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Nursing Home Rate Increase and Bed Tax (DHFS -- Nursing Homes)

[LFB 2003-05 Budget Summary: Page 229, #1]

CURRENT LAW

Assessment. The nursing home bed assessment was created as part of 1991 Wisconsin Act 269 as a means to support medical assistance (MA) nursing home rate increases that took effect in 1991-92. Under current law, nursing facilities are required to pay a $32 monthly assessment per occupied, licensed bed, while intermediate care facilities for the mentally retarded (ICFs-MR) are required to pay a $100 monthly assessment per occupied bed.

Nursing homes collect revenue from the monthly assessment from private pay residents, and forward it, together with the amount of the bed assessment attributable to MA-supported residents, to DHFS. All of this revenue is deposited to the general fund. Under the method DHFS uses to reimburse nursing homes for the cost of caring for MA recipients, each nursing home with an occupancy rate that equals or exceeds 90.5% is paid back 100% of the revenue from the bed assessments attributable to MA recipients. Consequently, the costs of the current nursing home bed assessment are borne primarily by private pay nursing home residents, and to a much lesser degree, nursing facilities with low occupancy rates.

State law (s. 50.14 of the statutes) and regulations (HFS 15) exempt certain facilities and beds from the bed assessment requirement, including: (a) facilities owned or operated by the state, or federal governments; (b) facilities located outside of Wisconsin; and (c) beds that are occupied by residents whose care is supported in whole or in part by Medicare.

Under federal law, provider taxes must be: (a) broad-based; (b) applied uniformly to classes of providers; and (c) in compliance with hold-harmless prohibitions, in order to be eligible for federal matching funds. If a provider tax does not meet the standards established in rule for being “broad-based” or “uniformly imposed,” a state may seek a waiver from these requirements. However, if a state applies for such a waiver, it must demonstrate that the net effect of the tax and associated expenditures is redistributive in nature, and the amount of the tax is not directly correlated with MA payments.

In 2001-02, the nursing facility bed tax generated approximately $15.3 million in revenues, which were deposited to the general fund. This amount of state funding, if budgeted for MA benefits, would generate approximately $21.8 million in federal MA funds.

MA Reimbursement to Nursing Homes. Nursing facilities are reimbursed for care provided to MA recipients based on a formula that considers the costs of providing care and funding provided by the Legislature. The amount of reimbursement is based on a per diem rate that is updated annually and is based on patient levels of care and several categories of expenditures. Under state law, DHFS is required to consider six cost centers, and is allowed to consider a seventh, over-the-counter drugs, when determining facility-specific rates. These cost centers include: (1) direct care; (2) support services; (3) administrative and general; (4) fuel and utilities; (5) property taxes, municipal services or assessments; (6) over-the-counter drugs; and (7) capital. Nursing facilities are generally reimbursed for their expenses in a given cost center provided their expenses per resident day do not exceed established targets that are based on the costs for all nursing facilities in the state.

GOVERNOR

Provide $72,903,300 (-$12,124,400 GPR, $29,080,400 FED, $4,176,000 PR, and $51,771,300 SEG) in 2003-04 and $85,639,900 ($4,005,100 GPR, $27,978,700 FED, $3,823,600 PR, and $49,832,500 SEG) in 2004-05 to reflect the net effect of: (a) increasing MA rates paid to nursing homes by approximately 3.3% annually; (b) partially offsetting the costs to facilities of the expansion of the provider assessment to all licensed beds and the proposed increase in the ICF-MR bed tax; and (c) substituting GPR MA base funding with additional segregated revenue the state would collect by modifying the nursing home bed assessment.

In addition, increase the assessment on nursing home beds to $116 per month and on ICF-MR beds to $435 per month in 2003-04 and to $445 per month in 2004-05. Expand the current assessment to all licensed beds, including beds occupied by residents whose costs are paid under the federal Medicare program and repeal the current provision that exempts state owned and operated, and federally owned and operated facilities from the assessment. Specify that the number of licensed beds in a nursing home includes any number of beds that have been delicensed but not deducted from the nursing home's licensed bed capacity.

Provide that all revenue collected from the assessment that exceeds $14,300,000 in 2003-04 and $13,800,000 in 2004-05 would be deposited to the MA trust fund. Beginning July 1, 2005, in each fiscal year, 45% of the total revenue from the assessments would be deposited to the MA trust fund. Specify that these changes would first apply to assessments that are due on the first day of the second full calendar month after the bill's general effective date. Require DHFS to submit proposed rules relating to these provisions to the staff of the Legislative Council by the first day of the fourth month beginning after the bill's general effective date. Authorize DHFS to promulgate the rules as emergency rules without making a finding that an emergency exists.

DISCUSSION POINTS

Bed Assessment

1. The Governor proposes to fund rate increases for nursing homes in the 2003-05 biennium by increasing and expanding the current bed assessment. The proposed expansion of the current assessment provides the means to increase MA payments to nursing homes without increasing GPR spending. By increasing and expanding the nursing home assessment, the bill would also reduce GPR base funding for MA benefits by approximately $8.2 million in the 2003-05 biennium. Although the proposal would enable the state to claim additional federal matching funds to support MA payments to nursing homes, the bed assessment would adversely affect private-pay residents and facilities with low occupancy rates or a low proportion of MA residents.

2. Since facilities would add the amount of the bed assessment increase ($84 per month) to nursing home bills, this increase would increase private-pay residents' out-of-pocket costs by approximately $1,000 per year. Approximately 24% of nursing homes' total occupied beds are used by private-pay residents (about 8,200). Therefore, this proposal would have a considerable impact on the private-pay nursing facility population.

3. It could also be argued that private-pay residents already subsidize the cost of care for MA-supported nursing home residents because nursing homes that do not fully recover their costs of serving MA recipients may recover some or all of these losses by requiring private-pay residents to pay more than they otherwise would if the facilities received greater reimbursement under MA. It is not possible to quantify the amount of cost-shifting that occurs within individual facilities or throughout the industry. However the difference between MA rates and private pay rates suggests that cost-shifting is prevalent within the industry. For instance, in Wisconsin Nursing Homes and Residents (2001), the DHFS Bureau of Health Information indicates that, as of December 31, 2001, the average MA payment for skilled nursing care was $106, compared to the average private-pay rate of $150.

A facility's ability to shift MA costs to private-pay residents also depends largely on the percentage of private-pay residents in the facility. From 1990 to 2001, the percentage of private-pay residents in nursing facilities declined from approximately 32% to 24% of the total nursing facility population. Therefore, industry-wide, it has become more difficult for facilities to shift the costs of providing care to MA-eligible residents to private-pay individuals.

4. It could be argued that private-pay residents indirectly benefit to the extent that raising provider rates would result in less staff turnover, a higher quality of care, and less cost-shifting to private-pay residents. However, the correlation between higher MA reimbursement rates

and these indirect benefits cannot be quantified.

5. Since the rate increases supported by the bed assessment would only apply to MA-occupied beds, facilities with disproportionately small percentages of MA-supported residents would benefit less than facilities with large percentages of MA-supported residents. The smaller a facility's percentage of MA-eligible residents, the less the facility would benefit from the rate increase. In calendar year 2001, approximately six facilities served only private-pay residents and would not benefit at all from the provider tax.

6. The most significant change, from the nursing home industry's perspective, is that the Governor's bed assessment proposal would be applied to all licensed beds, rather than only to occupied beds. Since MA reimbursement to nursing homes is based on rates per resident day, facilities would not be fully reimbursed for the costs of the bed assessment applied to unoccupied beds. Furthermore, the cost of the assessment on unoccupied beds could not be passed on to private-pay residents and would either have to absorbed by the facility or reduced by delicensing their number of unoccupied beds.

7. Other states assess nursing homes and nursing home residents to increase federal MA matching funds to support MA benefits costs. Attachment 1 lists nursing facility provider assessments in selected states, based on information collected by the National Conference of State Legislatures. The table shows that, although the Governor's proposed increase in the amount of the monthly bed assessment for nursing facilities and ICFs-MR is significant compared to the current assessment, the proposed assessment on nursing facilities is still lower than the six percent of revenues that is allowed under federal law and is lower than the rate set in several other states.

8. In addition, since most residents of ICFs-MR are MA-eligible, these facilities are generally reimbursed for the cost of the bed tax, while the state is able to claim federal matching funds on the MA payments to providers. According to the Bureau of Health Information's Wisconsin Facilities for the Developmentally Disabled, 2001, only 1% of all ICF-MR residents are private-payers. As the state centers are fully reimbursed for the additional cost of the bed assessment, the effect of raising the tax on ICF-MR beds would have a negative impact on limited number of residents (approximately 8 private-pay individuals in 2001).

Need for Rate Increases

9. The administration and the industry argue that it is necessary to increase rates paid to nursing homes because: (a) current MA per diem rates are below most facilities' actual costs of caring for MA recipients; (b) nursing facilities' costs continue to increase; and (c) the percentage of all nursing home residents who pay from their own funds has decreased, which reduces a facility's ability to shift costs to these residents if a facility is not fully reimbursed for its costs of caring for MA recipients.

10. On average, nursing homes are reimbursed for approximately 91.9% of their MA-allowable costs when the intergovernmental transfer formula is applied to nursing home cost reports

for 2000. Therefore, most facilities are not fully reimbursed for the costs they incur in serving MA-funded residents. MA is the primary revenue source for the industry. From 1996 to 2001, approximately 67% of all nursing home residents had MA as their primary pay source in each year.

11. The costs of providing care in nursing facilities continues to increase, and will likely increase at a greater rate than the Governor's proposed 3.3% annual rate increase. If the MA reimbursement rate is not sufficient to support increasing costs of skilled nursing facility care, then the amount of cost shifting to private-pay residents could increase. Further, inadequate MA-provider rates, when combined with low occupancy, create financial instability in the nursing home industry.

12. Since 1999, 24 nursing homes have closed, while 47 homes have filed for bankruptcy or entered into receiverships. According to 2000-01 cost reports, 139 of the 379 responding nursing facilities (approximately 36.7%) reported a net loss when depreciation and amortization expenses are included. Furthermore, closures in recent years have been concentrated in areas so that access to nursing facilities may become a problem in future years. For instance, of the 24 nursing homes that closed in the last two years, 13 of them were located in the Milwaukee area.

Occupied vs. Licensed Beds

13. The bill would expand the current assessment to include all licensed beds, rather than occupied beds, as under current law. The average daily census among all nursing facilities in calendar year 2001 was 37,816, while the number of licensed beds was 44,319, for an average occupancy rate of 84.6%. Based on this occupancy rate, on average, nursing homes would either have to absorb 15.4% of the total costs of the assessment or reduce the number of their licensed beds. Although the number of licensed beds has steadily decreased over the past decade, occupancy rates also continue to decline. The lower the occupancy rate of a nursing facility, the more costly the provider assessment would be. Attachment 2 identifies the number of licensed beds and respective occupancy rates by county from 1998 thru 2001. The table shows that, from 1998 to 2001, the number of licensed nursing facility beds statewide has decreased 11.3%, while the average occupancy rate has declined 2.0% over the same period.

14. By applying the bed assessment to a greater number of beds (all licensed beds), rather than to just occupied beds, as provided under current law, more revenue can be generated from the same level of assessment. Consequently, if the Committee chose to continue to apply the assessment to occupied beds only, the amount of the assessment would need to be increased to generate the same level of revenue to support rate increases for nursing homes.

15. The proposed application of the assessment to all licensed beds would create an incentive for facilities to reduce the number of their licensed beds, which is one of the administration's arguments for broadening the assessment base. This expansion is consistent with the policy to reduce the use of institutional care in favor of community-based long-term care.

16. However, facilities tend to view these licensed nursing home beds as assets and may not reduce the number of their unoccupied beds, even if the assessment is significantly increased. As the “baby-boomer” population ages, an increasing proportion of the population will require long-term care service so that the demand for both institutional and noninstitutional long-term care services may increase in the future.

Veterans Home and Treatment of Bed Tax Revenue

17. In considering the Governor's proposed bed assessment, the Committee may wish to make several changes to the bill to better reflect the administration's intent and to improve budgeting of the bed assessment revenue.

18. First, although the bill would expand the applicability of the bed tax to include state facilities, the bill would not provide additional PR authority to the Department of Veterans Affairs (DVA) that would enable that agency to pay the bed assessment. If additional PR authority is not provided in the bill, DVA would be required to absorb these costs within the funding amounts recommended by the Governor for the operation of the Veterans Home at King. Funding in the bill should be increased by $1,003,600 PR in 2003-04 and 2004-05 to reflect the projected costs DVA would incur to pay the bed assessment. Alternatives 1 and 2 would provide additional PR funding to allow DVA to support the costs of the bed assessment. The administration supports this change to the bill.

In addition, PR funding for the state centers should be reduced by $151,400 PR in 2003-04 and by $26,800 PR in 2004-05 to reflect the reestimates.

19. Second, the Governor's bill should have included $18,277,100 FED in 2003-04 and $36,025,600 FED in 2004-05 to reflect the estimate of additional federal funds that would be generated by the rate increase. Further, the bill would unnecessarily increase SEG funding for MA benefits by $5,933,600 SEG in 2003-04 and by $8,233,500 SEG in 2004-05. The estimates prepared by this office that are included in the alternatives make these corrections.

20. Third, the bill would specify that amounts generated by the assessment that exceed $14.3 million in 2003-04 and $13.8 million in 2004-05 and 45% of the money received from the assessment in subsequent fiscal years would be deposited in the MA trust fund. This provision is intended to hold the general fund harmless from the Governor's proposed changes to the bed assessment, since the Governor's 2003-05 budget assumes that these amounts would continue to be deposited to the general fund. However, in order to simplify the budgeting of these revenues, the Committee could specify that all revenue from the bed assessment be deposited to the segregated trust fund, and substitute these amounts of SEG funding with GPR MA base funding.

This change would: (a) ensure that all revenue from the bed assessment is deposited to the MA trust fund, rather than a portion of it, as under SB 44; (b) ensure that all of it would be used to support MA benefits; and (c) reduce GPR support for MA benefits by the amount of the additional SEG revenue that would be deposited to the MA trust fund.

Maintaining Current Law

21. The Committee could also delete the Governor's proposal to increase and expand the bed assessment to fund nursing home rate increases. The benefits of this option include: (a) eliminating the adverse effect of the Governor's proposal on private-pay residents and certain facilities; and (b) eliminating the additional costs for facilities with low occupancy rates. However, this option would: (a) eliminate the 3.3% annual rate increase; and (b) increase the amount of GPR that would be required to fund the MA program by $8.2 million GPR in the 2003-05 biennium, since the bill would use a portion of the bed assessment revenue to support MA base costs.

22. The alternatives included in attachment 3 provide the Committee with the option to determine both the amount of the tax that would be applied to nursing homes and to determine whether the tax would be applied to all licensed beds or to occupied beds. These alternatives also identify the annual rate increase that could be provided given estimated revenues under each option.

ALTERNATIVES

A. Bed Assessment and Nursing Home Rate Increases

1. Adopt the Governor's recommendations. Provide an additional $10,936,200 (-$6,873,200 SEG, $17,957,200 FED and $852,300 PR) in 2003-04 and an additional $27,916,700 (-$8,584,300 SEG, $35,524,200 FED and $976,800 PR) in 2004-05 to reflect reestimates of the Governor's proposal. In addition, reduce estimates of revenue to the MA trust fund by $384,500 in 2003-04 and by $2,426,700 in 2004-05.

Alternative A1	FED	PR	SEG	TOTAL
2003-05 REVENUE (Change to Bill)	$0	$0	- $2,811,200	- $2,811,200
2003-05 FUNDING (Change to Bill)	$52,481,500	$1,829,000	- $15,457,600	$38,852,900

2. Adopt any of the alternatives summarized in Attachment 3.

3. Delete all of the Governor's provisions relating to the bed assessment and nursing home rate increases.

Alternative A3	GPR	FED	PR	SEG	TOTAL
2003-05 REVENUE (Change to Bill)	$0	$0	$0	- $87,436,700	- $87,436,700
2003-05 FUNDING (Change to Bill)	$8,199,300	- $57,059,100	- $7,999,600	- $101,603,800	- $158,543,200

B. Treatment of Bed Tax Revenue

1. If the Committee adopts the Governor's recommendation (as reestimated) or an alternative summarized on the attachment, then deposit all of the revenue from the bed

assessment to the MA trust fund. In addition: (a) reduce MA benefits funding by $14.3 million GPR in 2003-04 and by $13.8 million GPR in 2004-05; (b) reduce estimates of general fund revenues by the same amounts; (c) increase MA benefits funding by $14.3 million SEG in 2003-04 and by $13.8 million SEG in 2004-05; and (d) increase estimated revenues to the MA trust fund by $14.3 million in 2003-04 and by $13.8 million in 2004-05.

Alternative B1	GPR	SEG	TOTAL
2003-05 REVENUE (Change to Bill)	**-** $28,100,000	$28,100,000	$0
2003-05 FUNDING (Change to Bill)	**-** $28,100,000	$28,100,000	$0

2. If the Committee deletes the Governor's provisions, take no action.

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Attachments

ATTACHMENT 1

Nursing Facility Provider Taxes in Selected States

Alabama	$1,200 per bed per year
Arkansas	6% of aggregate annual gross receipts
California	$199.55 per bed per year
Florida	Allows facilities to pay a non-refundable fee to a Health Care Trust Fund, equal to 2% of the sum of three months of MA payments at the time of licensure, annual licensure renewal, or transfer of ownership, as an alternative to meeting existing bonding requirements.
Hawaii	6% of receipts
Illinois	Nursing facility license fee of $1.50 per bed and 6% of gross ICF-MR revenues
Indiana	6% of annual revenues
Iowa	Up to 6% of ICF-MR revenues
Louisiana	$6.27 per day per occupied bed for nursing facilities and $10.93 per day per occupied bed for ICFs-MR
Michigan	$2.77 per day per bed
Minnesota	1.5% of gross revenues
Mississippi	$2.00 per day per occupied bed
Missouri	$3.55 per day
Montana	$2.80 per day per bed
New Jersey	5.8% of gross ICF-MR revenues
New York	5.4% of gross receipts for ICFs-MR and nursing facilities
Ohio	$3.30 per day per bed in 2002 and $4.30 per day per bed in FY 2003, 2004, and 2005
Oklahoma	6% of gross revenues

Rhode Island	3.75% of gross revenues in nursing facilities and 6% of gross revenues in ICFs-MR
Tennessee	$3,250 per bed per year
Texas	5.5% of estimated ICFs-MR facility revenues
Vermont	6% of gross receipts for ICFs-MR and $725 per bed per year for nursing facilities
Wisconsin	$32 per month per occupied bed for nursing facilities ($1.05 per day or approximately $384 annually) and $100 per month per occupied ICF-MR bed ($3.28 per day or $1,200 annually)

Source: National Conference of State Legislatures

ATTACHMENT 2

Licensed Beds and Occupancy Rates by County
1998 through 2001

	1998		1999		2000		2001		Licensed Beds Change Over Period	Occup. Rates Change Over Period
	Licensed Beds	Occup. Rate	Licensed Beds	Occup. Rate	Licensed Beds	Occup. Rate	Licensed Beds	Occup. Rate		
Adams	126	89.7%	124	87.1%	123	84.6%	117	84.7%	-7.1%	-5.6%
Ashland	311	79.7	311	77.5	311	74.0	310	72.5	-0.3	-9.0
Barron	542	88.2	539	85.3	538	87.4	537	88.9	-0.9	0.8
Bayfield	79	82.3	78	91.0	77	93.5	75	94.7	-5.1	15.1
Brown	1,637	89.4	1,437	85.7	1,429	85.5	1,419	83.2	-13.3	-6.9
Buffalo	169	83.4	169	83.4	166	83.1	163	83.2	-3.6	-0.2
Burnett	147	93.2	147	94.6	147	94.6	147	94.6	0.0	1.5
Calumet	251	85.7	255	85.5	252	82.1	248	78.3	-1.2	-8.6
Chippewa	803	89.5	759	90.0	765	88.1	759	87.6	-5.5	-2.1
Clark	521	86.9	482	88.4	480	86.9	477	85.7	-8.4	-1.4
Columbia	545	92.1	545	87.9	544	88.4	536	88.6	-1.7	-3.8
Crawford	167	85.0	166	86.8	165	87.3	164	83.7	-1.8	-1.5
Dane	2,250	86.6	2,219	84.2	2,087	85.8	2,038	85.7	-9.4	-1.0
Dodge	1,231	89.0	1,152	88.2	1,149	87.4	1,162	85.5	-5.6	-3.9
Door	239	87.4	239	82.9	237	81.0	234	82.4	-2.1	-5.7
Douglas	696	81.0	551	85.7	550	80.4	481	82.2	-30.9	1.5
Dunn	356	88.8	304	82.6	303	78.2	296	82.1	-16.9	-7.5
Eau Claire	765	81.6	764	80.0	757	79.7	724	83.7	-5.4	2.6
Florence	74	89.2	74	94.6	74	90.5	74	90.5	0.0	1.5
Fond du Lac	1,100	84.0	1,016	81.4	1,011	82.7	1,006	82.4	-8.5	-1.9
Forest	143	95.1	143	93.7	143	95.1	143	95.1	0.0	0.0
Grant	659	89.1	599	89.5	662	89.1	659	88.3	0.0	-0.9
Green	333	85.9	332	84.0	331	81.9	328	83.1	-1.5	-3.3
Green Lake	240	88.3	240	84.6	237	78.5	233	82.7	-2.9	-6.3
Iowa	197	86.8	197	86.8	197	79.2	192	79.7	-2.5	-8.2
Iron	106	99.1	106	98.1	106	99.1	106	99.1	0.0	0.0
Jackson	297	61.3	287	64.5	225	80.4	221	77.7	-25.6	26.8
Jefferson	845	84.0	432	74.8	429	75.1	422	75.2	-50.1	-10.5
Juneau	200	97.5	200	95.0	200	97.0	200	95.5	0.0	-2.1
Kenosha	1,038	86.2	1,037	84.6	1,146	77.8	1,135	80.0	9.3	-7.2
Kewaunee	154	85.7	154	81.2	150	78.0	148	73.8	-3.9	-13.9
La Crosse	1,217	85.6	1,160	81.7	1,148	82.7	1,062	83.3	-12.7	-2.7
Lafayette	102	87.3	102	83.3	101	82.2	100	84.6	-2.0	-3.1
Langlade	173	94.2	173	87.3	173	88.4	173	92.4	0.0	-1.9
Lincoln	349	91.1	349	89.4	349	84.0	349	82.8	0.0	-9.1

ATTACHMENT 2 (continued)

	1998		1999		2000		2001		Licensed Beds Change Over Period	Occup. Rates Change Over Period
	Licensed Beds	Occup. Rate	Licensed Beds	Occup. Rate	Licensed Beds	Occup. Rate	Licensed Beds	Occup. Rate		
Manitowoc	1,018	90.6	952	91.5	901	91.3	873	88.8	-14.2%	-2.0%
Marathon	864	94.2	871	90.9	870	89.7	860	90.3	-0.5	-4.1
Marinette	659	93.8	641	92.5	641	89.7	640	85.9	-2.9	-8.4
Marquette	64	75.0	64	45.3	48	66.7	46	85.3	-28.1	13.7
Milwaukee	9,759	81.4	8,768	80.4	8,170	80.9	7,428	82.6	-23.9	1.5
Monroe	387	92.0	360	90.8	365	89.3	357	88.5	-7.8	-3.8
Oconto	322	92.9	322	85.4	278	82.7	219	88.1	-32.0	-5.2
Oneida	477	93.1	317	90.2	317	90.2	316	88.8	-33.8	-4.6
Outagamie	1,214	90.0	1,212	88.0	1,114	85.2	1,057	89.3	-12.9	-0.8
Ozaukee	531	92.3	531	89.6	529	86.4	526	84.6	-0.9	-8.3
Pepin	128	89.8	128	84.4	128	82.0	108	86.3	-15.6	-3.9
Pierce	343	81.3	341	80.9	337	80.1	332	78.4	-3.2	-3.6
Polk	483	87.2	483	88.2	479	86.9	475	87.0	-1.7	-0.2
Portage	312	93.9	312	89.1	309	86.1	309	74.4	-1.0	-20.8
Price	252	86.5	358	87.4	252	82.9	252	81.0	0.0	-6.4
Racine	1,325	87.7	1,235	84.4	1,031	85.4	1,031	90.4	-22.2	3.1
Richland	150	81.3	148	81.8	148	85.1	145	90.9	-3.3	11.8
Rock	1,249	81.6	1,217	81.5	1,101	86.7	1,072	79.5	-14.2	-2.6
Rusk	161	92.5	161	88.8	161	88.8	161	88.5	0.0	-4.3
St. Croix	703	83.1	702	81.6	698	81.0	688	78.8	-2.1	-5.2
Sauk	537	88.1	493	85.6	491	84.9	489	83.3	-8.9	-5.4
Sawyer	136	96.3	136	93.4	136	97.1	136	91.2	0.0	-5.3
Shawano	538	84.6	511	80.2	507	75.5	504	82.1	-6.3	-3.0
Sheboygan	1,346	85.7	1,302	79.7	1,295	79.2	1,237	80.2	-8.1	-6.4
Taylor	254	78.3	252	76.6	254	79.5	253	77.8	-0.4	-0.6
Trempealeau	609	93.0	563	91.1	560	92.1	558	92.9	-8.4	-0.1
Vernon	365	93.2	365	87.7	364	88.2	362	83.7	-0.8	-10.2
Vilas	174	83.9	179	73.7	177	68.4	174	67.2	0.0	-19.9
Walworth	730	93.2	730	89.6	729	86.8	680	85.3	-6.8	-8.5
Washburn	160	96.3	160	92.5	160	96.3	160	95.6	0.0	-0.7
Washington	781	88.6	900	71.9	866	80.5	782	80.6	0.1	-9.0
Waukesha	2,284	84.6	2,276	87.7	2,276	88.0	2,248	86.2	-1.6	1.9
Waupaca	1,544	94.8	1,491	93.7	1,489	92.6	1,457	92.9	-5.6	-2.0
Waushara	162	87.0	162	80.3	161	78.3	78	82.1	-51.9	-5.6
Winnebago	1,123	87.5	1,090	89.2	1,154	90.9	1,154	89.8	2.8	2.6
Wood	753	87.6	721	81.6	720	83.2	714	83.7	-5.2	-4.5
Statewide	49,959	86.3%	47,296	84.6%	45,978	84.5%	44,319	84.6%	-11.3%	-2.0%

ATTACHMENT 3

Alternative Bed Assessment Options

		Provider Rate Increase		Revenue to Trust Fund		Total Expenditures 2003-04			Total Expenditures 2004-05		
	Tax	2003-04	2004-05	2003-04	2004-05	SEG	FED	Total	SEG	FED	Total
Licensed											
Governor (SB 44)	$116	3.3%	3.3%	$45,837,700	$41,599,000	$51,771,300	$29,080,400	$80,851,700	$49,832,500	$27,978,700	$77,811,200
Governor (Reestimate)		3.3%	3.3%	45,453,200	39,172,300	44,898,100	46,037,600	90,935, 600	41,248,200	63,503,000	104,751,200
	$100	2.9%	2.9%	39,113,900	33,814,200	40,139,300	39,352,800	79,492,100	34,506,100	54,041,900	88,548,100
	75	2.2%	2.2%	29,208,700	25,433,000	32,703,600	28,907,900	61,611,600	24,004,300	39,305,000	63,309,200
	32	0.9%	1.0%	12,171,700	10,991,300	19,914,400	10,942,700	30,857,100	6,034,400	14,088,200	20,122,700
Occupied Beds Only	$116	2.5%	2.5%	$35,944,500	$33,258,200	$41,162,800	$40,790,700	$81,953,500	$33,915,600	$53,213,300	$87,128,900
	100	2.1%	2.2%	30,528,600	28,397,100	36,713,900	34,541,200	71,255,100	27,816,800	44,655,000	72,471,900
	75	1.5%	1.6%	22,066,300	20,795,000	29,762,400	24,776,400	54,538,800	18,311,100	31,315,800	49,626,800
	32	0.5%	0.5%	7,511,200	7,700,600	17,805,900	7,980,900	25,786,800	2,028,200	8,466,400	10,494,600