



TODAY
State of Wisconsin
2001 - 2002 LEGISLATURE

LRB-0205/3

DAK:cjs:pg

D-NOTE

DOA:.....Fossum - Family care miscellaneous changes

FOR 2001-03 BUDGET NOT READY FOR INTRODUCTION

Do NOT
GEN

1 AN ACT...; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

LONG-TERM CARE; FAMILY CARE

Currently, under family care, a resource center in a county must, within six months after the family care benefit is available to all eligible persons in the resource center's area, provide information about the family care benefit and family care services to all older persons and persons with physical disabilities who reside in facilities in the area, must provide a functional and financial screening to those residents and to certain persons who are seeking admission to a facility, and must provide access for eligible persons to protective services or protective placement or elder abuse services.

This bill requires that DHFS assure the provision of family care benefit and family care services information, functional and financial screenings, and access for eligible persons to protective services or protective placement and elder abuse services, rather than requiring that a family care resource center provide these. Also, under the bill, persons who must receive information about the family care benefit and family care services and functional and financial screenings must be persons who are residents of certain facilities and are members of a target population served by a care management organization in the county. Lastly, the bill makes numerous minor changes to the laws relating to the family care program.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 46.2805 (6m) of the statutes is created to read:

2 46.2805 (6m) “Family member” has the meaning given in s. 157.061 (7).

3 **SECTION 2.** 46.2805 (7) of the statutes is amended to read:

4 46.2805 (7) ~~“Functional and financial screen~~ Financial eligibility and
5 cost-sharing screening” means ~~a screen~~ the use of a uniform screening tool
6 prescribed by the department ~~that is used to determine functional eligibility under~~
7 ~~s. 46.286 (1) (a) and~~ financial eligibility under s. 46.286 (1) (b) and cost-sharing
8 under s. 46.286 (2).

9 **SECTION 3.** 46.2805 (7g) of the statutes is created to read:

10 46.2805 (7g) “Functional screening” means the use of a uniform screening tool
11 prescribed by the department to determine functional eligibility under s. 46.286 (1)
12 (a) and (1m).

13 **SECTION 4.** 46.281 (3) of the statutes is amended to read:

14 46.281 (3) **DUTY OF THE SECRETARY.** The secretary shall certify to each county,
15 hospital, nursing home, community-based residential facility, adult family home
16 and residential care apartment complex the date on which a resource center that
17 serves the area of the county, hospital, nursing home, community-based residential
18 facility, adult family home or residential care apartment complex is first available
19 to provide a functional screening and financial screen eligibility and cost-sharing
20 screening. To facilitate phase-in of services of resource centers, the secretary may

1 certify that the resource center is available for specified groups of eligible individuals
2 or for specified facilities in the county.

3 **SECTION 5.** 46.282 (2) (a) 2. of the statutes is amended to read:

4 46.282 (2) (a) 2. A county board of supervisors or, in a county with a county
5 executive or a county administrator, the county executive or county administrator
6 shall appoint members of the local long-term care council who are required to be
7 older persons or persons with physical or developmental disabilities or their
8 immediate family members or other representatives from nominations that are
9 submitted to the county board of supervisors or the county executive or county
10 administrator by older persons or persons with physical or developmental
11 disabilities or their immediate family members or other representatives and by local
12 organizations that represent older persons or persons with physical or
13 developmental disabilities.

14 **SECTION 6.** 46.282 (2) (b) 1. of the statutes is amended to read:

15 46.282 (2) (b) 1. A local long-term care council that serves a single-county area
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17 physical or developmental disabilities or their immediate family members or other
18 representatives. The age or disability represented by these 9 members shall
19 correspond to the proportion of numbers of persons, as determined by the
20 department, receiving long-term care in this state who are aged 65 or older or have
21 a physical or developmental disability. The total remaining 8 members shall consist
22 of providers of long-term care services, persons residing in the county with
23 recognized ability and demonstrated interest in long-term care and up to 3 members
24 of the county board of supervisors or other elected officials.

25 **SECTION 7.** 46.282 (2) (b) 2. (intro.) of the statutes is amended to read:

1 46.282 (2) (b) 2. (intro.) A local long-term care council that serves an area of
2 2 or more contiguous counties shall consist of 23 members, at least 12 of whom are
3 older persons or persons with physical or developmental disabilities or their
4 immediate family members or other representatives. The age or disability
5 represented by these 12 members shall correspond to the proportion of numbers of
6 persons, as determined by the department, receiving long-term care in this state
7 who are aged 65 or older or have a physical or developmental disability. The total
8 remaining 11 members shall consist of all of the following:

9 **SECTION 8.** 46.283 (3m) (intro.) of the statutes is created to read:

10 46.283 (3m) SPECIAL OUTREACH. The department shall assure that all of the
11 following are available for persons within the area of a resource center:

12 **SECTION 9.** 46.283 (4) (e) of the statutes is renumbered 46.283 (3m) (a) and
13 amended to read:

14 46.283 (3m) (a) Within 6 months after the family care benefit is available to
15 all eligible persons in the area of the resource center, ~~provide~~ provision of information
16 about the services of the resource center, including the services specified in sub. (3)
17 (d), about assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c)
18 and about the family care benefit to ~~all older persons and persons with a physical~~
19 ~~disability~~ who are residents of nursing homes, community-based residential
20 facilities, adult family homes and residential care apartment complexes in the area
21 of the resource center and are members of a target population served by a care
22 management organization that operates in the county.

23 **SECTION 10.** 46.283 (4) (f) of the statutes is renumbered 46.283 (3m) (b) and
24 amended to read:

1 46.283 (3m) (b) ~~Provide Provision of a functional screening and financial~~
2 ~~screen a financial eligibility and cost-sharing screening~~ to any resident, as specified
3 in par. (e) (a), who requests a ~~screen screening~~, and assist ~~assistance in enrolling in~~
4 ~~a care management organization to any such~~ resident who is eligible and chooses to
5 ~~enroll in a care management organization to do so.~~

6 **SECTION 11.** 46.283 (4) (g) of the statutes is renumbered 46.283 (3m) (c) and
7 amended to read:

8 46.283 (3m) (c) ~~Provide a functional and financial screen~~ The offer to provide
9 and, if the offer is accepted, the provision of a functional screening and a financial
10 eligibility and cost-sharing screening to any person seeking admission to a nursing
11 home, community-based residential facility, residential care apartment complex or
12 adult family home if the secretary has certified that the resource center is available
13 to the person and the facility and the person is determined by the resource center to
14 have a condition that is expected to last at least 90 days that would require care,
15 assistance or supervision. ~~A resource center~~ The department may not require a
16 financial ~~screen~~ eligibility and cost-sharing screening for a person seeking
17 admission or about to be admitted on a private pay basis who waives the requirement
18 for a financial ~~screen~~ eligibility and cost-sharing screening under this paragraph,
19 unless the person is expected to become eligible for medical assistance within 6
20 months. ~~A resource center~~ The department need not provide a functional ~~screen~~
21 screening for a person seeking admission or about to be admitted who has received
22 a ~~screen~~ screening for functional eligibility under s. 46.286 (1) (a) within the previous
23 6 months.

24 **SECTION 12.** 46.283 (4) (h) of the statutes is renumbered 46.283 (3m) (d) and
25 amended to read:

1 46.283 (3m) (d) ~~Provide~~ The provision of access to services under s. 46.90 and
2 ch. 55 to a person who is eligible for the services, through cooperation with the county
3 agency or agencies that provide the services.

4 **SECTION 13.** 46.284 (2) (b) (intro.) of the statutes is amended to read:

5 46.284 (2) (b) (intro.) Within each county, the department shall initially
6 contract to operate a care management organization with the county or a family care
7 district if the county elects to operate, or creates a family care district to operate, a
8 care management organization and the care management organization meets the
9 requirements of sub. (3) and performance standards prescribed by the department.
10 A county or family care district that contracts under this paragraph may operate the
11 care management organization for all of the target groups or for a selected group or
12 groups. With respect to contracts exclusively with counties or family care districts
13 to operate a care management organization, all of the following apply:

14 **SECTION 14.** 46.284 (2) (b) 1. (intro.) of the statutes is amended to read:

15 46.284 (2) (b) 1. (intro.) Before January 1, 2003, the department may not
16 contract with an organization other than the county or a family care district to
17 operate a care management organization in the county unless any of the following
18 applies:

19 **SECTION 15.** 46.284 (2) (b) 1. a. of the statutes is amended to read:

20 46.284 (2) (b) 1. a. The county or any family care district in the county that is
21 contracted to operate a care management organization and the local long-term care
22 council agree in writing that at least one additional care management organization
23 is necessary or desirable.

24 **SECTION 16.** 46.285 (1) (intro.) of the statutes is amended to read:

1 46.285 (1) (intro.) In order to meet state and federal requirements and assure
2 federal financial participation in funding of the family care benefit, a county, a tribe
3 or band, a family care district or an organization, including a private, nonprofit
4 corporation, may not directly operate both a resource center and a care management
5 organization, except as follows:

6 **SECTION 17.** 46.287 (2) (a) 1. f. of the statutes is amended to read:

7 46.287 (2) (a) 1. f. Development of a plan of care that is unacceptable because
8 the plan of care requires the enrollee to live in a place type of residence that is
9 unacceptable to the enrollee or the plan of care provides care, treatment or support
10 items that are insufficient to meet the enrollee's needs, are unnecessarily restrictive
11 or are unwanted by the enrollee.

12 **SECTION 18.** 46.287 (2) (c) of the statutes is amended to read:

13 46.287 (2) (c) Information regarding the availability of advocacy services and
14 notice of adverse actions taken and appeal rights shall be provided to a client by the
15 resource center or care management organization in a form and manner that is
16 prescribed by the department by rule or by contract.

17 **SECTION 19.** 49.45 (3) (ag) of the statutes is amended to read:

18 49.45 (3) (ag) Reimbursement shall be made to each entity contracted with
19 under s. 46.281 (1) (d) for functional ~~screens~~ screenings performed under s.46.281 (1)
20 (d).

21 **SECTION 20.** 50.033 (2r) of the statutes is amended to read:

22 50.033 (2r) PROVISION OF INFORMATION REQUIRED. Subject to sub. (2t), an adult
23 family home shall, within the time period after inquiry by a prospective resident that
24 is prescribed by the department by rule, inform the prospective resident of the
25 services of a resource center under s. 46.283, the family care benefit under s. 46.286

1 and the availability of a functional screening and financial ~~screen~~ eligibility and
2 cost-sharing screening to determine the prospective resident's eligibility for the
3 family care benefit under s. 46.286 (1).

4 **SECTION 21.** 50.033 (2s) (a) of the statutes is amended to read:

5 50.033 (2s) (a) For a person who has received a ~~screen~~ screening for functional
6 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
7 subsection need not include performance of an additional functional ~~screen~~
8 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

9 **SECTION 22.** 50.033 (2s) (d) of the statutes is amended to read:

10 50.033 (2s) (d) For a person who seeks admission or is about to be admitted on
11 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
12 and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), the referral under this
13 subsection may not include performance of a financial ~~screen~~ eligibility and
14 cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the person is expected
15 to become eligible for medical assistance within 6 months.

16 **SECTION 23.** 50.034 (5m) of the statutes is amended to read:

17 50.034 (5m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (5p), a
18 residential care apartment complex shall, within the time period after inquiry by a
19 prospective resident that is prescribed by the department by rule, inform the
20 prospective resident of the services of a resource center under s. 46.283, the family
21 care benefit under s. 46.286 and the availability of a functional screening and
22 financial ~~screen~~ eligibility and cost-sharing screening to determine the prospective
23 resident's eligibility for the family care benefit under s. 46.286 (1).

24 **SECTION 24.** 50.034 (5n) (a) of the statutes is amended to read:

1 50.034 (5n) (a) For a person who has received a ~~screen~~ screening for functional
2 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
3 subsection need not include performance of an additional functional ~~screen~~
4 screening under s. 46.283 (4) (g) (3m) (c).

5 **SECTION 25.** 50.034 (5n) (d) of the statutes is amended to read:

6 50.034 (5n) (d) For a person who seeks admission or is about to be admitted on
7 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
8 and cost-sharing screening under s. 46.283 (4) (g) (3m) (c), the referral under this
9 subsection may not include performance of a financial ~~screen~~ eligibility and
10 cost-sharing screening under s. 46.283 (4) (g) (3m) (c), unless the person is expected
11 to become eligible for medical assistance within 6 months.

12 **SECTION 26.** 50.035 (4m) of the statutes is amended to read:

13 50.035 (4m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (4p), a
14 community-based residential facility shall, within the time period after inquiry by
15 a prospective resident that is prescribed by the department by rule, inform the
16 prospective resident of the services of a resource center under s. 46.283, the family
17 care benefit under s. 46.286 and the availability of a functional screening and
18 financial ~~screen~~ eligibility and cost-sharing screening to determine the prospective
19 resident's eligibility for the family care benefit under s. 46.286 (1).

20 **SECTION 27.** 50.035 (4n) (a) of the statutes is amended to read:

21 50.035 (4n) (a) For a person who has received a ~~screen~~ screening for functional
22 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
23 subsection need not include performance of an additional functional ~~screen~~
24 screening under s. 46.283 (4) (g) (3m) (c).

25 **SECTION 28.** 50.035 (4n) (d) of the statutes is amended to read:

1 50.035 (4n) (d) For a person who seeks admission or is about to be admitted on
2 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
3 and cost-sharing screening under s. 46.283 (4) (g) (3m) (c), the referral under this
4 subsection may not include performance of a financial ~~screen~~ eligibility and
5 cost-sharing screening under s. 46.283 (4) (g) (3m) (c), unless the person is expected
6 to become eligible for medical assistance within 6 months.

7 **SECTION 29.** 50.04 (2g) (a) of the statutes is amended to read:

8 50.04 (2g) (a) Subject to sub. (2i), a nursing home shall, within the time period
9 after inquiry by a prospective resident that is prescribed by the department by rule,
10 inform the prospective resident of the services of a resource center under s. 46.283,
11 the family care benefit under s. 46.286 and the availability of a functional screening
12 and financial ~~screen~~ eligibility and cost-sharing screening to determine the
13 prospective resident's eligibility for the family care benefit under s. 46.286 (1).

14 **SECTION 30.** 50.04 (2h) (a) 1. of the statutes is amended to read:

15 50.04 (2h) (a) 1. For a person who has received a ~~screen~~ screening for functional
16 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
17 paragraph need not include performance of an additional functional ~~screen~~
18 screening under s. 46.283 (4) (g) (3m) (c).

19 **SECTION 31.** 50.04 (2h) (a) 4. of the statutes is amended to read:

20 50.04 (2h) (a) 4. For a person who seeks admission or is about to be admitted
21 on a private pay basis and who waives the requirement for a financial ~~screen~~
22 eligibility and cost sharing screening under s. 46.283 (4) (g) (3m) (c), the referral
23 under this subsection may not include performance of a financial ~~screen~~ eligibility
24 and cost-sharing screening under s. 46.283 (4) (g) (3m) (c), unless the person
25 expected to become eligible for medical assistance within 6 months.

1 **SECTION 32.** 50.06 (7) of the statutes is amended to read:

2 50.06 (7) An individual who consents to an admission under this section may
3 request that an assessment be conducted for the incapacitated individual under the
4 long-term support community options program under s. 46.27 (6) or, if the secretary
5 has certified under s. 46.281 (3) that a resource center is available for the individual,
6 a functional screening and financial ~~screen~~ eligibility and cost-sharing screening
7 to determine eligibility for the family care benefit under s. 46.286 (1). If admission is
8 sought on behalf of the incapacitated individual or if the incapacitated individual is
9 about to be admitted on a private pay basis, the individual who consents to the
10 admission may waive the requirement for a financial ~~screen~~ eligibility and
11 cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the incapacitated
12 individual is expected to become eligible for medical assistance within 6 months.

INSERT 11-12
13

(END)

(a)

D-NOTE

**2001-2002 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0205/3ins
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INSERT 11-12

***NOTE: This is reconciled s. 50.06 (7). This SECTION has been affected by drafts
with the following LRB numbers: LRB-0203/1 and LRB-0205/2.

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DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0205/3dn

DAK:ejc:pg

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stays

To Gretchen Fossum:

This draft deletes the treatment of s. 46.281 (3) and changes the treatment of s. 50.06 (7). The draft reconciles LRB-0203/1 and LRB-0205/2. Both LRB-0203 and LRB-0205 should continue to appear in the compiled bill.

Debora A. Kennedy
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DRAFTER'S NOTE
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LEGISLATIVE REFERENCE BUREAU

LRB-0205/3dn
DAK:cjs:km

February 7, 2001

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Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

Barman, Mike

From: Barman, Mike
Sent: Friday, February 09, 2001 1:25 PM
To: Fossum, Gretchen
Subject: LRB-0205/3



01-0205/3



01-0205/3dn

Mike Barman

Mike Barman - Senior Program Asst. (PH. 608-266-3561)
(E-Mail: mike.barman@legis.state.wi.us) (FAX: 608-264-6948)

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Legislative Reference Bureau - Legal Section - Front Office
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Please
e-mail
01-0205/3
to
Gretchen
Fossum
Thanks!
DAK



State of Wisconsin
2001 - 2002 LEGISLATURE

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3 **SECTION 13.** 46.284 (2) (b) 1. (intro.) of the statutes is amended to read:

4 46.284 (2) (b) 1. (intro.) Before January 1, 2003, the department may not
5 contract with an organization other than the county or a family care district to
6 operate a care management organization in the county unless any of the following
7 applies:

8 **SECTION 14.** 46.284 (2) (b) 1. a. of the statutes is amended to read:

9 46.284 (2) (b) 1. a. The county or any family care district in the county that is
10 contracted to operate a care management organization and the local long-term care
11 council agree in writing that at least one additional care management organization
12 is necessary or desirable.

13 **SECTION 15.** 46.285 (1) (intro.) of the statutes is amended to read:

14 46.285 (1) (intro.) In order to meet state and federal requirements and assure
15 federal financial participation in funding of the family care benefit, a county, a tribe
16 or band, a family care district or an organization, including a private, nonprofit
17 corporation, may not directly operate both a resource center and a care management
18 organization, except as follows:

19 **SECTION 16.** 46.287 (2) (a) 1. f. of the statutes is amended to read:

20 46.287 (2) (a) 1. f. Development of a plan of care that is unacceptable because
21 the plan of care requires the enrollee to live in a ~~place~~ type of residence that is
22 unacceptable to the enrollee or the plan of care provides care, treatment or support
23 items that are insufficient to meet the enrollee's needs, are unnecessarily restrictive
24 or are unwanted by the enrollee.

25 **SECTION 17.** 46.287 (2) (c) of the statutes is amended to read:

1 46.287 (2) (c) Information regarding the availability of advocacy services and
2 notice of adverse actions taken and appeal rights shall be provided to a client by the
3 resource center or care management organization in a form and manner that is
4 prescribed by the department by rule or by contract.

5 **SECTION 18.** 49.45 (3) (ag) of the statutes is amended to read:

6 49.45 (3) (ag) Reimbursement shall be made to each entity contracted with
7 under s. 46.281 (1) (d) for functional ~~screens~~ screenings performed under s.46.281 (1)
8 (d).

9 **SECTION 19.** 50.033 (2r) of the statutes is amended to read:

10 50.033 (2r) PROVISION OF INFORMATION REQUIRED. Subject to sub. (2t), an adult
11 family home shall, within the time period after inquiry by a prospective resident that
12 is prescribed by the department by rule, inform the prospective resident of the
13 services of a resource center under s. 46.283, the family care benefit under s. 46.286
14 and the availability of a functional screening and financial ~~screen~~ eligibility and
15 cost-sharing screening to determine the prospective resident's eligibility for the
16 family care benefit under s. 46.286 (1).

17 **SECTION 20.** 50.033 (2s) (a) of the statutes is amended to read:

18 50.033 (2s) (a) For a person who has received a ~~screen~~ screening for functional
19 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
20 subsection need not include performance of an additional functional ~~screen~~
21 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

22 **SECTION 21.** 50.033 (2s) (d) of the statutes is amended to read:

23 50.033 (2s) (d) For a person who seeks admission or is about to be admitted on
24 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
25 and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), the referral under this

1 subsection may not include performance of a financial screen eligibility and
2 cost-sharing screening under s. 46.283 (4) (g) (3m) (c), unless the person is expected
3 to become eligible for medical assistance within 6 months.

4 **SECTION 22.** 50.034 (5m) of the statutes is amended to read:

5 50.034 (5m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (5p), a
6 residential care apartment complex shall, within the time period after inquiry by a
7 prospective resident that is prescribed by the department by rule, inform the
8 prospective resident of the services of a resource center under s. 46.283, the family
9 care benefit under s. 46.286 and the availability of a functional screening and
10 financial screen eligibility and cost-sharing screening to determine the prospective
11 resident's eligibility for the family care benefit under s. 46.286 (1).

12 **SECTION 23.** 50.034 (5n) (a) of the statutes is amended to read:

13 50.034 (5n) (a) For a person who has received a screen screening for functional
14 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
15 subsection need not include performance of an additional functional screen
16 screening under s. 46.283 (4) (g) (3m) (c).

17 **SECTION 24.** 50.034 (5n) (d) of the statutes is amended to read:

18 50.034 (5n) (d) For a person who seeks admission or is about to be admitted on
19 a private pay basis and who waives the requirement for a financial screen eligibility
20 and cost-sharing screening under s. 46.283 (4) (g) (3m) (c), the referral under this
21 subsection may not include performance of a financial screen eligibility and
22 cost-sharing screening under s. 46.283 (4) (g) (3m) (c), unless the person is expected
23 to become eligible for medical assistance within 6 months.

24 **SECTION 25.** 50.035 (4m) of the statutes is amended to read:

1 50.035 (4m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (4p), a
2 community-based residential facility shall, within the time period after inquiry by
3 a prospective resident that is prescribed by the department by rule, inform the
4 prospective resident of the services of a resource center under s. 46.283, the family
5 care benefit under s. 46.286 and the availability of a functional screening and
6 financial ~~screen~~ eligibility and cost-sharing screening to determine the prospective
7 resident's eligibility for the family care benefit under s. 46.286 (1).

8 **SECTION 26.** 50.035 (4n) (a) of the statutes is amended to read:

9 50.035 (4n) (a) For a person who has received a ~~screen~~ screening for functional
10 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
11 subsection need not include performance of an additional functional ~~screen~~
12 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

13 **SECTION 27.** 50.035 (4n) (d) of the statutes is amended to read:

14 50.035 (4n) (d) For a person who seeks admission or is about to be admitted on
15 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
16 and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), the referral under this
17 subsection may not include performance of a financial ~~screen~~ eligibility and
18 cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the person is expected
19 to become eligible for medical assistance within 6 months.

20 **SECTION 28.** 50.04 (2g) (a) of the statutes is amended to read:

21 50.04 (2g) (a) Subject to sub. (2i), a nursing home shall, within the time period
22 after inquiry by a prospective resident that is prescribed by the department by rule,
23 inform the prospective resident of the services of a resource center under s. 46.283,
24 the family care benefit under s. 46.286 and the availability of a functional screening

1 and financial ~~screen~~ eligibility and cost-sharing screening to determine the
2 prospective resident's eligibility for the family care benefit under s. 46.286 (1).

3 **SECTION 29.** 50.04 (2h) (a) 1. of the statutes is amended to read:

4 50.04 (2h) (a) 1. For a person who has received a ~~screen~~ screening for functional
5 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
6 paragraph need not include performance of an additional functional ~~screen~~
7 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

8 **SECTION 30.** 50.04 (2h) (a) 4. of the statutes is amended to read:

9 50.04 (2h) (a) 4. For a person who seeks admission or is about to be admitted
10 on a private pay basis and who waives the requirement for a financial ~~screen~~
11 eligibility and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), the referral
12 under this subsection may not include performance of a financial ~~screen~~ eligibility
13 and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the person
14 expected to become eligible for medical assistance within 6 months.

15 **SECTION 31.** 50.06 (7) of the statutes is amended to read:

16 50.06 (7) An individual who consents to an admission under this section may
17 request that an assessment be conducted for the incapacitated individual under the
18 long-term support community options program under s. 46.27 (6) or, if the secretary
19 has certified under s. 46.281 (3) (a) that a resource center is available for the
20 individual, a functional screening and financial ~~screen~~ eligibility and cost-sharing
21 screening to determine eligibility for the family care benefit under s. 46.286 (1). If
22 admission is sought on behalf of the incapacitated individual or if the incapacitated
23 individual is about to be admitted on a private pay basis, the individual who consents
24 to the admission may waive the requirement for a financial ~~screen~~ eligibility and

1 cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the incapacitated
2 individual is expected to become eligible for medical assistance within 6 months.

****NOTE: This is reconciled s. 50.06 (7). This SECTION has been affected by drafts
with the following LRB numbers: LRB-0203/1 and LRB-0205/2.

3 (END)