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Given the limited time to review this language, WAFCA is offering the following questions as examples of the types of issues raised by AB 1072 as we currently understand the proposal:

- Would the Joint Finance Committee have oversight/approval of the new statewide CLTS
  rates which are currently under development? Would the requirement that JFC approve
  "supplemental payments" include approval of child-specific exceptional rates which are
  part of the proposed CLTS rate setting initiative?
- Would any MA rate change, like the 2018 rate increases for mental health and substance
  use treatment, require JFC/legislative approval? How might the requirement for legislative
  approval of MA payment rates impact the implementation of payment modifications that
  MA identifies as critical to improving access to care?
- Does AB 1072 require JFC/legislative approval for any waivers DCF may seek under, for example, the federal Family First Prevention Services Act, and could delays resulting from new legislative oversight requirements result in reduced federal IV-E claiming?