

Fiscal Estimate - 2025 Session

☒ Original ☐ Updated ☐ Corrected ☐ Supplemental

LRB Number 25-2586/1	Introduction Number SB-0272
Description eligibility for Family Care for individuals who are deaf-blind	
Fiscal Effect State: <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> No State Fiscal Effect</div><div style="width: 33%;"><input checked="" type="checkbox"/> Indeterminate</div><div style="width: 33%;"></div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Increase Existing Appropriations</div><div style="width: 33%;"><input type="checkbox"/> Increase Existing Revenues</div><div style="width: 33%;"><input type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Decrease Existing Appropriations</div><div style="width: 33%;"><input type="checkbox"/> Decrease Existing Revenues</div><div style="width: 33%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Create New Appropriations</div><div style="width: 33%;"></div><div style="width: 33%;"><input type="checkbox"/> Decrease Costs</div></div>	

Local:

☐ No Local Government Costs

☒ Indeterminate

1. ☐ Increase Costs

3. ☐ Increase Revenue

5. Types of Local Government Units Affected

☐ Permissive ☐ Mandatory

☐ Permissive ☐ Mandatory

☐ Towns ☐ Village ☐ Cities

2. ☐ Decrease Costs

4. ☐ Decrease Revenue

☐ Counties ☐ Others

☐ Permissive ☐ Mandatory

☐ Permissive ☐ Mandatory

☐ School Districts ☐ WTCS Districts

Fiscal Estimate Narratives

DHS 6/2/2025

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Description eligibility for Family Care for individuals who are deaf-blind					

Assumptions Used in Arriving at Fiscal Estimate

Senate Bill 272 grants functional eligibility for Family Care to individuals who are deaf-blind, regardless of whether the individual who is deaf-blind is determined to meet the program's functional eligibility requirements. Family Care is a Medicaid 1915(c) home and community-based waiver program that provides long-term care services to frail elders, and adults with physical, developmental, and intellectual disabilities. Under federal law at 42 CFR s. 441.301(b)(1)(iii) governing home and community-based waivers, an individual must have the need for an institutional level of care to receive services under the Family Care program. Institutional level of care means requiring services that, in the absence of the waiver, would be provided in either a hospital, a nursing home, or an intermediate care facility for individuals with intellectual disabilities (ICF-IID).

Wisconsin's Family Care program uses a federally-approved, computer-based screening tool to assess functional capacity and determine whether an individual meets the program's functional eligibility requirements. Under current policy, an individual who is deaf-blind and is determined functionally eligible for Family Care at the nursing home level of care may participate in the program, as long as they are otherwise eligible for Medicaid. An individual who is deaf-blind and is determined functionally eligible for Family Care at the non-nursing home level of care may also participate in the program but would have access to a more limited benefit package. This estimate assumes that the functional eligibility provided under the provisions of this bill would grant access to the nursing home level of care, or full benefit, package.

To receive federal reimbursement for Family Care services provided under this bill, DHS would need to seek an amendment to its current Family Care 1915(c) waiver. It is unknown whether the federal government would approve a waiver that grants functional eligibility based solely on a particular diagnosis or condition. In the event of federal disapproval of a waiver amendment, all Family Care costs incurred for individuals covered under this bill must be fully reimbursed with GPR.

Family Care enrollees receive services through managed care organizations (MCOs), and the Department pays MCOs a monthly amount per enrollee, known as a "capitation rate." In calendar year 2025, the average monthly capitation rate for enrollees with physical disabilities in Family Care at the nursing home level of care is \$3,800 per month, representing an average annual per-member cost of \$45,600. However, capitated rates vary by region and MCO, and the Department is unable to determine the number of individuals who would qualify to receive Family Care services under the provisions of this bill. Thus, the fiscal effect of this bill is indeterminate.

Long-Range Fiscal Implications