# DepartmentofPlanningandBudget 2002FiscalImpactStatement

1.	BillNumber	· SB428		
	HouseofOrigi	n Introduced	Substitute	Engrossed
	SecondHouse	☐ InCommittee	Substitute	Enrolled
2.	Patron	Ticer		
3.0	Committee	EducationandHealth		
4.	Title	FamilyAccesstoMedi	calInsuranceSecuri	ty(FAMIS)Plan

## 5. Summary/Purpose:

ThisbillrequirestheDepartmentofMedicalAssistanceService s(DMAS)toincorporateintothe FAMISPlancertainservicescoveredbyMedicaid,inthesamemannerandwiththesame coverageandlimitations,asthoseprovidedtocoveredindividualswithmentalretardationor relatedconditionsunderMedicaid. Thisbi llprovidesfordayhealthandrehabilitationservices providingindividualizedactivities,support,training,supervision,andtransportation,basedona writtenplanofcarefortwoormorehoursperdayscheduledmultipletimesperweek.

## **6. FiscalIm pactEstimatesare:** Preliminary

6a. ExpenditureImpact:(seeSection8)

FiscalYear	Dollars	<b>Positions</b>	Fund
2001-02	\$0	0.0	GF
2001-02	\$0	0.0	NGF
2002-03	\$568,119	0.0	GF
2002-03	\$1,080,036	0.0	NGF
2003-04	\$587,879	0.0	GF
2003-04	\$1,109,720	0.0	NGF

## Item324,Subprogram44603

2003-04

FiscalYear	Dollars	<b>Positions</b>	Fund
2001-02	\$0	0.0	GF
2001-02	\$0	0.0	NGF
2002-03	\$34,470	0.0	GF
2002-03	\$65,530	0.0	NGF
2003-04	\$0	0.0	GF
2003-04	\$0	0.0	NGF

TotalDepartmentofMedicalAssistance Services					
FiscalYear	Dollars	<b>Positions</b>	Fund		
2001-02	\$0	0.0	GF		
2001-02	\$0	0.0	NGF		
2002-03	\$602,589	0.0	GF		
2002-03	\$1,145,566	0.0	NGF		
2003-04	\$587,879	0.0	GF		

0.0

NGF

\$1,109,720

7. Budgetamendmentnecessary: Yes, Item 324, Subprograms 44602 and 44603

#### 8. Fiscalimplications:

ThisbillwouldrequiredayhealthandrehabilitationservicestobeaddedtoVirginia'sTitleXXI StatePlan.

#### **FAMISPlanPayments**

Toestimatethecostofservicesrequiredbythisbill, DMASu sedestimatedFY2003costsfor similarservicesofferedtoeligibleMentalRetardation(MR)Waiverclients,whoareunder21 yearsold. These services included a yhealth/habilitation (day support), support (respite care), and supervision(personalcare). The FY2003 estimates came from the MME 372 used by DMAS to request MRW aiver renewals from the Centers for Medicare and Medicaid Services (CMS). The account of the Centers for Medicare and Medicaid Services (CMS) and the Centers for Medicare and Medicaid Services (CMS) are the Centers for Medicare and Medicaid Services (CMS). The content of the Centers for Medicare and Medicaid Services (CMS) are the Centers for Medicare and Medicaid Services (CMS) and the Centers for Medicare and Medicaid Services (CMS) and the Centers for Medicare and Medicaid Services (CMS) are the Centers for Medicare and Medicaid Services (CMS) and the Centers for Medicare and Medicaid Services (CMS) and the Centers for Medicare and Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of Medicaid Services (CMS) and the Center of Medicaid Services (CMS) are the Center of MedestimatedFY2003costsforthesethreeservicesareapproximately\$1.4million.Inaddition, DMASassu medthatapproximatelyhalfofthedaysupportrecipients(71)wouldrequire transportation. The transportation broker currently being used by DMAS estimated that each recipientwouldrequireapproximately200roundtripsperyearatanaveragecostof\$6 0per roundtrip. While the estimated roundtrip cost may seem high, it takes into consideration the longer distances that will need to be traveled in Southwestern Virginia. The total estimated cost and the southwestern virginia is a support of the southwestern virginia. The total estimated cost and the southwestern virginia is a support of the southwestern virginia. The total estimated cost and the southwestern virginia is a support of the southwestern virginia in the southwestern virginia. The total estimated cost are supported by the southwestern virginia in the southweoftransportationforFY2003is\$852,000.Bytakingt heestimatedunduplicatedeligiblesforFY 2003anddividingthemintotheestimatedcosts, DMASarrivedatacostpereligible for FY2003 of\$3,663.

InFY2001, therewere 370 recipients in the FAMIS program with a diagnosis of mental retardation, asin dicated through claim/encounterdatafiles. This number included the health maintenanceorganization(HMO)population. However, DMAS believes that many clients may nothavetheirmentalretardationdiagnosisidentifiedinclaimsfiles.Bytakingademog raphic extrapolationofitsdata,DMASdeterminedthatapproximatelyonepercentofVirginia's populationhassomeformofmentalretardation. The current FY 2003 for ecast for FAMIS enrolleesisapproximately45,000.DMASappliedthisonepercentassumpt iontotheFY2003 FAMISforecasttoestimatethatapproximately450FAMISenrolleescouldhavesomeformof mentalretardation, and would, therefore, benefit from this bill. The estimated cost for these individualsisapproximately\$1.6million(\$568,119 GF).DMASexpectscoststoincreaseby approximately three percent between FY 2003 and FY 2004 due to growth in the eligiblepopulation. Adjusting the FY2003 estimate by three percent, the estimated cost in FY2004 is expectedtobe\$1.7million(\$587, 879GF).

#### **FAMISPlanAdministration**

DMASestimatesthatmodificationstoitsMedicaidManagementInformationSystem(MMIS) wouldneedtooccurtoallowfornewproviderreimbursementsforFAMISclients.Inaddition, thecurrentmanagedcareservicedelive rysystemforFAMISisnotsetuptoprovidethesekinds of services. The agencybelieves that contractual and reimbursement changes would be required and estimates that it will take approximately \$80,000 (\$34,470 GF) to ensure that the program changes are eimplemented.

- 9. Specificagencyorpolitical subdivisions affected: DMAS
- **10. Technicalamendmentnecessary:** Yes. Services required by this billare not currently covered in the Virginia's State Plan.

**11. Othercomments:** This billist hecompani onto HB 1087. It has been continued to 2003 in the Committee on Education and Health.

**Date:** 01/31/02/sas

**Document:** g:\sas\02gasession \02bills \dpbfiss\sb428.doc

cc:SecretaryofHealthandHumanResources