State of Wisconsin

Board on Aging and Long-Term Care

Agency Budget Request

2027 – 2029 Biennium

September 15, 2026

Table of Contents

BOARD ON AGING & LONG TERM CARE
1402 PANKRATZ ST, STE 111 • MADISON, WI 53704-4001 • BOALTC@WISCONSIN.GOV • 1-800-815-0015 • BOALTC.WI.GOV

September 15, 2026

Brian Pahnke, Budget Director
Department of Administration
101 E. Wilson
Madison, WI 53703

Dear Mr. Pahnke:

Enclosed is the 2027-29 biennial budget request for the Board on Aging and Long Term Care (BOALTC), submitted under s. 16.42, Wis. Stats.

The Board's biennial budget request supports our charge under s. 16.009, Wis. Stats. to provide independent advocacy for Wisconsin's long-term care consumers and Medicare beneficiaries, to inform those consumers of their rights, and to educate the public about health care systems, Medicare and long-term care. The Board carries out this work through the Long Term Care Ombudsman Program, the Ombudsman Volunteer Program, and the Medigap and Part D Helplines, serving approximately 129,000 long-term care consumers and nearly 1.4 million Medicare beneficiaries. Across the agency's programs, demand has outpaced capacity. The Board has absorbed growth through reallocation, process improvement, and short-term staffing, but those measures are now exhausted, and additional capacity is required to continue meeting the growing needs of Wisconsinites.

This request would establish capacity within the agency for statutorily required policy analysis, public communication, and administrative functions. It would restore counseling capacity at the Medigap Helpline, which has not received positions since 2012, while the state's Medicare population has grown by more than 40% and contacts rose 28% in one year to a total of 11,042. The requested positions would strengthen Ombudsman advocacy in managed care, facility discharges and relocations, and data quality, where staffing ratios remain nearly three times the recommended national benchmark and complaint investigations rose 18% to 3,431 in federal fiscal year 2025.

Board staff are available to provide additional details or answer questions about this request. These resources would ensure Wisconsin's older adults have the advocacy and services they need to live well within increasingly complex long-term care and Medicare systems.

Sincerely,

Jessica Trudell

Jessica L. Trudell
Executive Director

AGENCY DESCRIPTION

Created by the Wisconsin Legislature in 1981, the Board on Aging and Long Term Care (BOALTC) is an independent state agency that operates three core consumer programs: the Long-Term Care Ombudsman Program, the Ombudsman Volunteer Program, and the Medigap Helpline & Part D Helpline. BOALTC is enabled by Wis. Stat. § 16.009. This statute incorporates, by reference, the federal State Long Term Care Ombudsman Program statutes found in the Older Americans Act at 42 USC §§ 3058f and 3058g and codified in the Code of Federal Regulations at 45 CFR Part 1324.

BOALTC is given policy direction and oversight by a seven-member public board, appointed by the Governor with the advice and consent of the State Senate under Wis. Stat. § 15.105(10). The Board provides guidance and accountability within the agency's mission and statutory authority. The Board is committed to ensuring the voices of older adults are elevated, their choices are protected, and they have access to trusted information, resources, and advocacy.

Operational and administrative control is vested in an Executive Director, appointed by the Board and supported by a management team and staff who provide direct services to consumers through the agency's programs. Programmatic authority over the Long-Term Care Ombudsman Program rests with the State Long Term Care Ombudsman, consistent with the independence requirements of the Older Americans Act.

The **Long-Term Care Ombudsman Program** (LTCOP) is a statewide advocacy program that protects and promotes the rights of long-term care consumers. The program serves individuals aged 60 and older who reside in nursing homes, assisted living communities, or participate in publicly funded long-term care programs (Family Care, Partnership, PACE, IRIS). Ombudsman representatives investigate, resolve, and work to prevent complaints affecting health, safety, welfare, and rights while identifying opportunities to improve quality of care and quality of life. The program also provides education on resident rights, best care practices, and available resources, helping consumers, families and providers make informed decisions and support person-centered care.

The **Ombudsman Volunteer Program** is a component of the LTCOP that expands the program's reach through trained volunteer advocates. Volunteer advocates make regular visits to assigned long-term care communities, educate residents and families about ombudsman services, help identify concerns early, and connect residents with their regional ombudsman when additional advocacy is needed. The volunteer program began in nursing homes and, following a successful pilot in 2024, expanded to serve residents in assisted living communities.

The **Medigap Helpline & Part D Helpline** provides free counseling services, public education, and training for professionals regarding Medicare-related insurance and long-term care insurance for individuals of all ages in Wisconsin. The Medigap Helpline's licensed insurance counselors assist individuals across Wisconsin in navigating the increasingly complex choices of Medicare-related insurance. To provide this assistance and information to individuals in Wisconsin, Medigap Helpline staff develop a strong understanding of available Medicare insurance options and an understanding of how Medicare insurance coordinates with other insurance options like employer coverage, retiree coverage, Veterans benefits, Affordable Care Act (ACA) coverage, and Medicaid programs. In providing their services, the Medigap Helpline operates as a part of the Wisconsin State Health Insurance Assistance Program (SHIP).

MISSION

The mission of the board is to advocate for the interests of the state's long-term care consumers and Medicare beneficiaries, to inform those consumers of their rights and to educate the public at large about Medicare, health care systems and long-term care.

The board is the premier resource for information and advocacy for our client population and is an integral part of the ever-changing system for long-term care delivery in Wisconsin. The board will increase its visibility by expanding its role and recognition as a leader and model of advocacy on the state and national stage.

The board subscribes to and defends the values of: respect and dignity for the individual; protection of the right of the individual to be free from threats to health, safety and quality of life; fairness and transparency; and open, clear and consistent communication. Its staff and volunteers provide valuable services consistent with the spirit and intent of these values.

PROGRAMS, GOALS, OBJECTIVES AND ACTIVITIES

Program 1: Identifying and Addressing the Needs of Older and Disabled Adults and Medicare Beneficiaries

Goal: To protect the rights and promote empowerment, through systems change and self-advocacy, of persons age 60 and older who are recipients of facility-based, managed long-term care or self-directed supports services.

Objective/Activity: Identify and investigate concerns and complaints received via the BOALTC intake telephone line, the Ombudsman Program online complaint system and other methods of registering a complaint.

Objective/Activity: Educate and empower residents, tenants, members, participants and others regarding rights, ombudsman role and function, and provider responsibilities.

Objective/Activity: Educate current and new providers regarding ombudsman authority, role and function and provider responsibilities related to resident, tenant, member and participant rights.

Objective/Activity: Review, develop and disseminate informational and educational materials that are inclusive and ensure consumers are represented and informed.

Goal: The board's Ombudsman Volunteer Program will encourage resident participation in scheduled resident council meetings in long-term care facilities in the program's designated service area.

Objective/Activity: Volunteer advocates will encourage and empower resident participation by inviting residents individually to attend resident council meetings. Volunteer advocates will attend resident council meetings with the permission or invitation of the resident council president. A volunteer's role is to advocate for the residents' individual rights and to share concerns with the consent of the residents.

Goal: Improve public education and outreach to consumers on issues related to Medicare, Medicare Supplemental insurance, Medicare Advantage plans and Medicare Part D (prescription drug), and transitional issues from Marketplace or Medicaid programs to Medicare and related forms of insurance.

Objective/Activity: The board will educate and empower the public via outreach efforts, including personal appearances by staff at public forums, in order to achieve the goal of making the Medigap Helpline Program a resource that is recognized by Wisconsin seniors as a reliable and trustworthy source of accurate information about Medicare Supplemental, Medicare Advantage, Medicare Part D and related insurance products. Greater statewide outreach efforts in the form of in-person contacts with local groups of Medicare-eligible individuals are being used to advance this goal.

Goal: Utilize the Medigap Volunteer Program to improve the ability of the program to provide services to more Medicare beneficiaries.

Objective/Activity: Deploy effectively trained and supervised volunteers to assist with everyday office duties and finding the appropriate plans for Medicare Part D, which will allow the Medigap Helpline and Medigap Part D Helpline staff responsible for increasingly complex Medicare programs to focus on providing accurate and timely counseling.

Objective/Activity: Train volunteers to run plan finders and perform referral calls to allow additional time for counselors to assist callers with Medicare issues.

Goal: Refine, simplify, expand and publicize the available information services provided by the board.

Objective/Activity: The board's website will include up-to-date information on the agency's programs addressing issues of importance to persons in need of long-term care services or insurance for older adults and individuals with disabilities.

PERFORMANCE MEASURES

2025 AND 2026 GOALS AND ACTUALS

Prog. No.	Performance Measure	Goal 2025	Actual 2025	Goal 2026	Actual 2026
1.	Number of complaints investigated by ombudsmen on behalf of long-term care consumers.	2,600	3,224	2,650	3,527
1.	Number of education programs given to long-term care consumers by ombudsman program staff.	120	105	120	115
1.	Number of education programs given to long-term care providers by ombudsman program staff.	100	119	100	108
1.	Number of consultations given to long-term care providers by ombudsman program staff.	1,700	2,178	1,750	2,493
1.	Number of resident council visits made by volunteer program.	175	348	200	270
1.	Number of facility visits made by volunteer program.	1,000	2,234	1,100	2,160
1.	Number of outreach events by Medigap program staff.	85	71	90	107
1.	Number of Medigap program volunteer hours provided.	200	86	250	192
1.	Number of Medicare beneficiaries helped with prescription drug coverage.	675	1,146	700	1,544
1.	Number of closed calls by Medigap Helpline.	10,200	8,917	10,400	11,412
1.	Minutes of insurance counseling by Medigap Helpline.	325,000	346,953	350,000	329,985

Note: Based on state fiscal year.

2027, 2028 AND 2029 GOALS

Prog. No.	Performance Measure	Goal 2027	Goal 2028	Goal 2029
1.	Number of complaints investigated by ombudsmen on behalf of long-term care consumers.	2,700	2,900	2,900
1.	Percentage of closed complaints that were fully or partially resolved.[i]	75%	77%	80%
1.	Number of community education sessions provided by ombudsman program staff.[ii]	120	120	120
1.	Number of training sessions provided to long-term care providers by ombudsman program staff.[iii]	100	100	100
1.	Number of consultations given to long-term care providers by ombudsman program staff.	1,775	1,800	1,800
1.	Number of resident council visits made by volunteer and ombudsman programs.[iv]	225	400	400
1.	Number of facility visits made by volunteer program.	2,200[v]	2,200	2,200
1.	Number of outreach events by Medigap program staff.	95	100	100
1.	Number of Medigap program volunteer hours provided.	300	300	300
1.	Number of Medicare beneficiaries helped with prescription drug coverage.	725	800	900
1.	Number of closed calls by Medigap Helpline.	10,600	10,800	11,000
1.	Minutes of insurance counseling by Medigap Helpline.	350,000[vi]	350,000	350,000

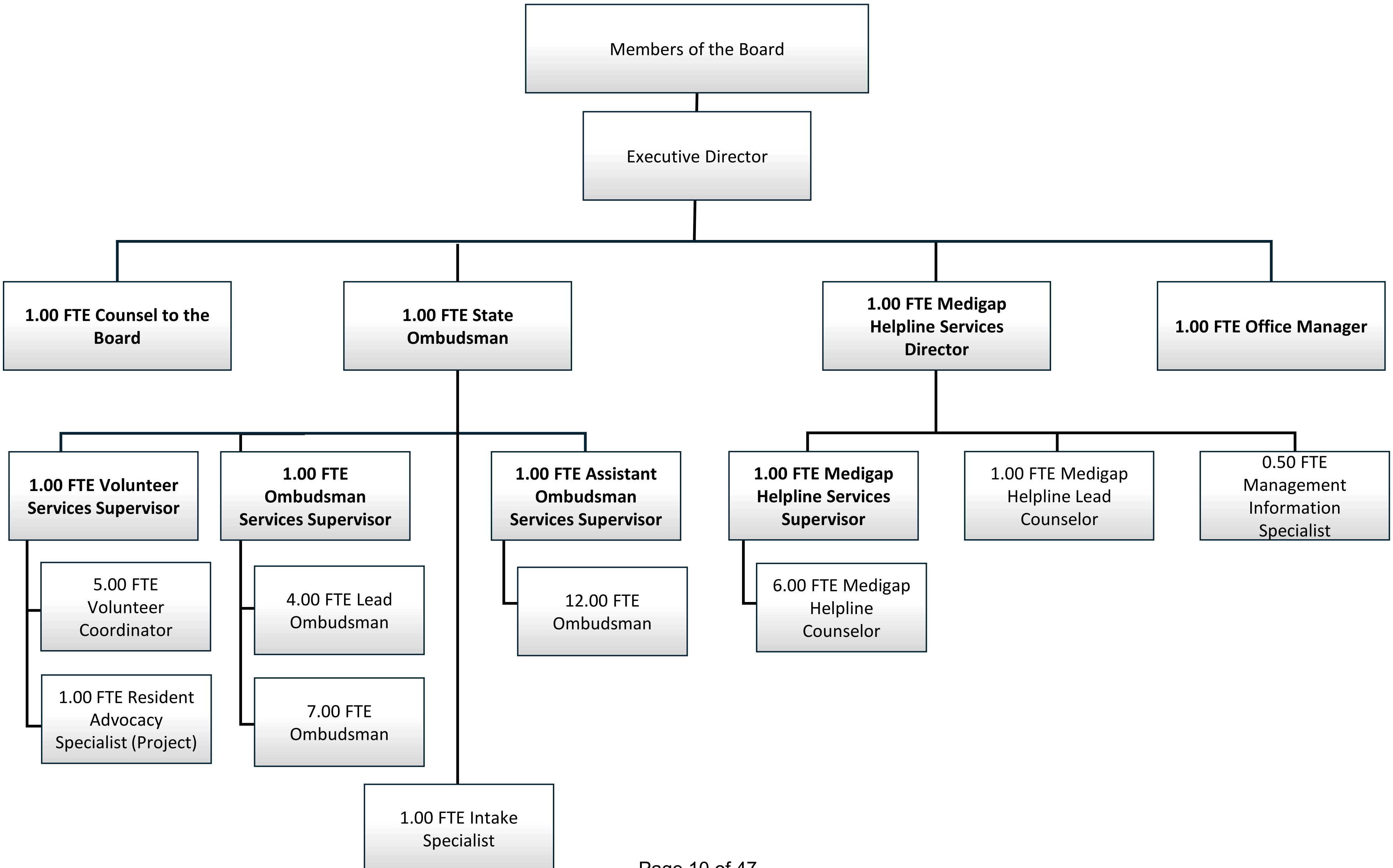
Note: Based on state fiscal year.

[i] Goal has been added to demonstrate program effectiveness through improved complaint resolution rates.
[ii] Performance measure has been revised for consistency with National Ombudsman Reporting System (NORS) terminology for program activities.
[iii] Performance measure has been revised for consistency with NORS terminology for program activities.
[iv] Performance measure has been revised to include visits conducted by both paid staff and volunteers. This measure better reflects the program's overall impact and aligns with federal reporting standards.
[v] Goal increased to establish new baseline based on FY25 actuals.
[vi] Goal reduced to better align with program capacity while maintaining effective delivery of insurance counseling.

Page 9 of 47

Board on Aging and Long Term Care

Organization Chart



As of: 9.2.26

Agency Total by Fund Source

		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	S	$2,260,675	$2,279,600	$2,617,000	$2,702,900	25.23	25.23	$4,559,200	$5,319,900	$760,700	16.70%
Total		$2,260,675	$2,279,600	$2,617,000	$2,702,900	25.23	25.23	$4,559,200	$5,319,900	$760,700	16.70%
PR	S	$3,138,907	$2,648,400	$3,157,600	$3,264,600	29.77	29.77	$5,296,800	$6,422,200	$1,125,400	21.20%
Total		$3,138,907	$2,648,400	$3,157,600	$3,264,600	29.77	29.77	$5,296,800	$6,422,200	$1,125,400	21.20%
Grand Total		$5,399,582	$4,928,000	$5,774,600	$5,967,500	55.00	55.00	$9,856,000	$11,742,100	$1,886,100	19.10%

Agency Total by Program

		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 %
01 Identification of the needs of the aged and disabled											
Non Federal											
GPR		**$2,260,675**	**$2,279,600**	**$2,617,000**	**$2,702,900**	**25.23**	**25.23**	**$4,559,200**	**$5,319,900**	**$760,700**	**16.68%**
	S	$2,260,675	$2,279,600	$2,617,000	$2,702,900	25.23	25.23	$4,559,200	$5,319,900	$760,700	16.68%
PR		**$3,138,907**	**$2,648,400**	**$3,157,600**	**$3,264,600**	**29.77**	**29.77**	**$5,296,800**	**$6,422,200**	**$1,125,400**	**21.25%**
	S	$3,138,907	$2,648,400	$3,157,600	$3,264,600	29.77	29.77	$5,296,800	$6,422,200	$1,125,400	21.25%
Total - Non Federal		**$5,399,582**	**$4,928,000**	**$5,774,600**	**$5,967,500**	**55.00**	**55.00**	**$9,856,000**	**$11,742,100**	**$1,886,100**	**19.14%**
	S	$5,399,582	$4,928,000	$5,774,600	$5,967,500	55.00	55.00	$9,856,000	$11,742,100	$1,886,100	19.14%
PGM 01 Total		**$5,399,582**	**$4,928,000**	**$5,774,600**	**$5,967,500**	**55.00**	**55.00**	**$9,856,000**	**$11,742,100**	**$1,886,100**	**19.14%**
GPR		**$2,260,675**	**$2,279,600**	**$2,617,000**	**$2,702,900**	**25.23**	**25.23**	**$4,559,200**	**$5,319,900**	**$760,700**	**16.68%**
	S	$2,260,675	$2,279,600	$2,617,000	$2,702,900	25.23	25.23	$4,559,200	$5,319,900	$760,700	16.68%
PR		**$3,138,907**	**$2,648,400**	**$3,157,600**	**$3,264,600**	**29.77**	**29.77**	**$5,296,800**	**$6,422,200**	**$1,125,400**	**21.25%**
	S	$3,138,907	$2,648,400	$3,157,600	$3,264,600	29.77	29.77	$5,296,800	$6,422,200	$1,125,400	21.25%
TOTAL 01		**$5,399,582**	**$4,928,000**	**$5,774,600**	**$5,967,500**	**55.00**	**55.00**	**$9,856,000**	**$11,742,100**	**$1,886,100**	**19.14%**
	S	$5,399,582	$4,928,000	$5,774,600	$5,967,500	55.00	55.00	$9,856,000	$11,742,100	$1,886,100	19.14%

Agency Total by Program

AGENCY TOTAL	$5,399,582	$4,928,000	$5,774,600	$5,967,500	55.00	55.00	$9,856,000	$11,742,100	$1,886,100	19.14%

Agency Total by Decision Item

Decision Item	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
2000 Adjusted Base Funding Level	$4,928,000	$4,928,000	45.50	45.50
3003 Full Funding of Continuing Position Salaries and Fringe Benefits	$202,700	$202,700	0.00	0.00
3010 Full Funding of Lease and Directed Moves Costs	$5,100	$7,700	0.00	0.00
4001 Agency Infrastructure and Mission Support	$193,600	$257,900	3.00	3.00
4002 Medigap Helpline Counseling Support	$234,000	$311,500	4.00	4.00
4003 Long-Term Care Ombudsman Advocacy Capacity	$148,800	$197,300	2.50	2.50
7910 DOA Allocated Central Services	$62,400	$62,400	0.00	0.00
TOTAL	**$5,774,600**	**$5,967,500**	**55.00**	**55.00**

Program Revenue

Program: 01 - Identification of the needs of the aged and disabled

SubProgram: -

Numeric Appropriation: 21 - Gifts and grants

Revenue and Expenditures	Prior Year Actuals	Base Year Estimate	1st Year Estimate	2nd Year Estimate
Opening Balance	**$139,800**	**$162,700**	**$162,700**	**$162,700**
Collected Revenue	$107,000	$107,000	$107,000	$107,000
Total Revenue	**$246,800**	**$269,700**	**$269,700**	**$269,700**
Expenditures	**$84,100**	**$107,000**	**$0**	**$0**
Estimated Adjustment to Base Exp Authority	$0	$0	$107,000	$107,000
Total Expenditures	**$84,100**	**$107,000**	**$107,000**	**$107,000**
Closing Balance	**$162,700**	**$162,700**	**$162,700**	**$162,700**

Program Revenue

Program: 01 - Identification of the needs of the aged and disabled

SubProgram: -

Numeric Appropriation: 31 - Contracts with other state agencies

Revenue and Expenditures	Prior Year Actuals	Base Year Estimate	1st Year Estimate	2nd Year Estimate
Opening Balance	**($509,400)**	**($934,400)**	**$0**	**$0**
Collected Revenue	$2,003,800	$2,500,200	$2,500,200	$2,500,200
Collection of Prior Year AR	$0	$574,400	$0	$0
Total Revenue	**$1,494,400**	**$2,140,200**	**$2,500,200**	**$2,500,200**
Expenditures	**$2,428,800**	**$2,140,200**	**$0**	**$0**
2000 Adjusted Base Funding Level	$0	$0	$2,022,400	$2,022,400
3003 Full Funding of Continuing Position Salaries and Fringe Benefits	$0	$0	$28,600	$28,600
3010 Full Funding of Lease and Directed Moves Costs	$0	$0	$1,400	$3,100
4003 Long-Term Care Ombudsman Advocacy Capacity	$0	$0	$85,200	$113,000
Estimated Adjustment to Base Exp Authority	$0	$0	$296,900	$207,800
Compensation Reserve	$0	$0	$28,800	$58,100
Health Insurance Reserves	$0	$0	$36,800	$67,000
Wisconsin Retirement System	$0	$0	$100	$200
Total Expenditures	**$2,428,800**	**$2,140,200**	**$2,500,200**	**$2,500,200**
Closing Balance	**($934,400)**	**$0**	**$0**	**$0**

Program Revenue

Program: 01 - Identification of the needs of the aged and disabled

SubProgram: -

Numeric Appropriation: 32 - Insurance and other information, counseling and assistance

Revenue and Expenditures	Prior Year Actuals	Base Year Estimate	1st Year Estimate	2nd Year Estimate
Opening Balance	**$0**	**$0**	**$0**	**$0**
Collected Revenue	$626,000	$606,100	$1,020,000	$1,097,500
Total Revenue	**$626,000**	**$606,100**	**$1,020,000**	**$1,097,500**
Expenditures	**$626,000**	**$606,100**	**$0**	**$0**
2000 Adjusted Base Funding Level	$0	$0	$626,000	$626,000
3003 Full Funding of Continuing Position Salaries and Fringe Benefits	$0	$0	$120,400	$120,400
4002 Medigap Helpline Counseling Support	$0	$0	$234,000	$311,500
7910 DOA Allocated Central Services	$0	$0	$39,600	$39,600
Estimated Adjustment to Base Exp Authority	$0	$0	($20,300)	($38,900)
Compensation Reserve	$0	$0	$10,100	$20,400
Health Insurance Reserves	$0	$0	$10,200	$18,500
Total Expenditures	**$626,000**	**$606,100**	**$1,020,000**	**$1,097,500**
Closing Balance	**$0**	**$0**	**$0**	**$0**

Decision Item (DIN): 2000 - Adjusted Base Funding Level

NARRATIVE

Adjusted Base Funding Level

Decision Item by Line

Decision Item (DIN): 2000 - Adjusted Base Funding Level

Line Number	Expenditure Items	1st Year Cost	2nd Year Cost
01	Permanent Position Salaries	$2,984,100	$2,984,100
02	Turnover	$0	$0
03	Project Position Salaries	$0	$0
04	LTE/Misc. Salaries	$0	$0
05	Fringe Benefits	$1,371,900	$1,371,900
06	Supplies and Services	$572,000	$572,000
07	Permanent Property	$0	$0
08	Unallotted Reserve	$0	$0
09	Aids to Individuals & Organizations	$0	$0
10	Local Assistance	$0	$0
11	One-time Financing	$0	$0
12	Debt service	$0	$0
13		$0	$0
14		$0	$0
15		$0	$0
16		$0	$0
17	**TOTAL**	**$4,928,000**	**$4,928,000**
18	Project Positions Authorized	0.00	0.00
19	Classified Positions Authorized	45.50	45.50
20	Unclassified Positions Authorized	0.00	0.00

Decision Item by Numeric

Program: 01 - Identification of the needs of the aged and disabled

Decision Item (DIN): 2000 - Adjusted Base Funding Level

Numeric	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
01 - General program operations	$2,279,600	$2,279,600	21.13	21.13
31 - Contracts with other state agencies	$2,022,400	$2,022,400	18.39	18.39
32 - Insurance and other information, counseling and assistance	$626,000	$626,000	5.98	5.98
Program Sub Total	**$4,928,000**	**$4,928,000**	**45.50**	**45.50**
DIN 2000 - Adjusted Base Funding Level Total	**$4,928,000**	**$4,928,000**	**45.50**	**45.50**
Agency Total	**$4,928,000**	**$4,928,000**	**45.50**	**45.50**

Decision Item by Fund Source

Decision Item (DIN): 2000 - Adjusted Base Funding Level

Source of Funds	Type	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
GPR	S	$2,279,600	$2,279,600	21.13	21.13
PR	S	$2,648,400	$2,648,400	24.37	24.37
DIN 2000 - Adjusted Base Funding Level Total		**$4,928,000**	**$4,928,000**	**45.50**	**45.50**
Agency Total		**$4,928,000**	**$4,928,000**	**45.50**	**45.50**

Decision Item (DIN): 3003 - Full Funding of Continuing Position Salaries and Fringe Benefits

NARRATIVE

Standard Budget Adjustment - Full Funding of Continuing Position Salaries and Fringe Benefits

Decision Item by Line

Decision Item (DIN): 3003 - Full Funding of Continuing Position Salaries and Fringe Benefits

Line Number	Expenditure Items	1st Year Cost	2nd Year Cost
01	Permanent Position Salaries	$117,200	$117,200
02	Turnover	$0	$0
03	Project Position Salaries	$0	$0
04	LTE/Misc. Salaries	$0	$0
05	Fringe Benefits	$85,500	$85,500
06	Supplies and Services	$0	$0
07	Permanent Property	$0	$0
08	Unallotted Reserve	$0	$0
09	Aids to Individuals & Organizations	$0	$0
10	Local Assistance	$0	$0
11	One-time Financing	$0	$0
12	Debt service	$0	$0
13		$0	$0
14		$0	$0
15		$0	$0
16		$0	$0
17	**TOTAL**	**$202,700**	**$202,700**
18	Project Positions Authorized	0.00	0.00
19	Classified Positions Authorized	0.00	0.00
20	Unclassified Positions Authorized	0.00	0.00

Decision Item by Numeric

Program: 01 - Identification of the needs of the aged and disabled

Decision Item (DIN): 3003 - Full Funding of Continuing Position Salaries and Fringe Benefits

Numeric	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
01 - General program operations	$53,700	$53,700	0.00	0.00
31 - Contracts with other state agencies	$28,600	$28,600	0.00	0.00
32 - Insurance and other information, counseling and assistance	$120,400	$120,400	0.00	0.00
Program Sub Total	**$202,700**	**$202,700**	**0.00**	**0.00**
DIN 3003 - Full Funding of Continuing Position Salaries and Fringe Benefits Total	**$202,700**	**$202,700**	**0.00**	**0.00**
Agency Total	**$202,700**	**$202,700**	**0.00**	**0.00**

Decision Item by Fund Source

Decision Item (DIN): 3003 - Full Funding of Continuing Position Salaries and Fringe Benefits

Source of Funds	Type	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
GPR	S	$53,700	$53,700	0.00	0.00
PR	S	$149,000	$149,000	0.00	0.00
DIN 3003 - Full Funding of Continuing Position Salaries and Fringe Benefits Total		**$202,700**	**$202,700**	**0.00**	**0.00**
Agency Total		**$202,700**	**$202,700**	**0.00**	**0.00**

Decision Item (DIN): 3010 - Full Funding of Lease and Directed Moves Costs

NARRATIVE

Standard Budget Adjustment - Full Funding of Lease and Directed Moves Costs

Decision Item by Line

Decision Item (DIN): 3010 - Full Funding of Lease and Directed Moves Costs

Line Number	Expenditure Items	1st Year Cost	2nd Year Cost
01	Permanent Position Salaries	$0	$0
02	Turnover	$0	$0
03	Project Position Salaries	$0	$0
04	LTE/Misc. Salaries	$0	$0
05	Fringe Benefits	$0	$0
06	Supplies and Services	$5,100	$7,700
07	Permanent Property	$0	$0
08	Unallotted Reserve	$0	$0
09	Aids to Individuals & Organizations	$0	$0
10	Local Assistance	$0	$0
11	One-time Financing	$0	$0
12	Debt service	$0	$0
13		$0	$0
14		$0	$0
15		$0	$0
16		$0	$0
17	**TOTAL**	**$5,100**	**$7,700**
18	Project Positions Authorized	0.00	0.00
19	Classified Positions Authorized	0.00	0.00
20	Unclassified Positions Authorized	0.00	0.00

Decision Item by Numeric

Program: 01 - Identification of the needs of the aged and disabled

Decision Item (DIN): 3010 - Full Funding of Lease and Directed Moves Costs

Numeric	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
01 - General program operations	$3,700	$4,600	0.00	0.00
31 - Contracts with other state agencies	$1,400	$3,100	0.00	0.00
Program Sub Total	**$5,100**	**$7,700**	**0.00**	**0.00**
DIN 3010 - Full Funding of Lease and Directed Moves Costs Total	**$5,100**	**$7,700**	**0.00**	**0.00**
Agency Total	**$5,100**	**$7,700**	**0.00**	**0.00**

Decision Item by Fund Source

Decision Item (DIN): 3010 - Full Funding of Lease and Directed Moves Costs

Source of Funds	Type	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
GPR	S	$3,700	$4,600	0.00	0.00
PR	S	$1,400	$3,100	0.00	0.00
DIN 3010 - Full Funding of Lease and Directed Moves Costs Total		**$5,100**	**$7,700**	**0.00**	**0.00**
Agency Total		**$5,100**	**$7,700**	**0.00**	**0.00**

Decision Item (DIN): 4001 - Agency Infrastructure and Mission Support

NARRATIVE

The Board on Aging and Long Term Care (BOALTC) requests 3.00 FTE in position authority to serve agencywide along with commensurate expenditure authority for the following positions: 1.00 FTE Program & Policy Analyst - Advanced, 1.00 FTE Communications Specialist - Senior, and 1.00 FTE Executive Staff Assistant. The position authority is requested under s. 20.432 (1) (a), Wis. Stats., General program operations, appropriation numeric 10100.

BOALTC provides independent advocacy to 129,000 long-term care consumers and nearly 1.4 million Medicare beneficiaries through the Long Term Care Ombudsman Program, Ombudsman Volunteer Program, and the Medigap and Part D Helplines. S. 16.009, Wis. Stats., charges the Board with policy analysis and recommendations, public communication and administration of the agency in addition to program operation.

Since 1990, the agency has grown from 12.00 to 45.50 FTE. Every agencywide function is carried by three positions: the Executive Director, Counsel to the Board, and Office Manager. No agencywide position has been added in that period. In 2015, a 0.50 FTE clerical position was reallocated to the Ombudsman Program, continuing a pattern of directing capacity to frontline service. BOALTC pursued other options first, including seeking outside funding, automating routine processes, internal reorganization, and short-term help from interns and contractors. Those measures absorbed years of growth and have been exhausted. Although BOALTC receives human resources, information technology, procurement, and financial management services through DOA, that work still requires substantial coordination, substantive work product, and project management from agency staff. Policy analysis and public communications are not shared services and are instead duties which state law assigns to this Board. Routine transactions escalate to the agency's senior level, and day-to-day operations compete with executive-level work: strategic planning, legal consultation for the Ombudsman Program, continuity planning, and the systems-level advocacy that reaches consumers.

The 1.00 FTE Program & Policy Analyst - Advanced would add dedicated capacity for policy research, legislative analysis and recommendations to the Governor and Legislature, amplifying the direct service work of the Ombudsmen and Medigap counselors. The 1.00 FTE Communications Specialist - Senior would address the public communication duty, establishing the agency's first dedicated communications position to provide consistent, accessible public information consumers need about their rights and coverage. The 1.00 FTE Executive Staff Assistant would absorb transactional and administrative work performed by the agency's most senior positions, strengthening internal controls and continuity of operations, and returning senior staff time to leadership and systems advocacy.

These positions are necessary to meet statutory obligations in service of a growing population of older adults and people with disabilities as they navigate increasingly complex long-term care and Medicare systems.

Decision Item by Line

Decision Item (DIN): 4001 - Agency Infrastructure and Mission Support

Line Number	Expenditure Items	1st Year Cost	2nd Year Cost
01	Permanent Position Salaries	$111,700	$148,900
02	Turnover	$0	$0
03	Project Position Salaries	$0	$0
04	LTE/Misc. Salaries	$0	$0
05	Fringe Benefits	$52,500	$70,000
06	Supplies and Services	$29,400	$39,000
07	Permanent Property	$0	$0
08	Unallotted Reserve	$0	$0
09	Aids to Individuals & Organizations	$0	$0
10	Local Assistance	$0	$0
11	One-time Financing	$0	$0
12	Debt service	$0	$0
13		$0	$0
14		$0	$0
15		$0	$0
16		$0	$0
17	**TOTAL**	**$193,600**	**$257,900**
18	Project Positions Authorized	0.00	0.00
19	Classified Positions Authorized	3.00	3.00
20	Unclassified Positions Authorized	0.00	0.00

Decision Item by Numeric

Program: 01 - Identification of the needs of the aged and disabled

Decision Item (DIN): 4001 - Agency Infrastructure and Mission Support

Numeric	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
01 - General program operations	$193,600	$257,900	3.00	3.00
Program Sub Total	**$193,600**	**$257,900**	**3.00**	**3.00**
DIN 4001 - Agency Infrastructure and Mission Support Total	**$193,600**	**$257,900**	**3.00**	**3.00**
Agency Total	**$193,600**	**$257,900**	**3.00**	**3.00**

Decision Item by Fund Source

Decision Item (DIN): 4001 - Agency Infrastructure and Mission Support

Source of Funds	Type	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
GPR	S	$193,600	$257,900	3.00	3.00
DIN 4001 - Agency Infrastructure and Mission Support Total		**$193,600**	**$257,900**	**3.00**	**3.00**
Agency Total		**$193,600**	**$257,900**	**3.00**	**3.00**

Decision Item (DIN): 4002 - Medigap Helpline Counseling Support

NARRATIVE

The Board on Aging and Long Term Care requests 4.00 FTE in position authority and commensurate expenditure authority for the Medigap Helpline: 1.00 FTE Medigap Insurance Lead (Ombudsman Services Specialist - Advanced) and 3.00 FTE Medigap Insurance Specialists. The position authority is requested under s. 20.432 (1) (kb), Wis. Stats., Insurance and other information, counseling and assistance, appropriation numeric 13200, which is funded by a transfer from the Office of the Commissioner of Insurance.

Under s. 16.009 (2) (j), Wis. Stats., and operating as Wisconsin's statewide State Health Insurance Assistance Program (SHIP), the Medigap Helpline provides free and unbiased counseling with all parts of Medicare, Medicare Supplement policies, Medicare Savings Programs, LIS Extra Help, long-term care insurance, and transitions from Marketplace, employer, or Medicaid coverage to Medicare, including for people dually eligible for Medicare and Medicaid. Medigap counselors do not sell or endorse products or earn commission, making the Helpline a statewide resource for neutral, reliable, and comprehensive Medicare information and counseling. State law also requires BOALTC to provide training, educational materials, and technical assistance to volunteer organizations and private businesses who serve these beneficiaries.

Counseling capacity has been level for fourteen years, while the service population and complexity has grown. The Helpline last received positions in 2012, when BOALTC assumed the Medicare Part D Helpline for beneficiaries age 60 and older. Current per-counselor volume does not reflect a sustainable service standard.

Four measurable changes drive this request:

- Growth in service population. Wisconsin had 967,760 Medicare beneficiaries in July 2012. As of May 2026, per the Centers for Medicare & Medicaid Services, there were 1,369,273 beneficiaries - an increase of 41.5%. Coverage per program staff member has moved from 1:87,978 to 1:124,479.
- Absorption of the Part D Helpline for beneficiaries under 60. When the Disability Rights Wisconsin (DRW) Part D Helpline was decommissioned in December 2024, its callers were redirected to the Medigap Helpline with no added staff. Total contacts rose 28% in a single year, to 11,042. During the first six months of 2026 (January-June), contacts to the Helpline increased 9.2% compared to the same period in 2025. This increase is in part attributable to additional demand from former DRW clients.
- Rising case complexity. Medicaid-related calls grew from zero in 2021 to 3,608 in 2025, now representing 32.7% of all contacts, and are on pace to exceed 40% in 2026. These cases take longer to resolve, frequently require follow-up, and carry financial consequences for the caller.
- Increased outreach demand. Demand for public education tripled between 2021 and 2025 (from 30 to 100 activities). Insurance counseling staff absorb this growing workload, which serves as a primary service connector for professionals and beneficiaries.

Enrollment into Medicare is not necessarily seasonal, as every month people turn 65, lose employer coverage, get diagnosed, become dual-eligible, or receive a plan termination notice. Medicare's Annual Enrollment Period (AEP) runs October 15 through December 7, which amounts to 39 business days during which beneficiaries must make coverage decisions that bind them for the following year. Helpline call volume rises in September for AEP and peaks from October through December. This surge extends through March as counselors help clients navigate Medicare Advantage Open Enrollment, plan terminations, and shifting coverage needs.

In 2025, the Helpline managed 11,042 total program contacts, spiking to 3,067 during the AEP. This AEP surge averaged 83 contacts per business day - or 14 per counselor, roughly double the normal daily workload. Counselors completed 2,481 beneficiary contact forms during AEP, meaning approximately 586 beneficiaries waited until after the enrollment deadline had passed to receive counseling.

Before requesting additional positions, the Helpline pursued every available alternative: reallocated resources, modernized manual processes, digitized plan reviews, created internal process guides, expanded counselor access to state and federal data systems, and reduced mailed publications by 29%. Limited-term employees and volunteers extend the Helpline's capacity for general inquiries but cannot assist with complex casework such as appeals or counseling for dual-eligibles, which now constitutes a growing share of the workload. Current volume does not reflect a sustainable service standard. This request restores Helpline capacity to a sustainable service standard and reduces the AEP load from 14 to 9 contacts per counselor per day, ensuring seniors and individuals with disabilities get help within their enrollment window rather than after it closes.

The 1.00 FTE Medigap Insurance Lead will coordinate public education, professional training, and outreach so beneficiaries can find free counseling services, and will enhance second-level support on complex Medicaid, dual-eligible, and complaint cases. The 3.00 FTE Medigap Insurance Specialists will restore direct counseling capacity, reduce callback times and absorb the age 18-59 caseload transfers from the DRW Part D Helpline.

Accurate, unbiased counseling helps lower premium and prescription costs for Wisconsin households, connects beneficiaries to programs that reduce drug costs, and prevents enrollment errors that the state and residents pay for later.

Decision Item by Line

Decision Item (DIN): 4002 - Medigap Helpline Counseling Support

Line Number	Expenditure Items	1st Year Cost	2nd Year Cost
01	Permanent Position Salaries	$132,500	$176,500
02	Turnover	$0	$0
03	Project Position Salaries	$0	$0
04	LTE/Misc. Salaries	$0	$0
05	Fringe Benefits	$62,300	$83,000
06	Supplies and Services	$39,200	$52,000
07	Permanent Property	$0	$0
08	Unallotted Reserve	$0	$0
09	Aids to Individuals & Organizations	$0	$0
10	Local Assistance	$0	$0
11	One-time Financing	$0	$0
12	Debt service	$0	$0
13		$0	$0
14		$0	$0
15		$0	$0
16		$0	$0
17	**TOTAL**	**$234,000**	**$311,500**
18	Project Positions Authorized	0.00	0.00
19	Classified Positions Authorized	4.00	4.00
20	Unclassified Positions Authorized	0.00	0.00

Decision Item by Numeric

Program: 01 - Identification of the needs of the aged and disabled

Decision Item (DIN): 4002 - Medigap Helpline Counseling Support

Numeric	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
32 - Insurance and other information, counseling and assistance	$234,000	$311,500	4.00	4.00
Program Sub Total	**$234,000**	**$311,500**	**4.00**	**4.00**
DIN 4002 - Medigap Helpline Counseling Support Total	**$234,000**	**$311,500**	**4.00**	**4.00**
Agency Total	**$234,000**	**$311,500**	**4.00**	**4.00**

Decision Item by Fund Source

Decision Item (DIN): 4002 - Medigap Helpline Counseling Support

Source of Funds	Type	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
PR	S	$234,000	$311,500	4.00	4.00
DIN 4002 - Medigap Helpline Counseling Support Total		**$234,000**	**$311,500**	**4.00**	**4.00**
Agency Total		**$234,000**	**$311,500**	**4.00**	**4.00**

Decision Item (DIN): 4003 - Long-Term Care Ombudsman Advocacy Capacity

NARRATIVE

The Board on Aging and Long Term Care requests 2.50 FTE in position authority and commensurate expenditure authority for the Long Term Care Ombudsman Program: 2.00 FTE Ombudsman Services Specialists and 0.50 FTE Operations Program Associate. Authorization for the positions is requested to be split between s. 20.432 (1) (a), Wis. Stats., General program operations (numeric 10100), and (1) (k), Contracts with other state agencies (numeric 13100).

Under federal and state law, Wisconsin's Long-Term Care Ombudsman Program is required to investigate and resolve complaints while protecting the rights of older adults receiving long-term care services. The program's mandate extends beyond complaint handling to include a broad scope of essential advocacy services, from facility monitoring visits to resident and family council support, provider training, education, and systems advocacy.

The service population is vast, including all individuals over age 60 who receive care in nursing homes, assisted living, and through Medicaid home and community-based waiver programs. Twenty-three Ombudsman serve an estimated 129,000 consumers, a ratio of 1:5,609, nearly three times the recommended staffing benchmark. This consumer number does not account for the multitude of family caregivers, providers, and partners who seek consultation and education from the office.

In federal fiscal year (FFY) 2025, the program investigated 3,431 complaints, an 18% increase over the prior year. In the same year, the program reached only 995 of Wisconsin's 6,000+ long-term care facilities. In a recent staff survey, 8 of 13 Ombudsmen respondents (61.5%) reported that the volume of calls they receive directly impacts their ability to perform responsibilities such as facility visits and complaint investigation. Complaint growth is concentrated in some of the most complex areas. From FFY 2021 to FFY 2025, managed care complaints increased 34%, and these issues frequently intersect with facility-based care. Discharge and eviction concerns rose 40%, and the program receives an average of 107 discharge notices monthly. Since 2021, the program responds to approximately 16 to 34 facility relocations annually, affecting hundreds of residents, the majority of whom are enrolled in Medicaid managed care.

With rising consumer complaints, coupled with increasing demand for advocacy services, the program risks underperforming and failing to fulfill its full statutory mandate. To address current capacity constraints, the program seeks to maximize existing resources while continuously evaluating internal workflows, staffing structures, workload distribution, resource allocation and operational efficiencies. This includes investment in process improvement, workforce development, cross-training, technology adoption, and data-informed management practices.

After looking comprehensively at existing workforce resources and identifying opportunities for greater efficiency, significant gaps remain that challenge the program's capacity to respond to emerging demands. The requested 2.50 FTE represents a 7.25% increase in total program staffing capacity - a modest investment compared to the 18% increase in complaint-driven demand experienced in the most recent year.

The 2.00 FTE Ombudsman Services Specialists requested will be specialized in managed care advocacy. These positions will increase the total number of managed care experts to 4.00 FTE, strengthening the program's capacity to respond to growing complaints in this area. One of those specialists will have an additional statewide focus on relocations, increasing the total number of relocation experts from 1.00 to 2.00 FTE. These changes are expected to result in more timely responses to complaints, more specialized support for complex cases, and more proactive advocacy to prevent poor consumer outcomes. These positions would be funded partly by Medicaid Assistance Funding from the Department of Health Services (DHS) and partly by general purpose revenue, which also serves as match for the former.

The 0.50 FTE Operations Program Associate will provide dedicated capacity for data quality, performance monitoring, and statewide trend analysis, ultimately enhancing the program's performance and ensuring its effectiveness at the systems level. Investing in the program's ability to identify emerging patterns across thousands of complaints will ensure the program's education, training, and systems-level interventions are truly informed by the consumer experience. This position would be funded primarily by federal Title VII funding under the Older Americans Act passed through by DHS, and partly by Medicaid Assistance Funding, partly by general purpose revenue as the 2.00 FTE positions above.

As the long-term care system becomes more complex and interconnected, the program needs more expertise in these high-growth and high-complexity areas. Without these positions, rising complaint-driven demand will increasingly require the program to prioritize complaint response over other essential advocacy services, limiting its ability to fully carry out its statutory mandate for Wisconsin's long-term care consumers.

Decision Item by Line

Decision Item (DIN): 4003 - Long-Term Care Ombudsman Advocacy Capacity

Line Number	Expenditure Items	1st Year Cost	2nd Year Cost
01	Permanent Position Salaries	$81,100	$107,600
02	Turnover	$0	$0
03	Project Position Salaries	$0	$0
04	LTE/Misc. Salaries	$0	$0
05	Fringe Benefits	$38,200	$50,700
06	Supplies and Services	$29,500	$39,000
07	Permanent Property	$0	$0
08	Unallotted Reserve	$0	$0
09	Aids to Individuals & Organizations	$0	$0
10	Local Assistance	$0	$0
11	One-time Financing	$0	$0
12	Debt service	$0	$0
13		$0	$0
14		$0	$0
15		$0	$0
16		$0	$0
17	**TOTAL**	**$148,800**	**$197,300**
18	Project Positions Authorized	0.00	0.00
19	Classified Positions Authorized	2.50	2.50
20	Unclassified Positions Authorized	0.00	0.00

Decision Item by Numeric

Program: 01 - Identification of the needs of the aged and disabled

Decision Item (DIN): 4003 - Long-Term Care Ombudsman Advocacy Capacity

Numeric	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
01 - General program operations	$63,600	$84,300	1.10	1.10
31 - Contracts with other state agencies	$85,200	$113,000	1.40	1.40
Program Sub Total	**$148,800**	**$197,300**	**2.50**	**2.50**
DIN 4003 - Long-Term Care Ombudsman Advocacy Capacity Total	**$148,800**	**$197,300**	**2.50**	**2.50**
Agency Total	**$148,800**	**$197,300**	**2.50**	**2.50**

Decision Item by Fund Source

Decision Item (DIN): 4003 - Long-Term Care Ombudsman Advocacy Capacity

Source of Funds	Type	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
GPR	S	$63,600	$84,300	1.10	1.10
PR	S	$85,200	$113,000	1.40	1.40
DIN 4003 - Long-Term Care Ombudsman Advocacy Capacity Total		**$148,800**	**$197,300**	**2.50**	**2.50**
Agency Total		**$148,800**	**$197,300**	**2.50**	**2.50**

Decision Item (DIN): 7910 - DOA Allocated Central Services

NARRATIVE

The Board on Aging and Long Term Care (BOALTC) requests ongoing expenditure authority under the supplies and services allotment line of ss. 20.432 (1) (a) and (1) (kb), Wis. Stats. in an amount equal to the increase in DOA Allocated Central Services assessments between fiscal years 2022-23 and 2024-25 in accordance with the State Budget Office's Major Budget Policies for the 2027-29 biennial budget. The growth in these types of expenditures is primarily due to inflation and general wage adjustments, both of which represent non-discretionary costs beyond agency control. While BOALTC has had to absorb these costs within its existing budget constraints, the requested authority will provide greater capacity and ensure these rising fixed operational expenses do not affect core program delivery.

Decision Item by Line

Decision Item (DIN): 7910 - DOA Allocated Central Services

Line Number	Expenditure Items	1st Year Cost	2nd Year Cost
01	Permanent Position Salaries	$0	$0
02	Turnover	$0	$0
03	Project Position Salaries	$0	$0
04	LTE/Misc. Salaries	$0	$0
05	Fringe Benefits	$0	$0
06	Supplies and Services	$62,400	$62,400
07	Permanent Property	$0	$0
08	Unallotted Reserve	$0	$0
09	Aids to Individuals & Organizations	$0	$0
10	Local Assistance	$0	$0
11	One-time Financing	$0	$0
12	Debt service	$0	$0
13		$0	$0
14		$0	$0
15		$0	$0
16		$0	$0
17	**TOTAL**	**$62,400**	**$62,400**
18	Project Positions Authorized	0.00	0.00
19	Classified Positions Authorized	0.00	0.00
20	Unclassified Positions Authorized	0.00	0.00

Decision Item by Numeric

Program: 01 - Identification of the needs of the aged and disabled

Decision Item (DIN): 7910 - DOA Allocated Central Services

Numeric	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
01 - General program operations	$22,800	$22,800	0.00	0.00
32 - Insurance and other information, counseling and assistance	$39,600	$39,600	0.00	0.00
Program Sub Total	**$62,400**	**$62,400**	**0.00**	**0.00**
DIN 7910 - DOA Allocated Central Services Total	**$62,400**	**$62,400**	**0.00**	**0.00**
Agency Total	**$62,400**	**$62,400**	**0.00**	**0.00**

Decision Item by Fund Source

Decision Item (DIN): 7910 - DOA Allocated Central Services

Source of Funds	Type	1st Year Total	2nd Year Total	1st Year FTE	2nd Year FTE
GPR	S	$22,800	$22,800	0.00	0.00
PR	S	$39,600	$39,600	0.00	0.00
DIN 7910 - DOA Allocated Central Services Total		**$62,400**	**$62,400**	**0.00**	**0.00**
Agency Total		**$62,400**	**$62,400**	**0.00**	**0.00**

ACT 201

Proposal under s. 16.42(4)(b): **0% change in each fiscal year**

FY: **FY28**

Agency: **BOALTC - 432**

Agency	Appropriation Alpha	Appropriation Numeric	Fund Source	$	FTE	(See Note 1) 0% Change Target	Proposed Budget 2027-28 Proposed $	Proposed Budget 2027-28 Proposed FTE	Item Ref	Change from Adj Base $	Change from Adj Base FTE	(See Note 2) Remove SBAs $	(See Note 2) Remove SBAs FTE	Change from Adj Base after Removal of SBAs $	Change from Adj Base after Removal of SBAs FTE
432	**1a**	101	GPR	$2,279,600.00	21.13	$0	$2,337,000	21.13	1	$57,400	0.00	($57,400)	0.00	$0	0.00
432	**1k**	131	PR	$2,022,400.00	18.39	$0	$2,052,400	18.39	2	$30,000	0.00	($30,000)	0.00	$0	0.00
432	**1kb**	132	PR	$626,000.00	5.98	$0	$746,400	5.98	3	$120,400	0.00	($120,400)	0.00	$0	0.00
Totals				**$4,928,000.00**	**45.50**	**$0**	**$5,135,800**	**45.50**		**$207,800**	**0.00**	**($207,800)**	**0.00**	**$0**	**0.00**

Note 1: Reduction target must be met within state operations appropriations, but may be allocated across those appropriations and fund sources.

Note 2: Amounts should be SBAs (DINs 3001 - 3011) from agency request multiplied by -1.

Target Reduction = $0

Difference = **$0**

Should equal $0

Items - Describe proposed changes (excl. SBAs) to reach target or other priorities of agency

1 Eliminate the requested staffing increase under DINs 4001 and 4003 as well as DOA Allocated Central Services DIN 7910.

2 Eliminate the requested staffing increase under DIN 4003.

3 Eliminate the requested staffing increase under DIN 4002 as well as DOA Allocated Central Services DIN 7910.

ACT 201

Proposal under s. 16.42(4)(b): **5% change in each fiscal year**

FY: **FY28**

Agency: **BOALTC - 432**

Agency	Appropriation Alpha	Numeric	Fund Source	$	FTE	(See Note 1) 5% Change Target	Proposed Budget 2027-28 Proposed $	Proposed FTE	Item Ref	Change from Adj Base $	FTE	(See Note 2) Remove SBAs $	FTE	Change from Adj Base after Removal of SBAs $	FTE
432	**1a**	101	GPR	$2,279,600.00	21.13	($114,000)	$2,337,000	21.13	1	$57,400	0.00	($57,400)	0.00	$0	0.00
432	**1k**	131	PR	$2,022,400.00	18.39	($101,100)	$1,806,000	18.39	2	($216,400)	0.00	($30,000)	0.00	($246,400)	0.00
432	**1kb**	132	PR	$626,000.00	5.98	($31,300)	$746,400	5.98	3	$120,400	0.00	($120,400)	0.00	$0	0.00
Totals				**$4,928,000.00**	**45.50**	**($246,400)**	**$4,889,400**	**45.50**		**($38,600)**	**0.00**	**($207,800)**	**0.00**	**($246,400)**	**0.00**

Note 1: Reduction target must be met within state operations appropriations, but may be allocated across those appropriations and fund sources.

Note 2: Amounts should be SBAs (DINs 3001 - 3011) from agency request multiplied by -1.

Target Reduction = ($246,400)

Difference = **$0**

Should equal $0

Items - Describe proposed changes (excl. SBAs) to reach target or other priorities of agency

1 Eliminate the requested staffing increase under DINs 4001 and 4003 as well as DOA Allocated Central Services DIN 7910.

2 Eliminate the requested staffing increase under DIN 4003. Additionally, reduce expenditure authority that would otherwise be essential for advocacy and counseling services of the Board's programs. These are mandated by state and federal law and recognized by citizens as a valuable resource to assure that consumers of long-term care services and Medicare-related insurance products are provided with effective advocacy and reliable information. A reduction of this magnitude would significantly increase waiting times for receipt of services provided by the Board's staff and decrease the number of persons who can be directly served by the advocacy and information programs of the Board.

3 Eliminate the requested staffing increase under DIN 4002 as well as DOA Allocated Central Services DIN 7910.

ACT 201

Proposal under s. 16.42(4)(b): **0% change in each fiscal year**

FY: **FY29**

Agency: **BOALTC - 432**

Agency	Appropriation Alpha	Appropriation Numeric	Fund Source	$	FTE	(See Note 1) 0% Change Target	Proposed Budget 2028-29 Proposed $	Proposed Budget 2028-29 Proposed FTE	Item Ref	Change from Adj Base $	Change from Adj Base FTE	(See Note 2) Remove SBAs $	(See Note 2) Remove SBAs FTE	Change from Adj Base after Removal of SBAs $	Change from Adj Base after Removal of SBAs FTE
432	**1a**	101	GPR	$2,279,600.00	21.13	$0	$2,337,900	21.13	1	$58,300	0.00	($58,300)	0.00	$0	0.00
432	**1k**	131	PR	$2,022,400.00	18.39	$0	$2,054,100	18.39	2	$31,700	0.00	($31,700)	0.00	$0	0.00
432	**1kb**	132	PR	$626,000.00	5.98	$0	$746,400	5.98	3	$120,400	0.00	($120,400)	0.00	$0	0.00
Totals				**$4,928,000.00**	**45.50**	**$0**	**$5,138,400**	**45.50**		**$210,400**	**0.00**	**($210,400)**	**0.00**	**$0**	**0.00**

Note 1: Reduction target must be met within state operations appropriations, but may be allocated across those appropriations and fund sources.

Note 2: Amounts should be SBAs (DINs 3001 - 3011) from agency request multiplied by -1.

Target Reduction = $0

Difference = **$0**

Should equal $0

Items - Describe proposed changes (excl. SBAs) to reach target or other priorities of agency

1 Eliminate the requested staffing increase under DINs 4001 and 4003 as well as DOA Allocated Central Services DIN 7910.

2 Eliminate the requested staffing increase under DIN 4003.

3 Eliminate the requested staffing increase under DIN 4002 as well as DOA Allocated Central Services DIN 7910.

ACT 201

Proposal under s. 16.42(4)(b): **5% change in each fiscal year**

FY: **FY29**

Agency: **BOALTC - 432**

Agency	Appropriation Alpha	Appropriation Numeric	Fund Source	$	FTE	(See Note 1) 5% Change Target	Proposed Budget 2028-29 Proposed $	Proposed Budget 2028-29 Proposed FTE	Item Ref	Change from Adj Base $	Change from Adj Base FTE	(See Note 2) Remove SBAs $	(See Note 2) Remove SBAs FTE	Change from Adj Base after Removal of SBAs $	Change from Adj Base after Removal of SBAs FTE
432	**1a**	101	GPR	$2,279,600.00	21.13	($114,000)	$2,337,900	21.13	1	$58,300	0.00	($58,300)	0.00	$0	0.00
432	**1k**	131	PR	$2,022,400.00	18.39	($101,100)	$1,807,700	18.39	2	($214,700)	0.00	($31,700)	0.00	($246,400)	0.00
432	**1kb**	132	PR	$626,000.00	5.98	($31,300)	$746,400	5.98	3	$120,400	0.00	($120,400)	0.00	$0	0.00
Totals				**$4,928,000.00**	**45.50**	**($246,400)**	**$4,892,000**	**45.50**		**($36,000)**	**0.00**	**($210,400)**	**0.00**	**($246,400)**	**0.00**

Note 1: Reduction target must be met within state operations appropriations, but may be allocated across those appropriations and fund sources.

Note 2: Amounts should be SBAs (DINs 3001 - 3011) from agency request multiplied by -1.

Target Reduction = ($246,400)

Difference = **$0**

Should equal $0

Items - Describe proposed changes (excl. SBAs) to reach target or other priorities of agency

1 Eliminate the requested staffing increase under DINs 4001 and 4003 as well as DOA Allocated Central Services DIN 7910.

2 Eliminate the requested staffing increase under DIN 4003. Additionally, reduce expenditure authority that would otherwise be essential for advocacy and counseling services of the Board's programs. These are mandated by state and federal law and recognized by citizens as a valuable resource to assure that consumers of long-term care services and Medicare-related insurance products are provided with effective advocacy and reliable information. A reduction of this magnitude would significantly increase waiting times for receipt of services provided by the Board's staff and decrease the number of persons who can be directly served by the advocacy and information programs of the Board.

3 Eliminate the requested staffing increase under DIN 4002 as well as DOA Allocated Central Services DIN 7910.