, whether it is identified as a unit of local government when referred to in communications with other parties);
- whether the facility is identified as a local governmental unit solely to quality for enhanced Medicaid financing and payments, and not for other purposes (for example, taxation authority); and
- whether the facility can access and control funding appropriated to it by the legislature and/or local tax revenue.

CMS states it would also examine whether a governmental entity shares any of the responsibilities of the ownership or operation of the nursing facility with others, including whether the entity:

- Has immediate decision-making authority regarding operational decisions;
- Is legally responsible for losses from operations;

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[4] Social Security Act 1903(w)(6)(A).

[5] Medicaid Program; Medicaid Fiscal Accountability Regulation Proposed Rule found at 84 FR 63779. Note that payments made to "State government providers" are also eligible to count as Certified Public Expenditures, but the proposed regulations' definition of State governmental providers is as restrictive as the one for non-State governmental providers, so any health care providers operated by the State would be subject to this same analysis.

[6] 84 FR 63780.

- May immediately spend or otherwise dispose of revenue from operations;
- Has immediate decision-making authority regarding personnel issues, including the hiring and termination of, and the setting of compensation for, nursing facility staff;
- Is legally responsible for taxes, if any, assessed on revenues and real property; or
- Is responsible for paying medical malpractice premiums or other premiums to insure the property, operations, or assets of the facility.

We understand CMS is trying to target with the proposed regulations what it perceives to be "sham" arrangements between private companies and local governments designed to take advantage of the current rules and qualify for federal financial participation matching funds, even if the county has little to no responsibility in operating the facilities. In these proposed regulations, however, CMS goes beyond targeting these "sham" arrangements, and puts at risk legitimate arrangements counties have in place to assist them with operating nursing facilities that are essential to their communities. With these restrictions, CMS would be handicapping a county's ability to use management services and public-private partnerships to assist in preserving a nursing facility as a necessary resource to meet community needs.

The proposed factors would significantly limit a county's ability to develop arrangements and contracts to assist it in furnishing nursing facility services to its Medicaid population while still qualifying for federal match funding. The use of the phrase "immediate authority" in several of the factors above would appear to restrict a county from contracting for management services, which is a common and long-standing practice with county-owned nursing facilities. In such management agreements, the county retains ultimate authority over operations matters, including employee matters, but the management company assumes day-to-day (i.e. "immediate") operating authority and responsibility. We believe that CMS would likely determine in such cases that the county does not have "immediate authority" to act. If the proposed regulations are finalized, a county nursing facility could no longer be eligible to receive the supplemental payments it receives today simply because it has a contract in place for management services, even though the supplemental payments are crucial to its survival.

The proposed changes would also drastically restrict a county's ability to develop new and innovative ways to provide Medicaid-covered services to a given patient population. Establishing public-private partnerships for underfunded services like nursing facility services can allow those services to be provided in a cost-effective manner that allows multiple entities to share in the burden of operating and funding the losses of the facility. Additionally, CMS's concerns about "sham" arrangements seem unfounded when the private entity in a public-private partnership is a nonprofit, tax-exempt entity. These entities are required to be fiscally transparent, must be operated for charitable purposes, and are prohibited from operating in a way that unduly benefits private individuals. If the proposed regulations are finalized, CMS would essentially be closing the door on public-private partnerships as a viable option for operating these facilities. Any such partnerships that still wanted to move forward would have to restrict the number of Medicaid beneficiaries they accepted in the facility, because they would not be eligible for supplemental payments through federal participation share matching dollars. As a result, they would not be able to absorb the mounting operating losses that would occur if there was a high patient mix of Medicaid beneficiaries. Both results would ultimately reduce the

number of nursing home beds in Wisconsin communities that are available to Medicaid beneficiaries.

Even if Wisconsin Medicaid attempted to amend its State Plan to try and mitigate the negative effects of the proposed regulations by making private facilities eligible for supplemental payments, this would not solve the problems created by the proposed regulations. Expenditures incurred by county-owned facilities that did not qualify under the above CMS analysis would no longer be counted toward the State's non-federal share. If the expenditures for these county-owned facilities do not count as part of the State's non-federal share of Medicaid funding, then the federal government has no obligation to provide matching federal participation share funding that can be used to supplement payment to these providers.

Proposed Administrative Burden

In addition to the concerns noted above, the proposed regulations would also increase significantly the administrative burden on the states and on county-operated nursing facilities. Currently, CMS reviews and approves a supplemental payment program whenever a state updates its Medicaid State Plan through a State Plan Amendment ("SPA").[7] In the proposed regulations, CMS stated that if the supplemental payment funding process set forth in the SPA is not reviewed on a regular basis, this could result in compliance concerns due to lack of oversight. Therefore, CMS proposed that its approval of a supplemental payment approach in a SPA would only last for three years.[8] After that, the state would have to seek new approval from CMS, and do so again every three years going forward. With these three-year cycles, CMS could require dramatic changes in a state's supplemental payment approach after approving the same approach three years earlier. This results in the potential for added volatility and uncertainty for facilities that rely on supplemental payments. If the changes result in reduced funding, these facilities may be unable to adapt by lowering costs or changing their patient mix in order to continue to operate under the changed supplemental payment approach.

In addition to the SPA renewal requirements, the proposed regulations would create additional requirements for the state regarding Certified Public Expenditures. First, the Certified Public Expenditures eligible for federal participation share match funding would be limited to reimbursement not in excess of the provider's actual costs, which presumably would have to be verified through reported cost data like the Medicare cost report. Such data would be used to estimate actual Medicaid expenditures for the next year, and reconciliations would be made at the end of the year based on the actual filed cost report.[9] The state would have significant responsibilities during the reconciliation process, and would be responsible for verifying all cost report numbers and the subsequent reconciliation. The state would also be required to implement documentation and audit protocols. There would also be additional requirements related to SPA reporting related to the Certified Public Expenditures.

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[7] 84 FR 63748. A Medicaid state plan is an agreement between a state and the federal government describing how the state administers its Medicaid program. It helps to assure the federal government that a state will abide by federal rules and therefore may claim federal matching funds for its program activities.

[8] 84 FR 63779.

[9] 84 FR 63745.

Finally, the proposed regulations would require the state Medicaid programs to furnish substantial information to confirm that supplemental payments are made in accordance with the SPA.[10] For example, if the SPA allows supplemental payments to be made to governmental entities and the state makes those payments to an entity it has determined qualifies as a governmental entity, CMS will review documentation to confirm that the facility receiving the supplemental payment qualifies as a governmental entity according to the factors considered by CMS. This allows CMS to disqualify entities from receiving payments that the state has determined should qualify based on the organizational structure of the entity.

CMS attempts to downplay the administrative burden that these reporting provisions will have on the states and applicable facilities. However, both would have increased reporting and review obligations under the proposed regulations. It is difficult to argue against the fact that increased administrative burdens result in increased administrative costs. This has the potential to create additional access problems for Medicaid beneficiaries who are already capped by many facilities due to low reimbursement rates, and will simply increase the gap between Medicaid funding levels and the actual costs incurred by county-operated facilities to care for these patients while meeting the increased administrative burdens.

We believe the proposed regulations threaten the ability of local governments to provide necessary care to Medicaid patients. As stated in the introduction, comments to CMS are due no later than January 17th. We urge you to support our efforts to challenge the proposed regulations and ask that you advocate on behalf of county-owned nursing facilities that serve a crucial role in furnishing high-quality skilled nursing services to Wisconsin Medicaid beneficiaries in their local communities. Please consider submitting comments to CMS or contacting your elected representatives at both the State and federal level about this issue.

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[10] 84 FR 63753.

SUMMARY OF KEY PROVISIONS OF CMS PROPOSED RULE:
MEDICAID FISCAL ACCOUNTABILITY REGULATION

CMS issued a proposed rule on November 18, 2019, that impacts the way funding for Medicaid services is obtained by states and paid to Medicaid providers. The Proposed Rule would have a negative impact on funding and access for low-income patients. The key provisions of the Proposed Rule that impact the public-private partnership between Iowa County and Upland Hills Health are summarized below:

State Expenditures that Earn a Federal Match will be Scrutinized

The Medicaid program is funded through a combination of state and federal dollars. Current federal regulations allow states to obtain additional federal funding though certain expenditures by the state in providing Medicaid services that qualify for additional federal matching dollars. Under the current regulations, expenditures by a county-owned nursing home can be designated as "Certified Public Expenditures" and therefore count toward the state's share of Medicaid funding. This enables a county-owned nursing home to accept a higher number of Medicaid beneficiaries as residents and obtain supporting federal dollars. Under the Proposed Rule, if the county-owned nursing home is not viewed by CMS as being a legitimate governmental provider, its Medicaid expenditures will not qualify as Certified Public Expenditures and the state will not be able to continue to include those expenditures in obtaining additional matching federal dollars. This will be a significant hit to the state in obtaining the federal matching dollars to be used to reimburse governmental providers who serve Medicaid beneficiaries.

Only expenditures of those providers that CMS believes are legitimate governmental providers (as evidenced by the new definition in the Proposed Rule of "non-State governmental entity") can be counted. This new term is defined as "a health care provider that is a local unit of government, including but not limited to a county, that has the ability to access and exercises control over State funds that are appropriated to it by the legislature or local tax revenue that supports it." While the definition is fairly generic, the concern is in how CMS states it will evaluate all arrangements looking at a totality of the circumstances, including:

- How the facility is described (for example, whether it is identified as a unit of local government when referred to in communications with other parties);
- Whether the facility is identified as a local governmental unit solely to quality for enhanced Medicaid financing and payments, and not for other purposes (for example, taxation authority);
- Whether the facility can access and control funding appropriated to it by the legislature and/or local tax revenue; and
- Whether a governmental entity shares any of the responsibilities of the ownership or operation of the nursing facility with others, including whether the entity:
    - Has immediate decision-making authority regarding operational decisions;

- Is legally responsible for losses from operations;
- May immediately spend or otherwise dispose of revenue from operations;
- Has immediate decision-making authority regarding personnel issues, including the hiring and termination of, and the setting of compensation for, nursing facility staff;
- Is legally responsible for taxes, if any, assessed on revenues and real property;
- Is responsible for paying medical malpractice premiums or other premiums to insure the property, operations, or assets of the facility.

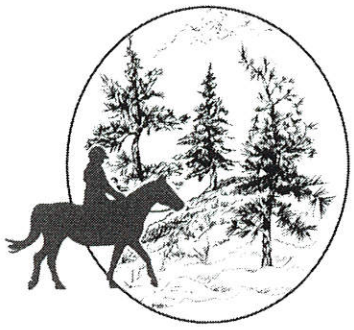
Many county-owned nursing homes using management arrangements and those involved in public-private partnerships will not be able to meet the above criteria.

Additional Requirements of States to Provide Data and Renew State Plan Amendments

1. State Plan Amendments are the vehicle through which states determine which entities can receive supplemental payments. Under the Proposed Rule, those State Plan Amendments will need to be reviewed and reapproved by CMS every 3 years. CMS can decide not to approve an arrangement that it previously approved. This leads to lack of certainty regarding the availability of Medicaid funding.

2. States will be required to furnish information regarding the providers to whom supplemental payments were made to ensure that all payments are determined to be consistent with the SPA (and CMS' positions regarding the proper characterization of providers under the SPA). For example, if the Wisconsin SPA continues to provide (as it does currently) that supplemental payments will be made to governmental providers and Wisconsin determines which entities it believes qualify as governmental providers, CMS can invalidate those payments if its determination of which entities qualify as governmental providers is inconsistent with Wisconsin's determination.

3. Certified Public Expenditures will be limited to the governmental provider's actual cost. States will be required to furnish substantial information regarding actual costs of the governmental provider to substantiate the costs that can be counted toward Certified Public Expenditures. This will be a significant administrative burden on governmental providers whose costs are included as Certified Public Expenditures.



Friends of Governor Dodge-Equestrians
4175 State Highway 23N
Dodgeville, WI 53533

November 26, 2019

Dear Mr. Meyers and members of the Iowa County Board,

I am writing to you on behalf of the Friends of Governor Dodge State Park to ask for your help in funding a Friends project that will be benefit Iowa County, that is, building a badly-needed, all-new 21 site equestrian campground at Governor Dodge State Park.

Governor Dodge State Park's 25 miles of designated horse trails are some of the finest in the state, drawing trail riders and carriage drivers from across Wisconsin to experience the unique beauty of the Driftless Area. With more miles of trails than can be explored in a single day, overnight camping facilities are a necessity. This need was recognized in the park's 1984 Master Plan, but due to competing budget needs, the envisioned campground was never built. Instead, a small "temporary" campground was created on an existing asphalt parking lot located in the park's busy core. To date, this 11- site parking lot, which lacks electricity, privacy, and other desirable amenities, remains the only option for horse campers at Governor Dodge. Due to the deficiencies of the current facility, many potential users avoid coming to the park.

The Friends of Governor Dodge have committed to remedy this situation by planning, fundraising and overseeing construction of beautiful, modern 21-site campground as was envisioned in the park's Master Plan. The new campground will nearly double the number of equestrian campsites from 11 to 21, allowing hundreds more horse-camping visitors to enjoy the park each season. With 12 electric campsites available immediately upon opening, this spacious and scenic campground will offer the amenities sought by today's campers.

The economic benefits afforded to Iowa County by the new facility are clear. Local businesses benefit from the dollars spent by an increased number of campers, and by campers who extend their stays to spend extra time exploring all that Iowa County has to offer beyond the park. In other State Parks where amenities such as electricity and corrals have gradually been added to horse campgrounds, usage has increased. We firmly expect the same to hold true at Governor Dodge. Thus, this project should bring a welcome boost to the local economy.

The project will also provide enhanced recreational opportunities for the citizens of Iowa County. Families will find the new facility to be an appealing place to introduce their children to the healthy joys of camping with horses. Groups such as 4-H and area saddle clubs will benefit from the improved ambience and amenities offered by the new campground. Riders of all ages will benefit from the option to camp at the park in a new and modern campground. This is especially important since, in the absence of county parks in Iowa County, residents rely on the facilities at Governor Dodge as a primary resource for meeting their outdoor recreational needs.

With an estimated budget of $650,000 of which $208,000 has been raised since fundraising began in June of 2018, the Friends need County help to make this project happen. In addition to its direct impact, and perhaps even more important, support from the County will assist our group in attaining competitive scores on grant applications such as the Recreational Trails Program. Higher dollar funding from grants such as Rec Trails is crucial to our project's success. Demonstrating that we have support from local units of government will enhance our ability to win these highly competitive grants.

We ask for your support in Building for the Future at Governor Dodge State Park. Please help the Friends transform an underutilized recreational resource into a preferred destination. We would be very happy to answer any questions, or to send a representative to a Board meeting to make a short presentation if desired. A copy of the official DNR letter of support for this project is enclosed for your information. Thank you for your time and consideration.

Sincerely,

Jean Warrior

Jean Warrior

President, Friends of Governor Dodge State Park

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State of Wisconsin
DEPARTMENT OF NATURAL RESOURCES
101 S. Webster Street
Box 7921
Madison WI 53707-7921

Tony Evers, Governor
Preston D. Cole, Secretary
Telephone 608-266-2621
Toll Free 1-888-936-7463
TTY Access via relay - 711

WISCONSIN
DEPT. OF NATURAL RESOURCES

September 12, 2019

Dear Friends of Governor Dodge State Park:

I am writing to express the Bureau of Parks and Recreation Management's support for the Friends of Governor Dodge State Park. in planning, constructing, and fundraising for the operations of equestrian facilities including an expanded campground to be constructed in a new location (the Project) at Governor Dodge State Park and establishing cooperative responsibilities.

The Friends of Governor Dodge State Park, and Department of Natural Resources work cooperatively to create premier experiences at Governor Dodge State Park. As growth in the park has increased, so has the support from the Friends of Governor Dodge State Park. The Friends have already provided support and infrastructure improvements to the property and aim to increase the number of equestrian campsites and provide electrical services to a limited number of sites as allowed by state statutes. The Bureau of Parks and Recreation Management is committed to allowing the Friends Group to electrify 12 campsites at the proposed new equestrian campground with the possibility for additional sites. All campsites should be made ready for electrification in the event of future opportunities to enhance and increase these services.

The Friends propose to replace the existing 11-site campground with a 21-site equestrian campground that includes 12 sites that will provide electricity to customers. The expanded facilities also include: a parking lot, new vault toilet, and relocating a water fountain to better serve park day use visitors. The larger campground will provide enhanced recreational opportunities to equestrian campground users, improve the amenities at the trailhead for all park users, improve parking access to the area, and allow for extended camping experiences for visitors. The Friends are leading the planning and construction efforts for the Project.

Throughout the process the Bureau of Parks and Recreation Management will serve as a resource for the Friends of Governor Dodge State Park. The Bureau will assist the Friends when seeking necessary approvals from Department of Administration, Natural Resources Board and the Department of Natural Resources.

The Bureau of Parks and Recreation Management understands that upon completion of the Project, it will be donated from the Friends to the Department. Upon donation the Department will become the sole owner of the Project and the Friends will continue financial support of the campground operations into the future.

The Department of Natural Resources is pleased to support the Friends of Governor Dodge State Park in making Governor Dodge State Park a signature park of Wisconsin by enhancing recreational experiences with a contemporary equestrian campground and amenities.

Sincerely,

Ben Bergey

Ben Bergey
Director, Bureau of Parks and Recreation Management