

2002 01:02:05 PM

**2003 DRAFTING REQUEST**

**Bill**

Received: **09/17/2002**

Received By: **rryan**

Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget**

By/Representing: **Blaine**

This file may be shown to any legislator: **NO**

Drafter: **rryan**

May Contact:

Addl. Drafters: **dkennedy**

Subject: **Health - long-term care**  
**Health - medical assistance**

Extra Copies:

Submit via email: **NO**

**Pre Topic:**

DOA:.....Blaine - BB0011

**Topic:**

Family care entitlement; non-MA eligible persons

**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>
/?				_____			S&L
/P1	rryan 10/07/2002	kfollett 10/08/2002	jfrantze 10/09/2002	_____	sbasford 10/09/2002		S&L
	rryan 11/15/2002	kfollett 10/09/2002		_____			
/P2	dkennedy 11/27/2002	jdyer 12/02/2002	rschluet 12/02/2002	_____	sbasford 12/02/2002		

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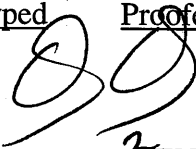

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FE Sent For:

12-2-2 <END>

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FE Sent For:		1 P1 kij 10/8	10/9	10/9 <END>			
		1 P1 10/9 jld					

# DHFS

*Department of Health and Family Services*  
**2003-2005 Biennial Budget Statutory Language Request**  
July 22, 2002

## Family Care Phase-in of Entitlement for Non-MA Eligible Persons

### **Current Language**

S.46.286(3)(d) directs the Department to establish no later than January 1, 2004 the Family Care benefit on an entitlement basis for persons who meet the functional criteria for Family Care but are not eligible for Medicaid (MA).

### **Proposed Change**

Change January 1, 2004 to January 1, 2006.

### **Effect of Change**

The proposed change will extend the deadline for the establishment of the Family Care benefit on an entitlement basis for non-MA persons who are functionally eligible for Family Care. The new deadline will be January 1, 2006.

### **Rationale for the Change**

In the 01-03 biennial budget the Legislature approved a certain amount of funding for SFY03 benefits for non-MA Family Care clients. The funding level was based on a projected enrollment level of non-MA Family Care clients. The Department is assuming the same level of non-MA Family Care client enrollment in SFY04 and SFY05 and is therefore not requesting any additional funding for non-MA benefits for the 03-05 biennium. Enrollment of non-MA Family Care clients became effective July 2000 and was implemented gradually in the Family Care pilot sites. For this reason, the Department has had limited experience with non-MA enrollments. The actual number of non-MA, functionally eligible persons seeking enrollment in Family Care in FY03, FY04, or FY05 could differ significantly from the projected level. Due to the uncertainty of enrollment and potentially large fiscal impact of unanticipated enrollment, the Department is submitting this statutory language change to provide the Department the authority to control the enrollment level of non-MA clients during the 03-05 biennium, if fiscal conditions warrant.

**Desired Effective Date:** Upon passage  
**Agency:** DHFS  
**Agency Contact:** Fredi-Ellen Bove  
**Phone:** 266-2907



State of Wisconsin  
2003 - 2004 LEGISLATURE

LRB-0093/P1

RLR/ef  
JLd

In 10/7/02

DOA:.....Blaine - BB0011 Family care entitlement; non-MA eligible persons  
FOR 2003-05 BUDGET - NOT READY FOR INTRODUCTION

Do Not Gen

1 AN ACT ...; relating to: ~~Entitlement to the Family Care benefit.~~

*Analysis by the Legislative Reference Bureau*

**HEALTH AND HUMAN SERVICES**

**OTHER HEALTH AND HUMAN SERVICES**

Currently, DHFS administers Family Care, a pilot program under which counties provide long-term care services largely to the elderly and to adults who have physical disabilities. Family Care consists of three components: 1) information, referral, and assessments; 2) case management; and 3) the family care benefit. The family care benefit is comprised of a variety of long-term care services, such as nursing home care, <sup>in-home</sup> and community support services, and includes access to established long-term care programs, such as the Long-Term Care Community Options Program and the Community Integration Program for people who require an institutional level of care. <sup>Support</sup>

To be eligible for the family care benefit, a person must meet both functional and financial eligibility requirements. Generally, a person is functionally eligible if he or she has a long-term or irreversible condition for which the person requires either a comprehensive or intermediate level of care, and a person is financially eligible if he or she either meets the financial eligibility requirements for Medical Assistance (MA) or has projected care costs that exceed a designated portion of the person's income and assets. Certain people are entitled to the family care benefit, including: 1) people who are functionally eligible because they require a comprehensive level of care; and 2) people who are functionally eligible because they require an

intermediate level of care and are financially eligible for MA. Current law provides that, effective January 1, 2004, people who are functionally eligible because they require an intermediate level of care and are financially eligible because their projected care costs exceed the designated portion of income and assets shall be entitled to the family care benefit. X

This bill postpones until January 1, 2006, the date on which people who are functionally eligible because they require an intermediate level of care and are financially eligible because their projected care costs exceed the designated portion of income and assets shall be entitled to the family care benefit.

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. 46.286 (3) (d) of the statutes is amended to read:

2 46.286 (3) (d) The department shall determine the date, which shall not be later  
3 than January 1, 2004 2006, on which par. (a) shall first apply to persons who are not  
4 eligible for ~~medical assistance~~ <sup>Medical Assistance</sup> under ch. 49. Before the date determined by the  
5 department, persons who are not eligible for ~~medical assistance~~ <sup>Medical Assistance</sup> may receive the  
6 family care benefit within the limits of state funds appropriated for this purpose and  
7 available federal funds.

History: 1999 a. 9, 185; 2001 a. 16, 109.

(END)



Currently, DHFS administers Family Care, a long-term care pilot program under which eligible persons may receive the family care benefit. The family care benefit is comprised of a flexible benefit under which a care management organizations contracts to accept a per person capitated rate to provide long-term care services to all persons a variety of long term care services, such as adult day care, home health care, personal care services, supported employment services, and residential care services, and includes entitled to the benefit. Services may include the services available under the Long-term Support Community Options Program and the Medical Assistance community-based waiver programs.

programs, as well as a variety of long-term care related Medicaid State Plan (card) services. An individualized package of services is tailored from the available services to meet each person's unique long-term care needs and circumstances in a way that to the extent possible corresponds to the person's preferences and choices.

The eligibility requirements for the family care benefit include the following: 1.) the person is 18 years of age or older and has resides in a county where the family care benefit is available (Fond du Lac, LaCrosse, Milwaukee, Portage and Richland); 2.) the person is in the Family Care target group (persons who infirmities of aging, a physical disability, or in some cases, a developmental disability; 2.) disability who are 18 years of age or older (60 years of age and older in Milwaukee County); 3.) the person is functionally eligible, generally because he or she has a long-term or irreversible condition for which the person requires a comprehensive or intermediate level of care or, in some cases, because the person was receiving certain long-term care services when the Family Care Program was initiated in a pilot county; 3-4.) the person is financially eligible either because he or she is a Medical Assistance (MA) recipient or because the person has projected care costs that exceed a designated portion of the person's income and assets; and 4)5.) the person pays the required cost sharing contribution for the benefit.

In counties where the family care benefit is available, the family care benefit is an entitlement for all people who are eligible for the family care benefit, except those people who are financially eligible because their projected care costs exceed the designated portion of their income and assets rather than because they are MA recipients. Effective January 1, 2004, the family care benefit is scheduled to become an entitlement for people who are financially eligible based on their projected care costs.

This bill delays until January 1, 2006, the date on which the family care benefit, in counties where the family care benefit is available, becomes an entitlement for people who meet all of the eligibility requirements for the benefit and are financially eligible because their projected care costs exceed the designated portion of their income and assets.

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

## Ryan, Robin

---

**From:** Jones, Charles  
**Sent:** November 13, 2002 2:20 PM  
**To:** Ryan, Robin  
**Subject:** RE: Family Care entitlement



0093 analysis  
suggestions.doc

Some suggested changes in the attached. Those in the second paragraph are most important. Use any you like.

---

Charles Jones, OSF / CDS  
Phone: (608) 266-0991  
FAX: (608) 266-5629  
e-mail: jonescm@dhfs.state.wi.us

>>> Ryan, Robin 11/13/02 10:10AM >>>

Thanks for the answer. I have one more favor to ask. Could you check for accuracy the attached analysis for the DHFS request on delaying entitlement for non-MA recipients?

-----Original Message-----

From: Jones, Charles  
Sent: November 13, 2002 6:44 AM  
To: Ryan, Robin  
Cc: Bove, Fredi-Ellen  
Subject: Re: Family Care entitlement

The answer to both questions is yes, with the additional criterion that in both cases the person must be in the Family Care target group.

The real difference is that under current law before 1/1/04 a person must meet Medicaid financial requirements; after 1/1/04 a person must meet the Family Care financial requirements (established by the department under s.46.286 (1) (b) 1.a. in HFS 10.34), which are different from Medicaid.

---

Charles Jones, OSF / CDS  
Phone: (608) 266-0991  
FAX: (608) 266-5629  
e-mail: jonescm@dhfs.state.wi.us

>>> Ryan, Robin 11/12/02 04:11PM >>>

Is it correct to say that under current law everybody who is functionally eligible for the family care benefit and is a MA recipient is currently entitled to the family care benefit (provided they are in a family care county in which a capitated rate contract is in effect and provided that they meet the cost sharing requirement)? And, that effective January 1, 2004, the family care benefit becomes an entitlement for everyone who meets both the functional and financial requirements (provided they are in a family care county in which a capitated rate contract is in effect and provided that they meet the cost sharing requirement)?

thanks



EDAK

DOA:.....Blaine - BB0011 Family care entitlement; non-MA eligible persons

FOR 2003-05 BUDGET - NOT READY FOR INTRODUCTION

don't gen

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*Analysis by the Legislative Reference Bureau*

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To be eligible for the family care benefit, a person must meet both functional and financial eligibility requirements. Generally, a person is functionally eligible if he or she has a long-term or irreversible condition for which the person requires either a comprehensive or intermediate level of care, and a person is financially eligible if he or she either meets the financial eligibility requirements for Medical Assistance (MA) or has projected care costs that exceed a designated portion of the person's income and assets. Certain people are entitled to the family care benefit, including: 1) people who are functionally eligible because they require a comprehensive level of care; and 2) people who are functionally eligible because they require an

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(END)

RESTORE TO PLAIN  
TEXT

✓  
INSERT  
A

DOA:.....Fossum - Family care phase-in of entitlement for non-MA eligibles

FOR 2001-03 BUDGET - NOT READY FOR INTRODUCTION

1 AN ACT...; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

LONG-TERM CARE/~~FAMILY CARE~~

January ✓

Currently, under family care, a program of financial assistance in providing long-term care and support items, a person is eligible for, but not necessarily entitled to, the family care benefit if he or she is at least 18 years old, has a physical disability or the infirmities of aging, fulfills any applicable cost-sharing requirements, meets financial criteria, and meets any of several criteria relating to functionality. DHFS is authorized to determine the date on which these functionality criteria first apply to applicants for the family care benefit who are not recipients of medical assistance ~~MA~~, but the date may not be later than ~~Jan 1, 2004~~ 2004 ✓

This bill changes the date that DHFS is authorized to determine for applying functionality criteria under the family care program to family care benefit applicants who are not MA recipients. Under the bill, the date must be not later than ~~January 1, 2004~~ January 1, 2006, but, before the determined date, persons who are not eligible for MA may receive the family care benefit within the limits of state funds appropriated for this purpose and available federal funds.

\* medical assistance

January 1, 2006

End of INSERT A

medical assistance



State of Wisconsin  
2003 - 2004 LEGISLATURE

LRB-0093/P2  
RLR&DAK:kjf&jld:rs

DOA:.....Blaine – BB0011 Family care entitlement; non-MA eligible persons

FOR 2003-05 BUDGET — NOT READY FOR INTRODUCTION

1 AN ACT ...; relating to: entitlement to the family care benefit.

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*Analysis by the Legislative Reference Bureau*

**HEALTH AND HUMAN SERVICES**

**LONG-TERM CARE**

Currently, under Family Care, a program of financial assistance in providing long-term care and support items, a person is eligible for, but not necessarily entitled to, the family care benefit if he or she is at least 18 years old, has a physical disability or the infirmities of aging, fulfills any applicable cost-sharing requirements, meets financial criteria, and meets any of several criteria relating to functionality. DHFS is authorized to determine the date on which these functionality criteria first apply to applicants for the family care benefit who are not recipients of medical assistance, but the date may not be later than January 1, 2004.

This bill changes the date that DHFS is authorized to determine for applying functionality criteria under the Family Care program to family care benefit applicants who are not medical assistance recipients. Under the bill, the date must be not later than January 1, 2006, but, before the determined date, persons who are not eligible for medical assistance may receive the family care benefit within the limits of state funds appropriated for this purpose and available federal funds.

