Fiscal Estimate - 2005 Session

| Original Updated | Corrected Supplemental | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| LRB Number 05-4787/1 | Introduction Number AB-1128 | | | | | | | |
| Description A Medical Assistance supplementary rate reimbursement for nursing homes and making an appropriation | | | | | | | | |
| Fiscal Effect | | | | | | | | |
| Appropriations Decrease Existing Appropriations Appropriations Create New Appropriations Local: No Local Government Costs Indeterminate 1. Increase Costs Permissive Mandatory Perm 2. Decrease Costs 4. Decrease | Pease Existing Penues Penues Pease Existing Penues Penues Increase Costs - May be possible to absorb within agency's budget Yes | | | | | | | |
| Fund Sources Affected Affected Ch. 20 Appropriations GPR FED PRO PRS SEG SEGS | | | | | | | | |
| Agency/Prepared By | Authorized Signature Date | | | | | | | |
| DHFS/ Richard Megna (608) 266-9359 | Andy Forsaith (608) 266-7684 4/4/2006 | | | | | | | |

Fiscal Estimate Narratives DHFS 4/5/2006

| LRB Number 05-4787/1 | Introduction Number | AB-1128 | Estimate Type | Original | | | | |
|---|---------------------|---------|---------------|----------|--|--|--|--|
| Description | | | | | | | | |
| A Medical Assistance supplementary rate reimbursement for nursing homes and making an appropriation | | | | | | | | |

Assumptions Used in Arriving at Fiscal Estimate

Currently, nursing homes receive a daily rate for providing nursing home care to Medicaid (MA) recipients. County and municipal nursing homes also receive \$37.1 million in supplemental payments. One revenue source of the MA Trust Fund is related to county and municipal-owned nursing homes. The state claims federal matching funds under MA based on unreimbursed costs for MA recipients in county and municipal homes under certified public expenditure (CPE) claims.

This bill provides for a \$1,285,400 one-time supplementary payment to nursing homes in SFY 06, based on the number of MA patient days provided by each home in SFY 05.

Since MA payments are eligible for federal matching funds, the GPR funding supports total payments of approximately \$3,047,400 AF (\$1,762,000 FED) in FY 06. However, additional payments under MA to county and municipal homes would have a negative impact on the state CPE claim, since any MA payments would reduce those facilities' unreimbursed costs, which are the basis of the CPE claim. As a result, state CPE revenues would decrease by an estimated \$302,500 SEG in FY 06.

There would not be any additional administrative costs to the department as a result of this bill.

Because the lump sum payments are contingent upon federal approval of a state plan amendment, payment is very unlikely to be possible until sometime in SFY 07.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2005 Session

Detailed Estimate of Annual Fiscal Effect

| | Original | | Updated | | Corrected | | Supplemental | |
|-----------------------------------|--|-----------------------------|---------------------------------|------------|---|-----------|------------------------------|--|
| LRB | Number | 05-4787 | '/1 | Intro | duction Nu | mber | AB-1128 | |
| Descri A Medi approp | ical Assistan | ce suppleme | ntary rate rein | nbursement | for nursing hon | nes and m | naking an | |
| annual Provide | lized fiscal of the second contract of the se | effect): | payment of \$3 | | | | not include in Y 06. Reduces | |
| | ualized Cos | | JOEG. | | Annualized Fiscal Impact on funds from: | | | |
| | | | | | Increased Cost | | Decreased Costs | |
| A. Stat | te Costs by | Category | | | | | | |
| State | e Operations | s - Salaries ar | nd Fringes | | (| \$ | | |
| (FTE | E Position Ch | nanges) | | | | | | |
| State | e Operations | s - Other Cost | iS | | | | | |
| Loca | al Assistance | 1 | | | | | | |
| Aids | to Individual | ls or Organiza | ations | | | | | |
| Т | OTAL State | Costs by Ca | tegory | | | \$ | \$ | |
| B. Stat | e Costs by | Source of Fu | unds | | | | | |
| GPR | l . | | | | | | | |
| FED | | | | | | | | |
| |)/PRS | | | | | | | |
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| | Taxes | | | | 9 | \$ | \$ | |
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| | HANGE IN C | | | | | \$ | \$ | |
| NET C | HANGE IN R | REVENUE | | | | \$ | \$ | |
| Agency | y/Prepared I | Вv | T, | Authorized | Signature | | Date | |
| | | - , gna (608) 266 | | | th (608) 266-76 | 884 | 4/4/2006 | |