



1997 ASSEMBLY BILL 906

March 16, 1998 - Introduced by Representatives BLACK, BOCK, CULLEN, CARPENTER, HASENOHRL, LA FAVE, BALDWIN, STASKUNAS, PLALE, HEBL and DUEHOLM. Referred to Joint committee on Finance.

1 **AN ACT** *to repeal* 46.27 (11) (c) 3m.; and *to amend* 49.45 (6v) (c) of the statutes;
2 **relating to:** increasing funding for the community options program,
3 eliminating the monthly reimbursement limit on community options program
4 services for medical assistance recipients, creating an exception to the
5 requirement that the secretary of health and family services transfer certain
6 funds and making appropriations.

Analysis by the Legislative Reference Bureau

Under current law, the long-term support community options program (community options program) is funded solely by general purpose revenues for persons who are ineligible for medical assistance and, for medical assistance recipients, is funded by general purpose revenues and federal medical assistance moneys. This bill provides a total increase in funding of \$10,000,300 in general purpose revenues for fiscal year 1998-99 for the community options program, including assessments, case plans, services and federally required quality assurance activities, and a decrease of \$6,000,300 in general purpose revenues appropriated for fiscal year 1998-99 for nursing home care under the medical assistance program.

Under current law, as affected by the biennial budget act, the department of health and family services (DHFS) must each year submit a report to the joint committee on finance concerning nursing home bed utilization by recipients of medical assistance. If the report indicates a decrease in the utilization, the secretary

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of health and family services must transfer an amount of general purpose revenue from the medical assistance appropriation account to the community options program appropriation account. This bill makes an exception to the transfer requirement for fiscal year 1998-99.

Under current law, monthly reimbursement for long-term community support services that are provided to a medical assistance recipient under the community options program may not exceed the average monthly cost of nursing home care, as determined by DHFS. The monthly limit does not apply to a medical assistance recipient under the age of 22, a ventilator-dependent individual or an individual for whom DHFS determines that nursing home care or public funding for institutional care is unavailable, or if DHFS determines that the cost of providing an individual with nursing home care would exceed the cost of providing the person with care in the community. The bill eliminates the monthly limit on reimbursement for long-term community support services that are provided to a medical assistance recipient under the community options program.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 46.27 (11) (c) 3m. of the statutes is repealed.

2 **SECTION 2.** 49.45 (6v) (c) of the statutes, as created by 1997 Wisconsin Act 27,
3 is amended to read:

4 49.45 (6v) (c) If the report specified in par. (b) indicates that utilization of beds
5 by recipients of medical assistance in facilities decreased, the department shall
6 include a proposal to transfer from the appropriation under s. 20.435 (5) (b) to the
7 appropriation under s. 20.435 (7) (bd) for the purpose of increasing funding for the
8 community options program under s. 46.27. The Except for fiscal year 1998-99, the
9 secretary shall transfer the amount identified under the proposal.

10 **SECTION 3. Appropriation changes; health and family services.**

11 (1) SUPPLEMENT TO COMMUNITY OPTIONS PROGRAM. In the schedule under section
12 20.005 (3) of the statutes for the appropriation to the department of health and family
13 services under section 20.435 (7) (bd) of the statutes, as affected by the acts of 1997,

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1 the dollar amount is increased by \$4,746,700 for fiscal year 1998-99 to increase
2 funding for assessments, case plans and services under section 46.27 (7) of the
3 statutes.

4 (2) SUPPLEMENT TO COMMUNITY OPTIONS PROGRAM SERVICES UNDER FEDERAL
5 WAIVER. In the schedule under section 20.005 (3) of the statutes for the appropriation
6 to the department of health and family services under section 20.435 (7) (bd) of the
7 statutes, as affected by the acts of 1997, the dollar amount is increased by \$5,169,400
8 for fiscal year 1998-99 to increase funding for assessments, case plans and services
9 under section 46.27 (11) of the statutes.

10 (3) COMMUNITY OPTIONS PROGRAM QUALITY ASSURANCE FUNDING. In the schedule
11 under section 20.005 (3) of the statutes for the appropriation to the department of
12 health and family services under section 20.435 (6) (a) of the statutes, as affected by
13 the acts of 1997, the dollar amount is increased by \$84,200 for fiscal year 1998-99
14 to increase funding for federally required quality assurance activities that are
15 related to services provided under section 46.27 (11) of the statutes.

16 (4) MEDICAL ASSISTANCE NURSING HOME CARE. In the schedule under section
17 20.005 (3) of the statutes for the appropriation to the department of health and family
18 services under section 20.435 (5) (b) of the statutes, as affected by the acts of 1997,
19 the dollar amount is decreased by \$6,000,300 for fiscal year 1998-99 to decrease
20 funding for care provided in facilities under section 49.45 (6m) of the statutes.

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(END)