## Department of Planning and Budget 2022 Fiscal Impact Statement

1.	Bill Number:	HB 241		
	House of Origin	Introduced	Substitute	Engrossed
	Second House	In Committee	Substitute	Enrolled

- 2. Patron: Adams
- 3. Committee: Appropriations
- **4. Title:** Medical assistance services; durable medical equipment, complex rehabilitative technology
- **5. Summary:** This legislation requires the State Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance for durable medical equipment consisting of complex rehabilitative technology, including manual and power wheel chair bases and related accessories, for patients who reside in nursing facilities.
- 6. Budget Amendment Necessary: Yes. Items 304.
- 7. Fiscal Impact Estimates: Preliminary, See Item 8.

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Fiscal Year	Dollars	Fund		
2023	\$6,515,614	General		
	\$6,644,386	Nongeneral		
2024	\$6,494,590	General		
	\$6,665,410	Nongeneral		
2025	\$6,494,590	General		
	\$6,665,410	Nongeneral		
2026	\$6,494,590	General		
	\$6,665,410	Nongeneral		
2027	\$6,494,590	General		
	\$6,665,410	Nongeneral		
2028	\$6,494,590	General		
	\$6,665,410	Nongeneral		
2029	\$6,494,590	General		
	\$6,665,410	Nongeneral		

## Expenditure Impact:

8. Fiscal Implications: The proposed legislation requires Medicaid to cover complex rehabilitative technology as durable medical equipment. There is insufficient data to make a specific determination as to the exact fiscal impact of this bill. As such, this statement uses the available data to generate a potential fiscal impact based on assumptions as to the cost of complex rehabilitative technology and the number of nursing facility residents that utilize this benefit.

The cost for complex rehabilitative technology can vary widely. Based on available data, it is assumed that a piece of this equipment can typically range between \$5,000 and \$30,000. For the purposes of this analysis, the Department of Medical Assistance Services (DMAS) is using an average cost of \$15,000 for each unit provided.

Based on the current number of Medicaid bed days utilized in FY 2021, DMAS estimates that the annual average nursing facility population that is eligible for Medicaid benefits is approximately 14,600. DMAS does not have a clear methodology to determine the amount or frequency of complex rehabilitative technology that will be provided. Based on general utilization trends and authorization requirements, DMAS assumes that five percent of nursing home residents could receive at least one piece of complex rehabilitate technology each year. In addition, 0.5 percent of the eligible population could receive two or more pieces of this equipment. This rate of utilization (730 residents x \$15,000 and 73 residents x \$30,000), would cost the Medicaid program \$13,140,000 each year. While total costs are expected to remain consistent, the general fund share of this amount is expected to drop from \$6,505,614 in FY 2023 to \$6,484,590 in FY 2024 based on an increase in the state's federal medical assistance percentage. Again, the fiscal impact estimate is based on available data and utilization assumptions. As utilization varies from this estimate program costs will change.

In addition to the identified medical costs, DMAS will require approximately \$20,000 (\$10,000 general fund) to enhance its existing auditing process to cover the additional validation steps required in the cost reporting process. This is largely due to difficulty in separating these reimbursements from the nursing facility per diem rate.

**9.** Specific Agency or Political Subdivisions Affected: Department of Medical Assistance Services

## 10. Technical Amendment Necessary: No

11. Other Comments: None