FISCAL ESTIMATE FORM 1999 Session							
				LRB#	-4208/	2	
⊠ ORI	INAL		UPDATED		INTRODUCTION # SB 505		
☐ COR	RECTED		SUPPLEMENTAL	Admin. I	Admin. Rule #		
Subject							
Eliminate the eight-bed restriction under COP-R and the four-bed restriction for COP-W/CIP II for provision of services in a CBRF up to 20 beds.							
Fiscal Effect							
State: □ No State Fiscal Effect							
Check columns below only if bill makes a direct appropriation				on .	☐ Increase Costs - May be possible to Absorb Within Agency's Budget ☐ Yes ☐ No		
or affects a sum sufficient appropriation.						Willim Agency's Budget Li Tes Li No	
☑ Increase Existing Appropriation ☐ Increase Existing				kisting Revenue	s		
	☐ Decrease Existing Appropriation ☐ Decrease Exi			Existing Revenu	es	☐ Decrease Costs	
☐ Create New Appropriation							
Local: ⊠ No local government costs							
	☐ Increase Costs ☐ Mandatory ☐ Permissive ☐ Mandatory ☐ Permissive ☐				ndatory	5. Types of Local Governmental Units Affected: Towns Uillages Cities	
	ease Costs	- 1	4. Decrease		luatory	☐ Counties ☐ Others	
	☐ Permissive ☐ Mandatory ☐ Permissive			ndatory	☐ School Districts ☐ WTCS Districts		
Fund Source					Affected C	h. 20 Appropriations	
	PR ⊠ FED □ PRO	□PF	RS SEG D	SEG-S	20.435(4)(0)	
Assumptions Used in Arriving at Fiscal Estimate:							
This bill eliminates the eight-bed restriction under COP-R and the four-bed restriction under COP-W/CIPII for provision of services in a CBRF and limits service provision to 20-bed CBRFs, unless otherwise approved by DHFS under current standards. Currently, use of COP-R funds to provide services in CBRFs is restricted to eight-bed facilities and use of COP-W/CIPII funds to provide services in CBRFs is restricted to four-bed facilities, unless certain standards are met. The bill also eliminates the COP-R pilot project in Chippewa County. Currently, counties may provide COP funded services for clients in CBRFs with greater than eight beds if the CBRF meets certain conditions. In 1998, there were 640 elderly clients and 25 physically disabled clients receiving COP funded services in CBRFs that had greater than eight beds. If counties shift clients from COP funding, which is 100% GPR funded, to COP-W/CIPII funding, which is funded approximately 40% GPR and 60% federal Medicaid funds, additional federal Medicaid funds will be claimed to cover the 60% federal match for these new waiver clients. Counties will be able to use the GPR funds that will become available when COP-R clients are moved to COP-W/CIPII for other COP program needs. Because the Department does not have precise information on CBRF size and CBRF costs for all existing COP clients, it is not possible to estimate the amount of additional federal revenue.							
Long-Range Fiscal Implications:							
Dropored D	r / Phone # / Agency	Name	A	porized/Signal	ture / Telenh	one No. Date	
Lisa Kelly	r: / Phone # / Agency 266-5362	Naiile		no Riesow 2	66-9622	4/5/00	

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