

Fiscal Estimate - 2019 Session

Original
 Updated
 Corrected
 Supplemental

LRB Number 19-3518/1	Introduction Number SB-701
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Description
 eligibility for the family care benefit for individuals who are deaf-blind

Fiscal Effect

State:

No State Fiscal Effect
 Indeterminate

<input type="checkbox"/> Increase Existing Appropriations <input type="checkbox"/> Decrease Existing Appropriations <input type="checkbox"/> Create New Appropriations	<input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decrease Costs
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Local:

No Local Government Costs
 Indeterminate

1. <input type="checkbox"/> Increase Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 2. <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	3. <input type="checkbox"/> Increase Revenue <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 4. <input type="checkbox"/> Decrease Revenue <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	5. Types of Local Government Units Affected <input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts
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Fund Sources Affected	Affected Ch. 20 Appropriations
<input checked="" type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS 20.435 (4) (b)	

Agency/Prepared By DHS/ Sara Koliner (608) 267-5147	Authorized Signature Andy Forsaith (608) 266-7684	Date 3/5/2020
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Fiscal Estimate Narratives

DHS 3/5/2020

LRB Number	19-3518/1	Introduction Number	SB-701	Estimate Type	Original
Description eligibility for the family care benefit for individuals who are deaf-blind					

Assumptions Used in Arriving at Fiscal Estimate

SB 701 grants functional eligibility for Family Care to individuals who are deaf-blind, regardless of whether the individual who is deaf-blind is determined to meet the program's functional eligibility requirements. Family Care is a Medicaid 1915(c) home and community-based waiver program that provides long-term care services to frail elders, and adults with physical, developmental, and intellectual disabilities. Under federal law at 42 CFR s. 441.301(b)(1)(iii), an individual must have the need for an institutional level of care to receive services under the Family Care program. Institutional level of care means requiring services that, in the absence of the waiver, would be provided in either a hospital, a nursing home, or an intermediate care facility for individuals with intellectual disabilities (ICF-IID).

Wisconsin's Family Care program uses a federally-approved, computer-based screening tool to assess functional capacity and determine whether an individual meets the program's functional eligibility requirements. Under current policy, an individual who is deaf-blind and is determined functionally eligible for Family Care at the nursing home level of care may participate in the program, as long as they are otherwise eligible for Medicaid. An individual who is deaf-blind and is determined functionally eligible for Family Care at the non-nursing home level of care may also participate in the program, but would have access to a more limited benefit package. This estimate assumes that the functional eligibility would grant access to the nursing home level of care, or full benefit, package.

To receive federal reimbursement for Family Care services provided under this bill, DHS would need to seek an amendment to its current Family Care 1915(c) waiver. It is unknown whether the federal government would approve a waiver that grants functional eligibility based solely on a particular diagnosis or condition. In the event of federal disapproval of a waiver amendment, all Family Care costs incurred for individuals covered under this bill must be fully reimbursed with GPR. The average calendar year 2020 capitation rate for physically disabled enrollees in Family Care at the nursing home level of care would be \$2,792 per month, or \$33,504 per year. However, capitated rates vary by region and Managed Care Organization, and the Department is unable to determine the number of individuals who would qualify to receive Family Care services under the provisions of this bill. Thus, the fiscal effect of this bill is indeterminate.

Long-Range Fiscal Implications