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DIVISION OF LONG TERM CARE

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December 7, 2007

To: Family Care and Family Care Partnership MCO Directors
Family Care and Family Care Partnership MCO Fiscal Contacts

From: Charles Jones, Family Care Program Manager *Charles M. Jones*

Re: Cost Share and Room and Board for Members in Substitute Care - **Revised**

This memo is intended to clarify procedures for managed care organizations to identify and collect cost share and room and board for members who reside in substitute care.

Cost share for all members is calculated and identified by Income Maintenance (IM). Members residing in substitute care may also have a cost share obligation and must continue to pay that cost share. MCOs are expected to collect the cost share identified for each individual member and the capitation payment made for each individual member will be reduced by that member's calculated cost share amount.

Aside from room and board and cost share, members residing in substitute care may not be charged for the portion of the facility rate that represents care and supervision services.

Effective January 1, 2008, ~~at each participant's next Medicaid eligibility review,~~ cost share and room and board for Partnership members who reside in substitute care facilities – community-based residential facilities, residential care apartment complexes or adult family homes – will be calculated differently than it has in the past. In the past, Partnership participants who reside in substitute care facilities contributed all but \$65 of their monthly income to the cost of their care. As it does for participants who reside in nursing facilities, this “patient share” included both cost share and room and board. Starting in 2008, cost share and room and board for Partnership participants who reside in substitute care facilities will be calculated in the same way as for participants in Family Care and the Department's fee-for-service waivers (COP, CIP).

An Income Maintenance operations memo will be issued soon directing county Income Maintenance agencies how to manage this change. In the meantime, when you converse with county Income Maintenance staff they may not yet be aware of this coming change. Partnership sites must send, by November 30, 2007, a list of the names, CARES ID or SSN and the facility room only costs (see item 2 on the next page) for current members who reside in substitute care to Steve Ploeser at ploessf@dhfs.state.wi.us using the attached Excel spreadsheet template.

The information on the following pages is intended to provide guidance to Partnership and Family Care managed care organizations about how to manage room and board and cost share for members who reside in substitute care facilities. If you have other questions or concerns, please contact me at (608) 266-0991 or jonescm@dhfs.state.wi.us.

Required Procedures Related to Room and Board:

1. MCOs must ensure that members use their own income to pay for the cost of room and board. There are several acceptable methodologies that can be used to determine the room and board portion of the rate a substitute care facility charges (see Attachment 1). The two preferred methodologies are Actual Cost or Flat Rate based on the SSI-E rate less the personal maintenance allowance.
 - The Actual Cost methodology requires the MCO to know the actual room and board cost in each substitute care facility with which it contracts. Attachment 2 outlines the basic methodology for identifying room and board costs. An MCO that uses this methodology is responsible for assuring that each substitute care provider with which it contracts uses such a methodology in determining the rate for each facility and within that rate the facility-specific costs attributed to room and board, for maintaining documentation that identifies the facility costs for room and board and for updating this information annually.
 - The Flat Rate methodology uses a standard rate as the room and board cost for every substitute care facility. The preferred flat rate methodology is established using the SSI-E payment amount less a personal maintenance allowance ranging from \$65 (minimum) to \$180 (maximum). The MCO establishes the personal maintenance allowance, which must be standard for all members. Since the SSI-E payment amount changes annually, the MCO is responsible to update the room and board flat rate annually. For 2008 the SSI-E amount will be \$816.77. So for example, an MCO could set a room and board rate at \$716.77/month (\$816.77 - \$100.00 personal maintenance allowance). Using the minimum personal maintenance allowance would result in a room and board rate of \$751.77 (\$816.77 - \$65.00).
2. The MCO must inform Income Maintenance of the amount of room costs in the facility in which the member will be living so that ES can use the room amount to determine any allowable excess housing amount for cost share. For the Actual Cost methodology, use the actual room and board costs less any costs related to the resident's food, its preparation or specific individual special dietary needs. For the Flat Rate methodology use the flat rate less the Food Share amount: for example, \$751.77 - \$152.00 = \$599.77.
3. Using cost share and other financial information from CARES the MCO calculates the amount of income the participant has available to pay room and board using form DDE-920 (see form Attachment 3). This form is completed when a member enters a substitute care facility and reviewed at each annual recertification or whenever the member's financial situation changes. The completed form must be filed in the member record together with other eligibility certification or recertification documents.

When completing the DDE 920, the monthly personal maintenance allowance (amount of discretionary income line 2) may not be less than \$65 and represents the discretionary income retained by the member. Discretionary income remains the property of the member and may not be designated to any planned services. The amount on line 15 of the form is the maximum amount the participant may be charged for room and board in the living arrangement.

- If the member's maximum room and board obligation is less than the facility's actual room and board rate, the balance of the facility room and board costs may be paid by the MCO. (When members have insufficient income to pay room and board, the MCO may encourage the member's family to provide additional support, negotiate with the provider to reduce the room and board portion of the facility rate the individual member, or subsidize the room and board costs the member cannot afford with MCO resources. Note that the rate setting methodology for the long-term care portion of the MCO rate does recognize room and board as a reimbursable expense in future rate calculations.)
- If the member's maximum room and board obligation is greater than the facility's actual room and board rate, the excess represents additional discretionary income that is retained by the member.

Choosing a Methodology to Determine Room and Board:

The Actual Cost Methodology has traditionally been used by many counties and providers and would represent no change. This approach measures reimbursement against real costs necessary to sustain the facility and attract providers to serving members. However, calculating actual costs is burdensome for the MCO and providers. When reimbursement is based on provider costs, there is an incentive to increase costs in order to receive additional payment, and there is no measure of "reasonableness" for costs reported so that costs frequently exceed what members can afford to pay with personal resources.

The Flat Rate Methodology based on SSI-E less the personal maintenance allowance provides more control over room and board rates. Room and board costs are predictable for providers to budget and make business decisions about working with public programs and for members and potential members to know and understand prior to enrollment and/or admission to the facility. A flat rate can eliminate difficult calculations and burdensome negotiations between the MCO and providers. Because rates are set at an amount that most members will have available, MCOs may not have to supplement room and board costs. However, this method establishes an amount that is not negotiable and which may not cover every facility's costs, leaving some providers to make the decision as to whether or not they choose to do business with the MCO. Also, some members may pay more while others may pay less than the real room and board rates for the facility in which they live.

Members' Ability to Pay:

DHFS is aware that some members may have limited income available to pay the cost of room and board – especially Group C members due to the Group C spenddown eligibility determination and members who have allocated all or the largest portion of their income to their community spouse under Medicaid spousal impoverishment protection rules.

Who Pays Room and Board to Facilities:

MCOs may choose whether to collect room and board from members in order to pay facilities' full rates, or to have members directly pay facilities the amount they have available to pay room and board.

- If you choose to collect room and board from members, for encounter data purposes code the collection using the room and board revenue code and code the room and board payments made to the facility as room and board and the cost of support and supervision provided by the facility as ancillary services.
- If you choose to collect room and board from members who also have a cost share, if a member does not make a complete cost share/room and board payment in a month, any payment made by the member must go first towards cost share.
- If you choose to have members directly pay facilities the amount they have available to pay room and board, for encounter data purposes code the cost of support and supervision provided by the facility as ancillary services, code the costs of any room and board the MCO supplements as room and board. Do not report in for encounter data the amounts that the member pays directly to the facility.

Establishing Room & Board In Residential Settings

How do we ensure that publicly funded residents are able to afford room and board in residential settings while ensuring that providers are adequately reimbursed?

Introduction

Room and board costs are those costs associated with rent or mortgage, utilities, maintenance costs, phone, cable, and food. Due to federal restrictions, these costs are not able to be reimbursed by Medicaid Waiver funds. Therefore, residents who are Medicaid Waiver participants often pay the full or partial cost of room and board. Many publicly funded residents receive SSI (and if eligible, may also receive the exceptional expense supplement (SSI-E) that is available in Wisconsin). These funds are most often much less than what a provider charges for room and board.

Limited public funds are available to cover or supplement room and board costs. Those that are available, COP-Regular and county funds, are often limited and already allocated for other program needs. As Wisconsin moves towards Managed Care, these funds will be unavailable. Therefore, a sustainable methodology for reimbursing room and board costs is necessary.

In addition, amounts that are charged for rent are often correlated or exceed the market price, which can make the charges appear excessive and/or costs low-income individuals out of the market. As a result, counties are forced to make tough program decisions in order to maintain options for county participants. In that, counties

frequently feel forced to pay what a provider asks, especially when limited residential options exist in the county.

When counties have no flexibility to make these decisions (in other words, no money is available to even consider covering room and board costs), providers are forced to make tough business decisions about admitting publicly funded residents. Sometimes providers take significant cuts in their costs in order to serve current or new public residents. When providers primarily or solely serve publicly funded residents, if revenues do not keep up with costs, this can be detrimental to the entire residence either in quality or simply in the ability to keep the doors open. These tough business decisions can also mean closing the doors to publicly funded residents completely, particularly if the facility is able to serve private pay residents at a higher rate.

As a result of these challenges, it is clear that the current system is not working. While it is difficult to find a solution that will benefit all stakeholders, or solve all of the problems related to paying for room and board, there are some methods that Wisconsin can implement to improve the current system.

This paper will discuss approaches to establishing room and board reimbursements

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for Medicaid Waiver participants. Five general approaches will be presented, pros and cons will be offered, and examples will be given. The approaches that will be

discussed include: market price, actual cost, flat rate, simulation model rate, and indexed rates.

Definitions

Market Price

Simply, this approach reimburses assisted living providers based on what they are charging. Charges are often determined by what the private pay market will pay and what competitors are charging. Charges often exceed incomes/revenues necessary for sustaining the residence.

Actual Cost

This approach reimburses providers based on the actual costs of room and board plus an allowable profit for for-profit agencies or a reserve for non-profit agencies.

Flat Rate

This method of reimbursement sets a single or tiered rate(s) that is paid for room and board. Rates can either be established by the state or county. This method is utilized by many other states and other public programs.

Social Security Income (SSI): Most other states set rates based on what waiver participants have available to pay. Therefore, many states have room and board rates set at the SSI level (which is the income of most individuals on waiver programs) minus a personal needs allowance. Personal needs allowances are

set by the state and are basically a portion of the person's monthly income that they are allowed to keep for recreation and other personal necessities. In Wisconsin, the personal needs allowance is a minimum of \$65 per month. Wisconsin also has a supplemental program available to SSI recipients. The program is called the exceptional expense supplement (SSI-E). This means that individuals who are eligible may have additional income that they can contribute towards room and board, varying the rate of reimbursement.

Simulation Model Rate

This method is built on results of a model that includes assumptions about construction costs, interest rates, room size, etc. that reflect industry wide average rates.

Assisted Living Operating Performance & Financial Feasibility Analysis Model: As a part of the Robert Wood Johnson Foundation's Affordable Assisted Living grant, Wisconsin has worked with national experts to develop a simulated model especially for Wisconsin. The model guides organization's through the process of obtaining and analyzing cost information they will need to make an informed decision about a development.

The model provides a spreadsheet of operating and real estate costs based on a best practice model for affordable assisted living. While the purpose of the model is

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designed to estimate costs for the purpose of project feasibility, the estimated costs can be used as a method to reimburse room and board costs for waiver participants.

Indexed Rate

This methodology would determine reimbursement based on indexes related to price or affordability. Indexes can be used to either set a rate or act as a proxy to negotiate rates against. There are several indexes that have been identified that relate to housing costs, food costs, and other room and board costs. These indexes are often used or were established as reimbursement rates for other public programs.

HUD Fair Market Rent (FMR): FMRs are rent estimates that are annually estimated by the US Department of Housing and Urban development (HUD). They include rent (incorporating bedroom size adjustments) plus the cost of all utilities, except telephone and cable. FMRs are established for every metropolitan statistical area and non-metropolitan county. FMRs are based on data from the decennial census, the annual American Housing Survey, and random telephone surveys. FMRs are intended to reflect modest housing costs that meet standards of decency, but not luxury, and are set at the 40th percentile level (which means that 40% of the housing in a given area would be less expensive than the FMR and 60% would cost more than the FMR).

HUD 50th Percentile Rent Estimate: Rent estimates at the 50th percentile (or median) are calculated by the US Department of Housing and Urban Development (HUD) for all fair market rent (FMR) areas. 50th percentile means that half of the housing in a given area would be less expensive and half would be more costly. These rents are developed to set success rate payment

standards under the Section 8 program. (These are not FMRs which are calculated at the 40th percentile.)

Wisconsin Housing & Economic Development Authority (WHEDA) Tax Credit Indexes: The tax credit program was created to encourage the development of affordable rental housing for low-to-moderate income persons. Without the credit, cash flow from low rents is often inadequate to support the development. Tax credits increase the owner/investor's down payment by lowering mortgage and financing costs which allows for lower rents. The tax credit program is a dollar-for-dollar reduction of federal income taxes owed by owner/investors in qualified projects for tenants whose incomes are at or below 60% of the county median income (CMI). CMI represents the midpoint of incomes in a given county. In other words, if you were to list all the incomes in a county in sequential order, the median income would be in the middle of the list. The CMI figures are published by the HUD and are used in determining whether or not a household qualifies for purposes of the tax credit program.

As a part of the program, owners/investors agree to set aside a certain number of units that they will make available to moderate to low income individuals at an affordable price (i.e. 20% of the units set aside for tenants with incomes not exceeding 50% CMI.). HUD sets income and rent limits that define how much someone could afford for rent at various income levels (related to CMI). Rent amounts are provided for individuals at the 30%, 40%, 50%, and 60% of county median income. Current income and rent limits can be found at:

www.wheda.com/REPORTS/MF_inc_rentcurrent.pdf

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Priced Out Report Index: This report analyzes the significant and growing gap between fair market rents (FMRs) and the ability of individuals with disabilities to afford housing in the state. The report is released by the Technical Assistance Collaborative (TAC) and the Consortium for Citizens with Disabilities (CCD) Housing Task Force. The authors conducted a state-by-state analysis of efficiency and one-bedroom housing costs and determined the percentage of SSI that would be required to rent a unit in each state. In Wisconsin, the average rent of a one-bedroom unit is equal to 80.4% of monthly SSI payments and 68.4% of monthly SSI for an efficiency unit. Therefore, if Wisconsin utilized this index to set reimbursement rates, it would use 68.4% or 80.4% (depending on unit or room size) of the individual's personal income as the maximum amount of rent that the individual would pay for rent.

Self-Sufficiency Standard for Wisconsin: The self-sufficiency standard calculates the costs of living as they vary by family size, family composition, and by geographic location in order to determine how much income someone would need to meet their basic needs. The standard utilizes HUD fair market rents to arrive at housing costs & the U.S. Department of Agriculture's "Thrifty Food Plan" to estimate food costs, in addition phone costs are built into a section of the standard. Data is available specific to each county.

Wisconsin Food Share Program (formerly Food Stamps): The Food Share program helps people who have limited money buy the food they need for good health. Food Share benefit amounts are based on household size and monthly net income after deductions. Effective October 2005, the maximum amount for a single individual is \$152.

USDA Food Plans: These indexes serve as a national standard for a nutritious diet at low cost. The plan represents a set of "market baskets" of food that people of specific age and gender could consume at home to maintain a healthful diet that meets current dietary standards, also taking into account the food consumption patterns of US households.

The cost of the meal plan for each age-gender category is calculated based on average national food prices that are adjusted for inflation. Further adjustments are made based on household size to account for economies of scale. The USDA utilizes the "Continuing Survey of Food Intakes by Individuals" and the "Food Price Database", which provides data on national food prices, to set rates for the various market baskets.

Food plan rates are used for various purposes: to set food stamp allotments, to designate income that bankruptees allocate to food expenses, as military enlistee subsistence rates, to set alimony payments, and the food plan rates are also used to set child support and children's foster care payments.

Rates are updated monthly and weekly and monthly rates that vary based on age and gender are provided. Current rates can be found under www.usda.gov/cnpp/using3.html. The four food plans (or "market baskets") are:

- ***Thrifty Food Plan:*** This particular index serves as the basis for food stamp allotments nationwide. Amounts set in this plan correspond with food consumption at the lower quartile (1-25th percentile) of food expenditures.
- ***Low-Cost Food Plan:*** The amounts set in the Low-Cost Food Plan correspond to food consumption at

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the second quartile (25th-50th percentile) of food expenditures.

- **Moderate-Cost Food Plan:** This index corresponds to food consumption at the third quartile

(50th-75th percentile) of food expenditures.

- **Liberal Food Plan:** This index corresponds to food consumption at the upper quartile (75th-100 percentile) of food expenditures.

Pros and Cons

Market Price

Pros:

- Providers often receive the market price from private pay residents and may find it difficult or unattractive to serve public pay residents at a lower rate. In other words, if a provider can make more money caring for private pay residents, what incentive is there to serve publicly funded residents? This method of reimbursement may open more options for publicly funded residents, in that, providers will be more likely to admit or retain public residents if they receive the same rate.
- In addition, in the current waiver program, counties often set or negotiate rates based on the market price, so this method would not be a change for many counties and providers.

Cons:

- This is likely to be the most expensive model for participants and public programs. Market rates often exceed a provider's actual costs to support the residence and are based on "what the market will bear," and competitor rates.

- Further, room and board costs are primarily reimbursed with a resident's personal funds (because there are limited or no public funds available). Many individuals on public programs have incomes equal to the SSI (and in Wisconsin the SSI-E) amount. This amount is often inadequate to cover the market price charged by residential providers.
- As a result, the COP-Regular program, if available, supplements the rate. The higher the rate, the more COP that is used (or required) to cover the difference.

Actual Costs

Pros:

- Current waiver programs reimburse providers based on this approach, therefore there would be no change for many counties and providers.
- Secondly, this approach measures reimbursement against real costs necessary to sustain the facility and attract providers to serving public participants.

Cons:

- Where reimbursement methods are based on provider costs, there is an

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incentive to increase costs in order to receive additional payment.

- Reporting costs are burdensome for providers and counties.
- There is no measure of “reasonableness” for costs reported.
- Market rates are often reported as actual costs.
- These costs frequently exceed what publicly funded individuals can afford to pay with personal resources.
- COP or county funds are often required to supplement rates based on actual costs.

Flat Rate

Pros:

- Rates are controlled by the state or county under this method. A common complaint of counties is that they do not feel that they have control over rates paid to residential providers. This method establishes an amount that is controlled by the public program agency.
- Rates are predictable for providers to budget and make business decisions about working with public programs.
- Flat rates eliminate difficult and burdensome negotiations between counties and providers.
- Many states utilize this approach when setting room and board rates
- Rates can be set to correlate with what individuals have available to pay.
- Rates could be set at a level where public dollars do not have to be available to supplement an individual’s personal resources to cover room and board costs.

Cons:

- Rates are controlled by the state or county which may not be preferred by providers. This method establishes an amount that is not negotiable, leaving providers to make the decision as to whether or not they choose to do business with public funding agencies.
- Reimbursements may not cover provider’s costs.
- May lose providers or have difficulty recruiting providers who are not willing or able to serve individuals at an inadequate reimbursement rate.

Simulation Model Rate

Pros:

- The simulation model designed for Wisconsin calculates rates (or cost assumptions) based on average, real, market data plus an allowable profit or reserve allowance.
- The model looks at private pay differently from the Medicaid population. This allows providers to determine how many or what percentage of the building they can afford to serve public residents in.
- The model is based on market averages which may be attractive to both providers and government funding programs.
- The model assumes tightly controlled expenses and efficient staffing.

Cons:

- Local conditions and costs can vary greatly from the assumptions made in the model.
- Assumptions may not be county based.

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- The cost assumptions are designed around a residential care apartment complex (RCAC) model which include a kitchenette and private bathroom. The cost assumptions, therefore, may be questionable for adult family home (AFH) and community based residential facility (CBRF) settings.
- The model is designed to project the viability of projects ranging from 25-100 units. These projections, therefore, may not be compatible with small assisted living settings especially owner-occupied AFHs.

Indexed Rate

HUD Fair Market Rent (FMR):

Pros:

- HUD analyzes rental housing charges in an area. So while the amount may be less than assisted living providers are charging, the amount is based on costs of all types of rental housing in the area and may be more of a realistic market price than assisted living providers charge.
- FMR is a widely used housing index. Used to determine or analyze and set rental rates for other public programs and to establish housing policies.
- This index provides a measurement of affordability: 40th percentile of the housing market. The FMR amounts are not intended to be luxurious or substandard housing.
- Utilities are included in the rent.
- FMR estimates are provided annually which coordinates with contract development.
- Rents are available by county, meaning local real estate cost factors are considered.

Cons:

- Fair Market Rent amounts often exceed what individuals have available in personal resources.
- FMR amounts may be too low, as compared to provider costs or charges, affecting the attractiveness or feasibility of serving public pay residents.
- FMRs are set for the entire county and do not account for lower or higher market prices throughout the county (i.e. Dane county FMRs are set based on Madison Metropolitan rents which may be higher than rural areas of the county).
- FMRs are based on full apartment units which may not be comparable to most AFHs and CBRFs.

HUD 50th Percentile Rent Estimate:

Pros:

- Amounts are calculated along with HUD fair market rents.
- More reflective of many assisted living provider costs or charges.
- Rates are updated annually.
- Amounts are available by county.
- Sets a measure for “reasonableness” at the average or median of housing in the county which may be more attractive to providers than fair market rents which are at the 40th percentile.

Cons:

- Estimate often exceeds participant’s available personal resources.
- If fair market rents are unaffordable to participants, this is even more unaffordable.
- Amounts are set for the entire county and do not account for variations within the county.

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- Rent estimates are based on full apartment units which may not be comparable to most AFHs and CBRFs.

WHEDA Tax Credit Indexes:

Pros:

- Index of housing affordability for individuals at a certain percentage of county median income. In other words, rents are established based on what a low to moderate income individual/family can afford.
- Rates are county specific.
- Different numbers are provided based on unit size (efficiency, 1-bed, 2-bed, etc.)
- This is an appropriate index for assisted living projects that have been awarded tax credits.

Cons:

- Rates are based on full apartment units which may not be comparable to most AFHs and CBRFs.
- Rates may be too low for assisted living developments that have not been awarded tax credits.
- Providers may not be willing or able to admit or sustain Medicaid residents.

Priced Out Index:

Pros:

- Acknowledges that individuals with disabilities often do not have enough of their own personal resources to pay for rental housing in the state.
- Sets room and board reimbursement based on a person's available resources.

- Assures that individuals are not required to spend their entire income on housing expenses.
- Reimbursement is commensurate with an individual's ability to contribute. Those who are able to contribute more do so, those who have less contribute less.

Cons:

- Inconsistent and unreliable amounts reimbursed to assisted living providers.
- Reimbursement provided is likely to be insufficient to cover provider costs or desired profits.

Self Sufficiency Standard for Wisconsin:

Pros:

- This standard encompasses rent costs, food costs, utilities and other room and board costs. This means that this would be the only standard necessary to arrive at a complete room and board reimbursement rate.
- Rates are provided on a county specific basis.
- This standard uses FMRs and USDA Food Plan (the Thrifty Food Plan) amounts to make assumptions about housing costs.

Cons:

- Because the standard uses FMRs and USDA food plan amounts, the same cons of those programs apply to this standard

Wisconsin Food Share Program:

Pros:

- The purpose of the Food Share program is to help individuals with

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little or no income purchase healthful food. Program participants may actually be eligible for the program. This could bring in additional income to pay for the food costs which are a significant portion of room and board costs.

- The program strives to provide sufficient reimbursements to low to moderate income families to purchase nutritious food. This cost standard therefore, is most likely sufficient to cover meal costs (that are nutritious) for waiver participants in residential settings.
- A 2003 study of RCAC meal/food costs showed that the maximum food share amount (for a single individual) is approximately the same as the costs of food in an RCAC. This point-in-time study exhibited that the amount is sufficient to cover a provider's meal costs.
- Food Share reimbursements vary based on household size. The amount for a family of two is less than that of two single individuals. This is to accommodate economies of scale. Reimbursing a provider with several single individual reimbursements may be desirable to providers.
- Amounts are updated annually.

Cons:

- Food Share reimbursements may be insufficient to cover meal costs for people with special dietary needs.
- Program reimbursements vary based on household size. The amount for a family of two is less than that of two single individuals. This is to accommodate economies of scale. Reimbursing a provider with several

single individual reimbursements may not be desirable to the state.

USDA Food Plans:

Pros:

- The food plan rates are used for various purposes, including: setting food stamp allotments, determining income that bankruptees allocate to food expenses, as military enlistee subsistency rates, to set alimony payments, and to set child support and children's foster care payments.
- Rates are updated monthly.
- Rates serve as a national standard for a nutritious diet at a low cost.
- Amounts vary based on gender and age of individuals.
- Rates are established using national data related to food consumption, and average national food prices.
- There are four market baskets that could be used as an index to set reimbursement for food.

Cons:

- The thrifty food plan rates are lower than that of Wisconsin's Food Share program.
- Food plan rates may be insufficient to cover meal costs for people with special dietary needs.
- Food plan rates may be insufficient to cover provider's food costs (depending on which market basket is selected as the index).

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Sample Reimbursements

Samples will not be provided to demonstrate market price or actual cost methodologies. The costs under these methods are unpredictable and vary based on the community and setting.

Rent Indexes

One Bedroom Unit for a Single Individual:

County	SSI-E - PNA	FMR	50% Rent Estimate	Tax Credit 40% CMI	Tax Credit 50% CMI	Priced Out Index	Self-Sufficiency Standard**
Ashland	\$782.77* minus PNA	\$ 390	\$ 413	\$ 408	\$ 510	\$ 629.35***	\$ 390
Brown	\$782.77* minus PNA	\$ 468	\$ 498	\$ 484	\$ 605	\$ 629.35***	\$ 468
Chippewa	\$782.77* minus PNA	\$ 401	\$ 439	\$ 408	\$ 510	\$ 629.35***	\$ 401
Dane	\$782.77* minus PNA	\$ 636	\$ 669	\$ 549	\$ 686	\$ 629.35***	\$ 636
Fond du Lac	\$782.77* minus PNA	\$ 471	\$ 499	\$ 457	\$ 571	\$ 629.35***	\$ 471
Green	\$782.77* minus PNA	\$ 406	\$ 427	\$ 436	\$ 545	\$ 629.35***	\$ 406
Kenosha	\$782.77* minus PNA	\$ 596	\$ 625	\$ 486	\$ 607	\$ 629.35***	\$ 596
Lincoln	\$782.77* minus PNA	\$ 420	\$ 446	\$ 409	\$ 511	\$ 629.35***	\$ 420
Manitowoc	\$782.77* minus PNA	\$ 596	\$ 625	\$ 486	\$ 607	\$ 629.35***	\$ 596
Milwaukee	\$782.77* minus PNA	\$ 725	\$ 591	\$ 378	\$ 630	\$ 629.35***	\$ 725

* Amount available for all room and board costs, not just rent.

** Standard uses fair market rents to estimate housing costs, so these columns have the same value.

*** This number is 80.4% of SSI-E amount and may be the total amount available for all room and board costs, not just rent.

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Food Indexes

<i>County</i>	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>*Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
Ashland	\$ 152	\$ 147.10	\$ 133.40	\$ 132.70	\$ 130	\$ 189.10	\$ 182
Brown	\$ 152	\$ 147.10	\$ 133.40	\$ 132.70	\$ 130	\$ 189.10	\$ 182
Chippewa	\$ 152	\$ 147.10	\$ 133.40	\$ 132.70	\$ 130	\$ 189.10	\$ 182
Dane	\$ 152	\$ 147.10	\$ 133.40	\$ 132.70	\$ 130	\$ 189.10	\$ 182
Fond du Lac	\$ 152	\$ 147.10	\$ 133.40	\$ 132.70	\$ 130	\$ 189.10	\$ 182
Green	\$ 152	\$ 147.10	\$ 133.40	\$ 132.70	\$ 130	\$ 189.10	\$ 182
Kenosha	\$ 152	\$ 147.10	\$ 133.40	\$ 132.70	\$ 130	\$ 189.10	\$ 182
Lincoln	\$ 152	\$ 147.10	\$ 133.40	\$ 132.70	\$ 130	\$ 189.10	\$ 182
Manitowoc	\$ 152	\$ 147.10	\$ 133.40	\$ 132.70	\$ 130	\$ 189.10	\$ 182
Milwaukee	\$ 152	\$ 147.10	\$ 133.40	\$ 132.70	\$ 130	\$ 189.10	\$ 182

*Values for the additional low-cost food plan are: \$179.50 for a male age 51+, 164.60 for a female age 20-50, and \$159.60 for a female age 51+.

Attachment 1

Rent and Food Combined

The following charts combine the various rent rates and the food rates for the ten randomly selected counties found in the above charts. Rent and food costs make up the largest portion of room and board costs, therefore, these amounts are close to the total reimbursement that would be provided to a facility for room and board.

When looking at the charts, it will be important to keep in mind how much an individual will have in personal resources to contribute to room and board. Those cells that exceed the SSI-E amount minus a \$65 personal needs allowance are in red. This means that the rent and food indexes combined in the cell exceed the individual's ability to pay the room and board rate established.

Bayfield County : Rent and Food Combined

	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
SSI-E minus PNA	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *
FMR	\$ 542	\$ 537.10	\$ 523.40	\$ 522.70	\$ 520	\$ 579.10	\$ 572
50% Rent Estimate	\$ 565	\$ 560.10	\$ 546.40	\$ 545.70	\$ 543	\$ 602.10	\$ 595
Tax Credit 40% CMI	\$ 560	\$ 555.10	\$ 541.40	\$ 540.70	\$ 538	\$ 597.10	\$ 590
Tax Credit 50% CMI	\$ 662	\$ 657.10	\$ 643.40	\$ 642.70	\$ 640	\$ 699.10	\$ 692
Priced Out Index	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **
Self-Sufficiency	\$ 542	\$ 537.10	\$ 523.40	\$ 522.70	\$ 520	\$ 579.10	\$ 572

*The proposed rate in this cell is a set rate for all room and board costs, therefore there is no variability of rate in the row. This amount is equal to the SSI-E amount minus \$65. \$65 is the minimum personal needs allowance. Many counties have higher PNA's which would decrease this amount by the difference. Further, CBRFs that are larger than 20 beds are not eligible for the exceptional expense supplement, therefore, the amount for these settings would be equal to the SSI amount minus the PNA.

**The proposed rate in this cell is a set rate for all room and board costs. This amount is equal to 80.4% of the SSI-E amount.

Attachment 1

Brown County : Rent and Food Combined

	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
SSI-E minus PNA	\$717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *
FMR	\$ 620	\$ 615.10	\$ 601.40	\$ 600.70	\$ 598	\$ 657.10	\$ 650
50% Rent Estimate	\$ 650	\$ 645.10	\$ 631.40	\$ 630.70	\$ 628	\$ 687.10	\$ 680
Tax Credit 40% CMI	\$ 636	\$ 631.10	\$ 617.40	\$ 616.70	\$ 614	\$ 673.10	\$ 666
Tax Credit 50% CMI	\$ 757	\$ 752.10	\$ 738.40	\$ 737.70	\$ 735	\$ 794.10	\$ 787
Priced Out Index	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **
Self-Sufficiency	\$ 620	\$ 615.10	\$ 601.40	\$ 600.70	\$ 598	\$ 657.10	\$ 650

*The proposed rate in this cell is a set rate for all room and board costs, therefore there is no variability of rate in the row. This amount is equal to the SSI-E amount minus \$65. \$65 is the minimum personal needs allowance. Many counties have higher PNA's which would decrease this amount by the difference. Further, CBRFs that are larger than 20 beds are not eligible for the exceptional expense supplement, therefore, the amount for these settings would be equal to the SSI amount minus the PNA.

**The proposed rate in this cell is a set rate for all room and board costs. This amount is equal to 80.4% of the SSI-E amount.

Attachment 1

Chippewa County : Rent and Food Combined

	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
SSI-E minus PNA	\$717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *
FMR	\$ 553	\$ 548.10	\$ 534.40	\$ 533.70	\$ 531	\$ 590.10	\$ 583
50% Rent Estimate	\$ 591	\$ 586.10	\$ 572.40	\$ 571.70	\$ 569	\$ 628.10	\$ 621
Tax Credit 40% CMI	\$ 560	\$ 555.10	\$ 541.40	\$ 540.70	\$ 538	\$ 597.10	\$ 590
Tax Credit 50% CMI	\$ 662	\$ 657.10	\$ 643.40	\$ 642.70	\$ 640	\$ 699.10	\$ 692
Priced Out Index	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **
Self-Sufficiency	\$ 553	\$ 548.10	\$ 534.40	\$ 533.70	\$ 531	\$ 590.10	\$ 583

*The proposed rate in this cell is a set rate for all room and board costs, therefore there is no variability of rate in the row. This amount is equal to the SSI-E amount minus \$65. \$65 is the minimum personal needs allowance. Many counties have higher PNA's which would decrease this amount by the difference. Further, CBRFs that are larger than 20 beds are not eligible for the exceptional expense supplement, therefore, the amount for these settings would be equal to the SSI amount minus the PNA.

**The proposed rate in this cell is a set rate for all room and board costs. This amount is equal to 80.4% of the SSI-E amount.

Attachment 1

Dane County: Rent and Food Combined

	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
SSI-E minus PNA	\$717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *
FMR	\$ 788	\$ 783.10	\$ 769.40	\$ 768.70	\$ 766	\$ 825.10	\$ 818
50% Rent Estimate	\$ 821	\$ 816.10	\$ 802.40	\$ 801.70	\$ 799	\$ 858.10	\$ 851
Tax Credit 40% CMI	\$ 701	\$ 696.10	\$ 682.40	\$ 681.70	\$ 679	\$ 738.10	\$ 731
Tax Credit 50% CMI	\$ 838	\$ 833.10	\$ 819.40	\$ 818.70	\$ 816	\$ 875.10	\$ 868
Priced Out Index	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **
Self-Sufficiency	\$ 788	\$ 783.10	\$ 769.40	\$ 768.70	\$ 766	\$ 825.10	\$ 818

*The proposed rate in this cell is a set rate for all room and board costs, therefore there is no variability of rate in the row. This amount is equal to the SSI-E amount minus \$65. \$65 is the minimum personal needs allowance. Many counties have higher PNA's which would decrease this amount by the difference. Further, CBRFs that are larger than 20 beds are not eligible for the exceptional expense supplement, therefore, the amount for these settings would be equal to the SSI amount minus the PNA.

**The proposed rate in this cell is a set rate for all room and board costs. This amount is equal to 80.4% of the SSI-E amount.

Attachment 1

Fond Du Lac County: Rent and Food Combined

	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
SSI-E minus PNA	\$717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *
FMR	\$ 623	\$ 618.10	\$ 604.40	\$ 603.70	\$ 601	\$ 660.10	\$ 653
50% Rent Estimate	\$ 641	\$ 646.10	\$ 632.40	\$ 629.70	\$ 629	\$ 688.10	\$ 681
Tax Credit 40% CMI	\$ 609	\$ 604.10	\$ 590.40	\$ 615.70	\$ 587	\$ 646.10	\$ 639
Tax Credit 50% CMI	\$ 723	\$ 718.10	\$ 704.40	\$ 736.70	\$ 701	\$ 760.10	\$ 753
Priced Out Index	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 628.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **
Self-Sufficiency	\$ 623	\$ 618.10	\$ 601.40	\$ 603.70	\$ 601	\$ 660.10	\$ 653

*The proposed rate in this cell is a set rate for all room and board costs, therefore there is no variability of rate in the row. This amount is equal to the SSI-E amount minus \$65. \$65 is the minimum personal needs allowance. Many counties have higher PNA's which would decrease this amount by the difference. Further, CBRFs that are larger than 20 beds are not eligible for the exceptional expense supplement, therefore, the amount for these settings would be equal to the SSI amount minus the PNA.

**The proposed rate in this cell is a set rate for all room and board costs. This amount is equal to 80.4% of the SSI-E amount.

Attachment 1

Green County: Rent and Food Combined

	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
SSI-E minus PNA	\$717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *
FMR	\$ 558	\$ 553.10	\$ 539.40	\$ 538.70	\$ 536	\$ 595.10	\$ 588
50% Rent Estimate	\$ 579	\$ 574.10	\$ 560.40	\$ 559.70	\$ 557	\$ 616.10	\$ 609
Tax Credit 40% CMI	\$ 588	\$ 583.10	\$ 569.40	\$ 568.70	\$ 566	\$ 625.10	\$ 617
Tax Credit 50% CMI	\$ 695	\$ 690.10	\$ 676.40	\$ 675.70	\$ 673	\$ 732.10	\$ 725
Priced Out Index	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **
Self-Sufficiency	\$ 558	\$ 553.10	\$ 539.40	\$ 538.70	\$ 536	\$ 595.10	\$ 588

*The proposed rate in this cell is a set rate for all room and board costs, therefore there is no variability of rate in the row. This amount is equal to the SSI-E amount minus \$65. \$65 is the minimum personal needs allowance. Many counties have higher PNA's which would decrease this amount by the difference. Further, CBRFs that are larger than 20 beds are not eligible for the exceptional expense supplement, therefore, the amount for these settings would be equal to the SSI amount minus the PNA.

**The proposed rate in this cell is a set rate for all room and board costs. This amount is equal to 80.4% of the SSI-E amount.

Attachment 1

Kenosha County: Rent and Food Combined

	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
<i>SSI-E minus PNA</i>	\$717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *
<i>FMR</i>	\$ 748	\$ 743.10	\$ 729.40	\$ 728.70	\$ 726	\$ 785.10	\$ 778
<i>50% Rent Estimate</i>	\$ 777	\$ 772.10	\$ 758.40	\$ 757.70	\$ 755	\$ 814.10	\$ 807
<i>Tax Credit 40% CMI</i>	\$ 638	\$ 633.10	\$ 619.40	\$ 618.70	\$ 616	\$ 675.10	\$ 668
<i>Tax Credit 50% CMI</i>	\$ 759	\$ 754.10	\$ 740.40	\$ 739.70	\$ 737	\$ 796.10	\$ 789
<i>Priced Out Index</i>	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **
<i>Self-Sufficiency</i>	\$ 748	\$ 743.10	\$ 729.40	\$ 728.70	\$ 726	\$ 785.10	\$ 778

*The proposed rate in this cell is a set rate for all room and board costs, therefore there is no variability of rate in the row. This amount is equal to the SSI-E amount minus \$65. \$65 is the minimum personal needs allowance. Many counties have higher PNA's which would decrease this amount by the difference. Further, CBRFs that are larger than 20 beds are not eligible for the exceptional expense supplement, therefore, the amount for these settings would be equal to the SSI amount minus the PNA.

**The proposed rate in this cell is a set rate for all room and board costs. This amount is equal to 80.4% of the SSI-E amount.

Attachment 1

Lincoln County: Rent and Food Combined

	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
SSI-E minus PNA	\$717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *
FMR	\$ 572	\$ 567.10	\$ 553.40	\$ 552.70	\$ 550	\$ 609.10	\$ 602
50% Rent Estimate	\$ 598	\$ 593.10	\$ 579.40	\$ 578.70	\$ 576	\$ 635.10	\$ 628
Tax Credit 40% CMI	\$ 561	\$ 556.10	\$ 542.40	\$ 541.70	\$ 539	\$ 598.10	\$ 591
Tax Credit 50% CMI	\$ 663	\$ 556.10	\$ 644.40	\$ 643.70	\$ 641	\$ 700.10	\$ 693
Priced Out Index	\$ 629.35 **	\$ 658.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **
Self-Sufficiency	\$ 572	\$ 567.10	\$ 553.40	\$ 552.70	\$ 550	\$ 609.10	\$ 602

*The proposed rate in this cell is a set rate for all room and board costs, therefore there is no variability of rate in the row. This amount is equal to the SSI-E amount minus \$65. \$65 is the minimum personal needs allowance. Many counties have higher PNA's which would decrease this amount by the difference. Further, CBRFs that are larger than 20 beds are not eligible for the exceptional expense supplement, therefore, the amount for these settings would be equal to the SSI amount minus the PNA.

**The proposed rate in this cell is a set rate for all room and board costs. This amount is equal to 80.4% of the SSI-E amount.

Attachment 1

Manitowoc County: Rent and Food Combined

	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
SSI-E minus PNA	\$717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *
FMR	\$ 748	\$ 743.10	\$ 729.40	\$ 728.70	\$ 726	\$ 785.10	\$ 778
50% Rent Estimate	\$ 777	\$ 772.10	\$ 758.40	\$ 757.70	\$ 755	\$ 814.10	\$ 807
Tax Credit 40% CMI	\$ 638	\$ 633.10	\$ 619.40	\$ 618.70	\$ 616	\$ 675.10	\$ 668
Tax Credit 50% CMI	\$ 759	\$ 754.10	\$ 740.40	\$ 739.70	\$ 737	\$ 796.10	\$ 789
Priced Out Index	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **
Self-Sufficiency	\$ 728	\$ 743.10	\$ 729.40	\$ 728.70	\$ 726	\$ 785.10	\$ 778

*The proposed rate in this cell is a set rate for all room and board costs, therefore there is no variability of rate in the row. This amount is equal to the SSI-E amount minus \$65. \$65 is the minimum personal needs allowance. Many counties have higher PNA's which would decrease this amount by the difference. Further, CBRFs that are larger than 20 beds are not eligible for the exceptional expense supplement, therefore, the amount for these settings would be equal to the SSI amount minus the PNA.

**The proposed rate in this cell is a set rate for all room and board costs. This amount is equal to 80.4% of the SSI-E amount.

Attachment 1

Milwaukee County: Rent and Food Combined

	<i>Food Share</i>	<i>Thrifty Food Plan Male age 20-50</i>	<i>Thrifty Food Plan Male 51+</i>	<i>Thrifty Food Plan Female age 20-50</i>	<i>Thrifty Food Plan Female 51+</i>	<i>Low-Cost Food Plan Male age 20-50</i>	<i>Self-Sufficiency Standard (2004)</i>
<i>SSI-E minus PNA</i>	\$717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *	\$ 717.77 *
<i>FMR</i>	\$ 877	\$ 873.10	\$ 858.40	\$ 857.70	\$ 855	\$ 914.10	\$ 907
<i>50% Rent Estimate</i>	\$ 743	\$ 738.10	\$ 724.40	\$ 723.70	\$ 721	\$ 780.10	\$ 773
<i>Tax Credit 40% CMI</i>	\$ 530	\$ 525.10	\$ 511.40	\$ 510.70	\$ 508	\$ 567.10	\$ 560
<i>Tax Credit 50% CMI</i>	\$ 782	\$ 777.10	\$ 763.40	\$ 762.70	\$ 760	\$ 819.10	\$ 812
<i>Priced Out Index</i>	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **	\$ 629.35 **
<i>Self-Sufficiency</i>	\$ 877	\$ 873.10	\$ 858.40	\$ 857.70	\$ 855	\$ 914.10	\$ 907

*The proposed rate in this cell is a set rate for all room and board costs, therefore there is no variability of rate in the row. This amount is equal to the SSI-E amount minus \$65. \$65 is the minimum personal needs allowance. Many counties have higher PNA's which would decrease this amount by the difference. Further, CBRFs that are larger than 20 beds are not eligible for the exceptional expense supplement, therefore, the amount for these settings would be equal to the SSI amount minus the PNA.

**The proposed rate in this cell is a set rate for all room and board costs. This amount is equal to 80.4% of the SSI-E amount.

Attachment 2

Method for Identifying the Cost of Room and Board Furnished in Residential Settings

(Excerpted from Family Care s. 1915 (c) waivers – Appendix I-5)

Residential settings other than the personal home of the participant specified in Appendix C where the State furnishes waiver services are required to break out the cost of room and board from the cost of allowable waiver services using the following guidelines prescribed by the State Medicaid Agency. In most instances the participant uses her or his own resources to pay for the cost of room and board. Managed care organizations may use capitation payments to supplement the cost of room and board when the participant lacks sufficient resources, but those costs are reported by managed care organizations in a way that enables the State Medicaid Agency to exclude such costs in development of the capitation payment rates. It is the responsibility of the managed care organization to document and report any funds used to supplement room and board to the State Medicaid Agency to assure separation.

A. The following are room and board costs for which FFP is unavailable. These costs may be included in its room and board rate as long as the facility can demonstrate that the costs are actually attributable to room and board. To calculate its room and board rate, a facility is to separate these costs actually attributable to room and board from other facility costs and divide this total by the number of residents licensed for the living arrangement. This room and board rate is paid for out of the waiver participant's personal maintenance allowance. Room and board costs must be facility specific. Items related to room and board – NOT ALLOWABLE waiver costs:

- Rent, mortgage payments, title insurance, mortgage insurance.
- Property and casualty insurance
- Building and/or grounds maintenance costs
- Resident's food
- Household supplies and equipment necessary for the room and board of the individual
- Furnishings used by the individual (does not include office furnishings)
- Utilities, resident phones, cable TV, etc.
- Property taxes
- Specific individual special dietary needs

B. The following are allowable elements in residential provider rates for which FFP can be claimed. Items related to personal care and supervision – ALLOWABLE waiver costs:

- Staff costs, including:
 - Salaries*
 - FICA
 - Staff health insurance costs (benefits)
 - Worker's compensation
 - Unemployment compensation
 - Staff travel
 - Staff liability insurance
 - Staff development/education
- Resident travel (includes depreciation on vehicle)
- Administrative overhead-contractor's costs to do business, including:
 - Office Supplies and Furnishings
 - Percentage of administrative staff salaries
 - Office telephone
 - Recruitment
 - Audit fees
 - Operating fees/permits/licenses
 - Percentage of office space costs
 - Data processing fees
 - Legal fees
 - Agency liability insurance

*In certain circumstances a staff person's wages and benefits may need to be apportioned between room and board costs and support and supervision. For example, a live in manager of a facility, depending on her/his duties, may have time apportioned for supervision and support as well as building and ground maintenance.

Attachment 3

Form DDE-920 and Instructions

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-0920 (11/05)

STATE OF WISCONSIN
HFS 1

FORMULA TO DETERMINE AMOUNT OF INCOME AVAILABLE TO PAY FOR ROOM AND BOARD IN SUBSTITUTE CARE

Name – Applicant/Participant	Today's Date
1. Total income from all sources	
2. Discretionary Income (not less than \$65)	
3. Enter the difference between line 1 and line 2 here	
4. Health insurance premium that the person pays out of pocket	
5. Enter the difference between line 3 and line 4 here	
6. Out of pocket medical/remedial expenses	
7. Enter the difference between line 5 and line 6 here	
8. Special exempt income	
9. Enter the difference between line 7 and 8 here	
10. Family Maintenance Allowance	
11. Enter the difference between line 9 and line 10 here	
12. Spousal income allocation	
13. Enter the difference between line 11 and line 12 here	
14. Cost Share or Spenddown obligation	
15. Enter the difference between line 13 and line 14 here	
16. Actual cost of room and board	
17. Enter the difference between line 15 and line 16 here	

Attachment 3

INSTRUCTIONS (Revised for Family Care)

1. Total income from all sources - secure income information directly from members and if possible, derive an estimate from the cost share report to compare to the member self-declaration. When CARES access becomes available to ADRCs and MCOs, total income may be able to be captured from a CARES screen.
2. Discretionary Income (**not less than \$65**, or more than \$180. as defined in MCO policy.)
3. Difference between line 1 and line 2
4. Health insurance premium (must be out of pocket from this participant's income; i.e., if spouse is paying the premium, do not use this deduction). Includes MAPP premium, if applicable
5. Difference between line 3 and line 4
6. Out of pocket medical/remedial expenses – this amount should be the same amount you reported to Income Maintenance,
7. Difference between line 5 and line 6
8. Special exempt income, if applicable – obtain this amount from the participant or Income Maintenance.
9. Difference between line 7 and 8
 - For Group A—skip to line 15 and enter this amount on line 15
 - For Group B and Group C—enter amount here and **continue** to line 10
10. Family Maintenance Allowance, if applicable – obtain this amount from the participant or Income Maintenance.
11. Difference between line 9 and line 10
12. Spousal income allocation, if applicable – for Group B or Group C eligibles only from Spousal Income Allocation Worksheet, Section C, line 4.
13. Difference between line 11 and line 12
14. Cost Share or Spenddown obligation – from cost share report.
15. Difference between line 13 and line 14 – this is the participant's ability to pay room and board.
16. Actual cost of room and board in the facility (amount facility charges this resident for room and board).
17. Subtract line 16 from line 15
 - If amount on line 17 is a positive number, the participant has enough funds to pay for room and board in the facility. The participant pays only the room and board amount and keeps any remaining funds.
 - If the amount on line 17 is a negative number, the participant does not have sufficient funds to pay entire room and board costs. Another funding source must be used to supplement the participant payment.