

WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

2005 Senate Bill 312Senate Substitute
Amendment 1Memo published: December 2, 2005Contact: Laura Rose, Deputy Director (266-9791)

2005 Senate Bill 312

Under current law, as affected by 2005 Wisconsin Act 25 (the biennial budget act), the Department of Health and Family Services (DHFS) is authorized to pay an enhanced rate for Medical Assistance (MA) program services that are provided to individuals who, under a waiver of federal Medicaid laws, are relocated from nursing homes under a community integration program ("CIP II"). The number of individuals served may not exceed the number of nursing home beds that are delicensed as part of plans submitted by nursing homes and approved by DHFS.

This bill expands CIP II, under which individuals in nursing homes are relocated to the community, to include individuals who are diverted from imminent entry into nursing homes. The bill also requires DHFS to submit, by January 1, 2007, a report to the chief clerk of each house of the Legislature, for distribution to the appropriate standing committees regarding implementation of diversions from nursing homes.

Senate Substitute Amendment 1

Senate Substitute Amendment 1 expands eligibility for the enhanced reimbursement rate for services under CIP II to up to 150 persons who meet MA level of care requirements for nursing home care and are diverted from imminent entry into nursing homes. The substitute amendment requires DHFS to develop and utilize criteria for determining imminent entry into a nursing home. The criteria must include an imminent loss of current living arrangements and an imminent risk of a long-term nursing home stay. These criteria, and the formula developed by DHFS to determine the enhanced reimbursement rate, are exempt from administrative rule-making requirements. If it is likely that the number of persons for which the enhanced MA reimbursement rate for services is provided will exceed 150, DHFS may submit a request to the Joint Committee on Finance, under passive review process, for approval to expand the number of persons served.

Legislative History

The Senate Committee on Health, Children, Families, Aging, and Long Term Care took executive action on the bill on November 15, 2005. The committee recommended adoption of Senate Substitute Amendment 1 by a vote of Ayes, 5; Noes, 0; and recommended passage of the bill, as amended, by a vote of Ayes, 5; Noes, 0.

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