

2001 DRAFTING REQUEST

Bill

Received: 09/20/2000

Received By: kenneda

Wanted: As time permits

Identical to LRB:

For: Administration-Budget (608) 266-2288

By/Representing: Fossum

This file may be shown to any legislator: NO

Drafter: kenneda

May Contact:

Alt. Drafters:

Subject: **Health - long-term care
Public Assistance - med. assist.**

Extra Copies: **ISR**

Pre Topic:

DOA:.....Fossum -

Topic:

COP-Waiver and CIP II funding of community-based residential facilities

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1	kenneda 01/05/2001	gilfokm 01/05/2001	martykr 01/06/2001	_____	lrb_docadmin 01/07/2001		S&L

FE Sent For:

<END>

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1?	kenneda	1-1/5-01 kmg	kmg	<u>cmh</u> <u>kmg</u>			

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<END>

Topic: COP-Waiver/CIP II Funding of CBRFs

Current Language

Under current law, a county may use Community Options Program (COP) funding to provide services in a CBRF with 8 or fewer beds. A county may request a variance from the Department to provide services in any CBRF that has 20 or fewer beds, per statutory guidelines. Community Options Program-Waiver (COP-W) and Community Integration Program II (CIP II) funding is limited to facilities up to four beds, but can be increased up to eight beds with Department approval. Effective January 2000, the federally approved waiver application states that the use of waiver funds in CBRFs is governed by applicable state statutes.

Proposed Change

Modify s.46.27 (11)(b)(6) and s.46.277 (5)(d) to increase the CBRF bed limit for COP-W and CIP II from CBRFs with 8 or fewer beds to CBRFs with 20 or fewer beds. In addition, eliminate the size requirements for use of COP and waiver funds in CBRFs and RCACs if 1) the county has established a provider network as part of their annual COP plan, and 2) separately proposed statutory language regarding CBRF pre-admission assessment and consultation process is enacted.

Effect of the Change

This change would allow counties to provide services with COP-W and CIP II funding in a CBRF that has 20 or fewer beds. In addition, counties could provide services with COP-W and CIP II funding in a CBRF or RCAC of any size if certain conditions are met.

Rationale for the Change

1. By changing the size limit, counties would be able to use COP-W and CIP II funding in CBRFs with 20 or fewer beds, thereby enabling them to capture federal reimbursement for 60% of the service cost. Currently counties must use COP-R funding, which is 100% GPR to serve individuals in CBRFs with more than 8 beds. This change will "free up" COP to be available for other services or additional people.
2. The proposed statutory change to allow funding in up to 20 beds would make COP-W and CIP II consistent with COP-R statutes. This change would give consumers more choice of

facilities as counties will be more likely to contract with those over the current limit of 8 beds once they can access the waiver funds.

3. The Department has issued administrative guidelines to all counties advising them that they need not apply to the Department for person specific approval for use of COP funds in CBRFs with 20 or fewer beds, if they meet the statutory requirements under s. 46.27 (7) (cm). They only need to submit their local policy and procedure for Department approval. This will have the effect of implementing on a statewide basis the policy of allowing the use of COP funds for the elderly and physically disabled in a CBRF having 20 or fewer beds.
4. In a separate request, the Department has proposed statutory language to modify the existing CBRF and RCAC pre-admission assessment and consultation process to be similar to the process under Family Care. If these changes are approved and a county has established a "provider network" as part of their annual COP plan, a county could use COP and waiver funds in CBRFs and RCACs of any size. With these two conditions in place, the Department has concluded there would be sufficient incentives and controls to ensure that individuals are not placed in poor quality or non-cost effective CBRFs in the COP and waiver programs.

Desired Effective Date: Upon Passage of Bill
Agency: DHFS
Agency Contact: Lisa Kelly
Phone: 266-5362

10/11/00 From G.F.

Held off on drafting this until she checks about "provider network" language; it's unnecessary to draft language re whether/not preadmission language is enacted.

01/03/01 From G.F.

This request now is only to increase the bed limit for COP-W + CIP II from CBRFs w/ 8 or fewer beds to C-BRFs w/ 20 or fewer beds.

Q: ① do they want to allow services in C-BRFs that are larger than 20? (Merely changing "8" to "20" permits that)

② Is the increase only for COP-W + CIP II, or does it also include COP-R?

1999-2001 Issue Paper

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01/02
From Gretchen:

Make provisions for COP-W + CIP II same as for COP-R (46.27(7)(cm) 1.)

01/05 GF: no, just change "8" to "20"

in 46.27(1)(b)6. + 46.277(5)(d)



DOA:.....Fossum – COP–Waiver and CIP II funding of community–based residential facilities

FOR 2001–03 BUDGET — NOT READY FOR INTRODUCTION

1 AN ACT ^{DON'T GEN. CAT.} relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current law, the long-term support community options program (COP) provides assessments of functionality and home and community-based care to, among others, elderly and disabled persons as an alternative to institutionalized care; one part of COP (often referred to as COP-Regular) is funded by state general purpose revenues and the other part (often referred to as COP-Waiver) is funded jointly by federal and state moneys under medical assistance (MA). ^{U =} under a waiver of federal medicaid laws. Also under MA under a waiver of federal medicaid laws, a community integration program (often referred to as CIP II) provides home and community-based services and continuity of care for persons relocated from institutions, other than the state centers for the developmentally disabled, and for persons who meet requirements for MA reimbursement in nursing homes. ^{up to}

Currently, funds under COP-Regular may not be used to provide services in a community-based residential facility that has more than eight beds unless DHFS approves the provision in a community-based residential facility that has ²⁰ beds and meets specific criteria or in a community-based residential facility of any size that meets certain criteria. Funds under COP-Waiver and CIP II may not be used



State of Wisconsin
2001 - 2002 LEGISLATURE

LRB-0427/1
DAK:kmg:km

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