



## 2009 SENATE BILL 491

January 25, 2010 – Introduced by LAW REVISION COMMITTEE. Referred to Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation.

1     **AN ACT to amend** 46.2805 (6r), 46.2805 (7), 46.281 (1n) (e), 46.283 (4) (e) and  
2           46.283 (4) (f); and **to create** 46.2805 (10m) of the statutes; **relating to:**  
3           requiring an aging and disability resource center to perform a financial  
4           screening for, provide information to, and assist individuals choosing to  
5           participate in the self-directed services option (suggested as remedial  
6           legislation by the Department of Health Services).

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### *Analysis by the Legislative Reference Bureau*

Under current law, the Department of Health Services (DHS) contracts with an aging and disability resource center (resource center) to provide information and referral services in areas where the Family Care program is operating. The resource center currently must provide information about its services to all older persons and persons with a physical disability who reside in a nursing home, community-based residential facility, adult family home, or residential care apartment complex (collectively “facility”). The resource center also screens individuals to determine whether they are eligible for the Family Care program. The resource center must perform a functional screening and a financial and cost-sharing screening for older persons and persons with a physical disability who are residents or prospective residents of a facility and who request a screening. The resource center must then assist an individual who chooses to enroll in a care management organization, which administers benefits under the Family Care program.

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Currently, DHS also administers the self-directed services option, known as IRIS. This self-directed services option operates under a waiver of federal Medicaid laws and allows elderly and physically and developmentally disabled individuals to direct how their benefit is spent and select their own providers.

This bill requires the resource center to provide information about the self-directed services option and expands the people to whom information must be given to include adults with developmental disabilities. The bill specifies that the resource center needs to provide the information only to facility residents who are residents at the time when the Family Care benefit becomes available in the county where the facility is located. The bill also requires the resource center to assist those residents who choose to enroll in the self-directed services option.

For further information, see the NOTES provided by the Law Revision Committee of the Joint Legislative Council.

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

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

LAW REVISION COMMITTEE PREFATORY NOTE: This bill is a remedial legislation proposal, requested by the Department of Health Services and introduced by the Law Revision Committee under s. 13.83 (1) (c) 4. and 5., stats. After careful consideration of the various provisions of the bill, the Law Revision Committee has determined that this bill makes minor substantive changes in the statutes, and that these changes are desirable as a matter of public policy.

1           **SECTION 1.** 46.2805 (6r) of the statutes is amended to read:

2           46.2805 (6r) “Financial and cost-sharing screening” means a screening to  
3 determine financial eligibility under s. 46.286 (1) (b) or the self-directed services  
4 option and cost-sharing under s. 46.286 (2) using a uniform tool prescribed by the  
5 department.

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

7           46.2805 (7) “Functional screening” means a screening to determine functional  
8 eligibility under s. 46.286 (1) (a) or the self-directed services option using a uniform  
9 tool prescribed by the department.

10           **SECTION 3.** 46.2805 (10m) of the statutes is created to read:

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1           46.2805 (10m) “Self-directed services option” means the program that is  
2           operated under a waiver from the secretary of the federal department of health and  
3           human services under 42 USC 1396n (e) in which an enrolled individual selects his  
4           or her own services and service providers.

5           **SECTION 4.** 46.281 (1n) (e) of the statutes, as affected by 2009 Wisconsin Act 28,  
6           is amended to read:

7           46.281 (1n) (e) Contract with a person to provide the advocacy services  
8           described under s. 16.009 (2) (p) 1. to 5. to actual or potential recipients of the family  
9           care benefit who are under age 60 or to their families or guardians. The department  
10          may not contract under this paragraph with a county or with a person who has a  
11          contract with the department to provide services under s. 46.283 (3) and (4) as a  
12          resource center or to administer the family care benefit as a care management  
13          organization. The contract under this paragraph shall include as a goal that the  
14          provider of advocacy services provide one advocate for every 2,500 individuals under  
15          age 60 who receive the family care benefit or who participates in the self-directed  
16          services option, ~~which is operated under a waiver from the secretary of the federal~~  
17          ~~department of health and human services under 42 USC 1396n (e).~~

NOTE: SECTION 3 defines the term “self-directed services option.” SECTION 4 deletes  
language defining that term that is redundant, due to the creation of the definition in  
SECTION 3 of the bill.

18          **SECTION 5.** 46.283 (4) (e) of the statutes, as affected by 2009 Wisconsin Act 28,  
19          is amended to read:

20          46.283 (4) (e) Provide information about the services of the resource center,  
21          including the services specified in sub. (3) (d), about assessments under s. 46.284 (4)  
22          (b) and care plans under s. 46.284 (4) (c), and about the family care benefit and the  
23          self-directed services option to all older persons and persons adults with a physical

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1 or developmental disability who are residents of nursing homes, community-based  
2 residential facilities, adult family homes, as defined in s. 50.01 (1) (a) or (b), and  
3 residential care apartment complexes in the area of the resource center when the  
4 benefit under s. 46.286 first becomes available in the county where the nursing home,  
5 community-based residential facility, adult family home, or residential care  
6 apartment complex is located.

NOTE: This SECTION provides that information on family care and the self-directed services option must be provided to current residents of facilities at the point when a resource center begins providing pre-admission consultation to persons who are seeking admission to a residential facility.

7 **SECTION 6.** 46.283 (4) (f) of the statutes is amended to read:

8 46.283 (4) (f) Perform a functional screening and a financial and cost-sharing  
9 screening for any resident, as specified in par. (e), who requests a screening and  
10 assist any resident who is eligible and chooses to enroll in a care management  
11 organization or the self-directed services option to do so.

NOTE: The amendments in SECTIONS 1, 2, and 6 provide that the financial and cost-sharing screening and the functional screening and the functional screening under family care screen for eligibility for the self-directed services option, in addition to eligibility for the Family Care benefit.

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