



2017-2019 Medicaid and Family Care Budget Request Approved by the LeadingAge Wisconsin Board of Directors on June 16, 2017

SNFs		2017-18	
	GPR	FED	Total
Direct Care @ Median	28,299,524	39,080,296	67,379,820
Support Services-\$5/day	9,581,250	13,231,250	22,812,500
Labor Region @ Statewide DC Target	3,231,301	4,462,273	7,693,574
Overall 2.6% Incr2nd year			
Total	41,112,075	56,773,819	97,885,894

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Support Services-\$5/day	9,581,250	13,231,250	22,812,500
Labor Region @ Statewide DC			
Target	3,231,301	4,462,273	7,693,574
Overall 2.6% Incr2nd year	8,996,782	12,424,127	21,420,909
Total	50,108,857	69,197,946	119,306,803

SNFs	2017-19 Biennium		
	GPR	FED	Total
Direct Care @ Median	56,599,049	78,160,591	134,759,640
Support Services-\$5/day	19,162,500	26,462,500	45,625,000
Labor Region @ Statewide DC	C 462 602	0.024.546	45 207 440
Target	6,462,602	8,924,546	15,387,148
Overall 2.6% Incr2nd year	8,996,782	12,424,127	21,420,909
Total	91,220,933	125,971,764	217,192,697



Family Care			
	GPR	FED	Total
2.5% Increase = 2017-			
18	13,464,000	18,714,875	32,178,875
2018-19	9 26,928,000	37,429,750	64,357,750
Tota	l 40,392,000	56,144,625	96,536,625

Approx \$65/member/month only on the direct care portion of cap rate.

The workforce adjustment would require the MCOs to increase, each provider type's (e.g., CBRFs, RCACs, AFH, etc.,) reimbursement payments by, on average, 2.5% in each year of the 2017-2019 biennium. The 2.5% would not be applied to the MCOs' administrative or care management components; it is applicable to the direct care (provider) portion of the capitation rate. Room and Board increases (roughly 10% to 20%) of the provider rates should be covered by the actuarially sound capitation rate calculation, with the workforce adjustment being in addition to the rates initially determined by the actuaries.

Grand Total	2017-19 Biennium		
	GPR	FED	Total
	131,612,933	182,116,389	313,729,322

Notes:

Medicaid-SNFs:

- Direct Care Current Target, \$90.25; Proposed (Median), \$113.55.
- Support Services Target increases by \$5/per resident day in 2017-18.
- The following labor regions to be increased to the statewide direct care target: Rural; Brown/Kewaunee/Oconto; Eau Claire/Chippewa; and Fond du Lac.
- In fiscal year 2018-19, a 2.6% overall increase would be provided to maintain the increases provided in the first year (2.6% is the projected SNF annual inflation rate).

Family Care:

Using data obtained from the Legislative Fiscal Bureau's May 26, 2016 memo to the
Joint Committee on Finance, Family Care/IRIS 2.0 Concept Paper, it would appear the
average Family Care GPR/FED (excluding enrollees' personal share) per member
monthly cost is approximately \$3,000. Our budget request discounts this cost by 15%
to back out the administrative and care management costs within the MCOs' capitation
rate, leaving a "direct care and service" amount of \$2,550. Increasing this amount by
\$65/member/month represents an estimated 2.5% increase.