

2001 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-SB55)

Received: 06/21/2001

Received By: isagerro

Wanted: As time permits

Identical to LRB:

For: Spencer Black (608) 266-7521

By/Representing: Susan McMurray

This file may be shown to any legislator: NO

Drafter: isagerro

May Contact:

Addl. Drafters:

Subject: Gambling - Indian gaming

Extra Copies:

Submit via email: YES

Requester's email: Rep.Black@legis.state.wi.us

Pre Topic:

No specific pre topic given

Topic:

Transfer of moneys from MA to COP program

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>
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FE Sent For:

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Assembly Democrat Budget Amendment Requests

Request Number: 4
(not LRB number)

Agency: DHFS

Description: Rectify transfer of \$ from MA nursing home savings to COP

Attachments: LRB 3287/1

Cost (if known):

Contact person: Susan McMurray, 266-7521, Representative Black's Office

also summ. p. 30

DAK

be used in CBRFs with up to 20 beds if: (a) approved by DHFS; and (b) the CBRF meets the following four standards: sufficient responsiveness to individual resident needs, maintenance of approved levels of quality of care, cost effectiveness, and sufficient consideration of care for residents with dementia.

Under current law, COP-W and CIP II can be used for services in a CBRF with up to four beds without DHFS approval, and for a CBRF with five to eight beds with DHFS approval. The budget bill, as recommended by the Governor and Joint Committee on Finance, would allow the use of COP-W and CIP II funds for services in CBRFs with up to eight beds without Department approval and in CBRFs with nine to 20 beds if approved by the Department.

Black 10. COP – TRANSFER OF MA FUNDS TO COP

Modify provisions relating to the potential transfer of MA funds to the COP appropriation as follows.

Conditions for Submitting a Proposal. Require DHFS to submit to the Joint Committee on Finance a report that provides information on the utilization of beds by MA recipients in nursing homes for the immediately prior two consecutive fiscal years. Delete the current requirement that the report include a discussion and detailed projection of the likely balances, expenditures, encumbrances and carry over of currently appropriated amounts in the MA appropriation. Require DHFS to submit a proposal to transfer funds if the report shows that utilization decreased during the most recently completed fiscal year from the utilization of beds by MA recipients in the next most recently completed fiscal year.

Under current law, DHFS is required to submit an annual report to the Committee that provides utilization information and is required to propose a transfer if the utilization of nursing home beds is less than the amounts projected during the Legislature's budget determinations.

Calculating the Amount of the Transfer. Require DHFS to multiply the difference between the number of days of care provided to the recipients in the facilities in each of those prior two consecutive fiscal years by the average daily costs of care in the facilities for the most recently completed fiscal year. Specify that the average daily costs of care would be calculated by dividing the total MA expenditures for care in facilities for the most recently completed fiscal year by the total number of days of care provided in facilities in that fiscal year.

Current law does not specify how the amount of the proposed transfer is calculated.

Review and Approval by the Joint Committee on Finance. Require that the proposed transfer of funds be submitted to the Joint Committee on Finance for review and approval. Specify that if the Co-Chairs of the Committee do not notify the DHFS Secretary within 14 working days after the date on which DHFS submits the proposal that the Committee has scheduled a meeting for the purpose of reviewing the proposal, the Secretary must transfer the amount identified under

public school system with activities designed to prevent alcohol and other drug experimentation and abuse.

7. MENTAL HEALTH SERVICES -- ELIGIBILITY FOR SYSTEMS CHANGE GRANTS

Modify provisions in the substitute amendment that relate to eligibility for systems change grants to specify that grant recipients could include only nonprofit, tax exempt corporations or counties. The substitute amendment would expand eligibility for systems change grants to include entities other than counties.

8. ADULT DAY CARE CERTIFICATION FEE

Reduce funding to support the certification of adult day care centers by \$26,600 annually and modify the certification fee for adult day care facilities so that the biennial fee would be \$100, rather than \$89 plus \$17.80 multiplied by the number of clients that the adult day care center is certified to serve, as provided under current law. Reduce projected program revenue by \$26,600 annually because of this fee reduction. Repeal the Department's authority to increase the fee by administrative rule.

	Chg. to JFC
PR-REV	- \$53,200
PR	- \$53,200

9. ELIMINATE BED-SIZE RESTRICTION FOR COP AND REDUCE FUNDING FOR COP

Reduce funding for the community options program (COP) by \$1,212,600 in 2001-02 and \$2,425,000 in 2002-03. In addition, authorize counties to use COP funding (both state-funded COP and MA funded COP-Waiver) and CIP II funding for services in community-based residential facilities (CBRFs) of up to 20-beds without approval by DHFS and without the need to meet certain conditions and allow counties to use this funding for CBRFs with over 20 beds if approved by DHFS and certain standards are met.

	Chg. to JFC
GPR	- \$3,637,600

Provide that a county does not have to establish a maximum total amount of its COP allocation that can be used to fund services in a CBRF if: (a) DHFS waives the requirement; or (b) DHFS approves a request for an exception in an individual case due to hardship. Delete the current law provision that allows counties to establish more restrictive restriction for the size of a CBRF for purposes of funding services under the COP-W program. Delete the current pilot program in Chippewa County that allows Chippewa county to provide COP-funded services in CBRFs of up to 20 beds without DHFS approval and that requires Chippewa county to consider all costs (both federal and state) in determining whether services meets the cost-effectiveness standard for allowing COP funding of CBRF services.

Under current law, counties may use state-funded COP (COP-R) funds to provide services in a CBRF with up to eight beds without DHFS approval. Current law allows COP-R funds to

the proposal. Delete the current provision that would prohibit a transfer if the transfer would reduce the balance in the MA appropriation below an amount necessary to ensure that the appropriation will end the current fiscal year or the current fiscal biennium with a positive balance.

Under current law, any proposed transfer by DHFS is not subject to review by the Joint Committee on Finance or any other body.

Allocation of Funds. Require that any funds transferred to the COP appropriation be allocated as follows: (a) 60% for services under the COP-waiver program (a program partially supported with federal MA matching funds); and (b) 40% for services provided under the state-funded COP program.

Effective Date. Specify that these changes would be effective beginning on September 1, 2002, and would apply annually thereafter.

Recently, the utilization of nursing home beds has been declining. The current MA base reestimate projects that the number of MA-supported patient days will decrease by 2% in 2001-02. If this projection is realized, these provisions would result in DHFS submitting a proposal to transfer approximately \$8.5 million GPR from the MA benefits appropriation to fund COP and COP-W services in the 2002-03 fiscal year. However, since the MA base reestimate accounts for this projected decline in nursing home days, no surplus funding is provided in the substitute amendment that could support this transfer.

11. HEALTH INSURANCE SUPPLEMENT FOR COMMUNITY DISABILITY SERVICE PROVIDERS

	Chg. to JFC
GPR	\$500,000

Provide \$500,000 in 2001-02 to fund supplements to providers of services under the home and community-based waiver programs under MA. Require a provider to apply to DHFS for a supplement, and limit the supplement any provider may receive to the amount the provider expends for employee health care insurance costs or \$50,000, whichever is less.

12. WISCONSIN PARTNERSHIP PROGRAM SITE IN RACINE COUNTY

	Chg. to JFC
GPR	\$60,000

Provide \$60,000 in 2001-02 to provide start-up funds to establish a new Wisconsin Partnership Program (WPP) site in Racine County.

WPP provides both acute care and long-term care services to elderly and disabled persons who are eligible for nursing home care. Reimbursement under the WPP program is provided through a monthly capitation payment that is based on the fee-for-service equivalent cost of

serving that type of individual less a 5% managed care discount. Currently, there are WPP sites serving individuals in: Milwaukee, Dane, Eau Claire, Chippewa, Clare and Dunn Counties.

13. ALZHEIMER'S FAMILY AND CAREGIVER SUPPORT PROGRAM

Delete current provisions that allow DHFS to transfer funds from the Alzheimer's family and caregiver support program (AFCSP) in counties with a Family Care care management organization to Family Care. In addition, specify that counties may provide AFCSP services to individuals under the AFCSP eligibility requirements, regardless of whether or not the individual is eligible for Family Care.

14. INCOME AUGMENTATION ACTIVITIES

	Chg. to JFC Funding Positions	
FED	\$93,500	1.00

Provide \$43,800 in 2001-02 and \$49,700 in 2002-03 and 1.0 position, beginning October 1, 2001, for DHFS to conduct activities to secure income augmentation revenues. Additionally, prohibit DHFS from contracting with any vendor to secure income augmentation revenues. Specify that this provision would first apply on the bill's general effective date, but would not affect any contract to perform income augmentation activities entered into before the bill's effective date.

DHFS currently contracts with Maximus, Inc. to conduct activities to identify additional federal revenues available under Titles IV-E (federal foster care), XVIII (Medicare) and XIX (medical assistance). This revenue is referred to as income augmentation revenue. Under the terms of the contract with Maximus, Maximus is entitled to 10% of all income augmentation revenues received by the state as payment for its services. The current contract with Maximus expires October 30, 2002.

15. PLACEMENT OF SEXUALLY VIOLENT PERSONS ON SUPERVISED RELEASE

not done
Specify that the county department of the county of residence is responsible for identifying a residence for sexually violent persons placed on supervised release. Specify that a residence identified is subject to approval by the DHFS, and require the county of residence to furnish the court a written description of the residence before the hearing on supervised release.

Require the county department of the person's county of residence to work with DHFS in the preparation of a plan for supervised release. Specify that the county department of the person's county of residence may arrange for another county to prepare the plan if that county agrees to prepare the plan.

Require the state agency with the authority or duty to release or discharge the person, rather than the court, to determine the county of residence, and require the state agency to

ADC

stays
JRM not run

SDC:.....~~Keckhaver - CN2703; Transfer of moneys from MA to COP~~

~~FOR 2001-03 BUDGET - NOT READY FOR INTRODUCTION~~

Assembly
~~CAUCUS SENATE~~ AMENDMENT

TO SENATE SUBSTITUTE AMENDMENT 1,

TO 2001 SENATE BILL 55

1 At the locations indicated, amend the substitute amendment as follows:

2 1. Page 627, line 2: after that line insert:

3 "SECTION 1778d. 49.45 (6v) (b) of the statutes is amended to read:

4 49.45 (6v) (b) The Beginning on September 1, 2002, and annually thereafter,
5 the department shall, ~~each year,~~ submit to the joint committee on finance a report
6 ~~for the previous fiscal year, except for the 1997-98 fiscal year,~~ that provides
7 information on the utilization of beds by recipients of medical assistance in facilities
8 ~~and a discussion and detailed projection of the likely balances, expenditures,~~
9 ~~encumbrances and carry over of currently appropriated amounts in the~~

1 ~~appropriation accounts under s. 20.435 (4) (b) and (c) for the immediately prior 2~~
2 ~~consecutive fiscal years.~~

3 **SECTION 1778h.** 49.45 (6v) (c) of the statutes 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 is less than estimates for that
6 utilization reflected in the intentions of the joint committee on finance, legislature
7 and governor, as expressed by them in the budget determinations, the department
8 shall include a proposal to transfer moneys from the appropriation under s. 20.435
9 (4) (b) to the appropriation under s. 20.435 (7) (bd) for the purpose of increasing
10 funding for the community options program under s. 46.27. The amount proposed
11 for transfer may not reduce the balance in the appropriation account under s. 20.435
12 (4) (b) below an amount necessary to ensure that that appropriation account will end
13 the current fiscal year or the current fiscal biennium with a positive balance. The
14 secretary shall transfer the amount identified under the proposal decreased during
15 the most recently completed fiscal year from the utilization of beds by recipients of
16 medical assistance in facilities in the next most recently completed fiscal year, the
17 department shall multiply the difference between the number of days of care
18 provided to the recipients in the facilities in each of those prior 2 consecutive fiscal
19 years by the average daily costs of care in the facilities for the most recently
20 completed fiscal year. The average daily costs of care shall be calculated by dividing
21 the total of medical assistance expenditures for care in facilities for the most recently
22 completed fiscal year by the total number of days of care provided in facilities in that
23 fiscal year.

24 **SECTION 1778p.** 49.45 (6v) (d) of the statutes is created to read:

