Bill

Received: 07/20/1999 Wanted: As time permits For: Robert Welch (608) 266-0751 This file may be shown to any legislator: NO				Received By: kenneda Identical to LRB: By/Representing: Kevin Lewis Drafter: kenneda											
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Health - miscellaneous **Public Assistance - misc** Extra Copies:

TAY

Pre Topic:

No specific pre topic given

Topic:

Audit requirements for agencies that receive DHFS funds

Instructions:

See Attached

Drafting History:

Vers.

Drafted

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Required

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State of Wisconsin

Department of Health and Family Services

Tommy G. Thompson, Governor Joe Leean, Secretary

HEALTH AND FAMILY SERVICES

Audit Threshold

Motion:

Raise the current statutorily set threshold that triggers audit requirements for agencies receiving DHFS funds from \$25,000 to \$50,000. Further specify that providers above this new audit threshold are required to submit audited reports on an annual basis as is current practice and delete references to federal law which are inconsistent with state practice.

Note:

Please see attached for greater detail.

July 14, 1989

To: Deboratemedy, LRB

FROM: Kenn Lewis

RE: Separate Legislation on the Papie named above, Raising the Audit Threshold

Sen. Welch's office contacted me yesterday to inform me that Sen. Welch wents to sponsor this change to the audit threshold in statutes. The Senator has authorized me to work with you (respond to any of your questions) in drafting a till that will effect this change.

The attached document is probably more than you require to draft this. Please let me know what also I can provide you.

1 West Wilson Street• Post Office Box 7850• Madison, WI 53707-7850• Telephone (608) 266-9622

Department of Health and Family Services 1999-2001 Biennial Budget Statutory Language Request November 6, 1998

Title: Audit Requirements for Agencies Receiving DHFS Funds

Current Language

Chapter 46.036(4)(c) states the following: "Unless waived by the department, biennially, or annually if required under federal law, provide the purchaser with a certified financial and compliance audit report if the care and services purchased exceed \$25,000. The audit shall follow the standards that the department prescribes."

The Administrative or Substantive Problem with the Current Statutes

This requirement has become outdated and results in requiring costly audits when they are not needed. The current audit threshold is too low at \$25,000, which requires some smaller agencies to have audits that cost more than any benefits received from conducting the audits. This also adds to purchaser costs in obtaining and reviewing unneeded audits. Audit requirements also require a "financial and compliance audit," when less costly audits of a more targeted focus could readily serve a purchaser's need for audit coverage.

Moreover, statutes require less audit coverage in some situations where more audit coverage may be needed to adequately monitor a provider's use of DHFS funds. A recent change in federal law effectively eliminated a federal audit requirement for dozens of providers. Under current law, these providers now only need biennial audits – a reduction in audit coverage – even though some providers could be receiving hundreds of thousands annually in GPR or other state revenues.

The Specific Statutory Change Requested

Chapter 46.036(4)(c) would state: "Unless waived by the department, biennially, or annually if required under federal law, provide the purchaser with a certified financial and compliance audit report if the care and services purchased is equal to or exceed \$25,000 \$50,000. The audit shall follow the standards that the department prescribes. A purchaser may require an audit when the care and services purchased was less than \$50,000 if the purchaser has not previously contracted with the provider, the purchaser has evidence that the provider has previously experienced significant financial management problems, or an audit is needed by the department to claim federal funds." (Italics are added words.)

S00N-Inedit 7/20

1999 - 2000 LEGISLATURE √ D-NOTE

330311 LRB-0953/P1 DAK:cmb-jf

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Joseph Cont.

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AN ACT to amend 46.036 (4) (c) of the statutes; relating to: changing requirements for provision of an audit report by providers of care and services purchased by the department of health and family services or county departments (suggested as remedial legislation by the department of health and family services).

Analysis by the Legislative Reference Bureau

Currently, contracts for the purchase of care and services by the department of health and family services (DHFS) or by a county department of social services, human services, developmental disabilities services or community programs are subject to certain standard requirements. One of these requirements is that each provider of care and services that exceed \$25,000 supply the purchaser with a certified financial compliance audit report biennially, or annually if required under federal law. DHFS may waive this requirement, as may a purchaser for services for a family-operated group home.

This bill changes requirements for provision of audit reports by providers of care and services to require that audits be provided annually and to apply the requirement to purchased care and services that equal or exceed \$50,000, except that an audit for care and services of less than \$50,000 is required if the purchaser so requests and if circumstances specified in the bill occur. The bill eliminates the requirement that the certified audit report be for a financial and compliance audit.

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.

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

LAW REVISION COMMITTEE EXPEATORY NOTE: This bill is a remedial legislation proposal, requested by the department of health and family services and introduced by the law revision committee under s. 13.83 (1) (c) 4., 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.

SECTION 1. 46.036 (4) (c) of the statutes is amended to read:

46.036 (4) (c) Unless waived by the department, biennially, or annually if required under federal law, provide the purchaser with a certified financial and compliance audit report if the care and services purchased are equal to or exceed \$25,000. The \$50,000. A provider shall provide the purchaser with a certified audit report for purchased care and services of less than \$50,000 if the purchaser so requests and if the purchaser has not previously contracted with the provider, the purchaser has evidence that the provider has previously experienced significant financial management problems or an audit is necessary for the department to claim federal moneys. An audit under this paragraph shall follow standards that the department prescribes. A purchaser may waive the requirements of this paragraph for any family-operated group home, as defined under par. (a), from which it purchases services.

(END)

D-NOTE

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3303|**\$**| dn LRB-0958/Pdc DAK:cmh:jf

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

March 2, 1899

To Manha Rosen Sevator Welch:

DHFS

The department's proposed language for this bill does not mention the last sentence in s. 46.036 (4) (c), stats. I have assumed that it was the department's intent not to affect that sentence. If that is assumption is incorrect, please let me know.

Debora A. Kennedy Managing Attorney Phone: (608) 266–0137

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-3303/1dn DAK:cmh:mrc

July 22, 1999

To Senator Welch:

The DHFS proposed language for this bill does not mention the last sentence in s. 46.036 (4) (c), stats. I have assumed that it was the department's intent not to affect that sentence. If that assumption is incorrect, please let me know.

Debora A. Kennedy Managing Attorney Phone: (608) 266–0137 300N. Lu edit 8/2

1999 - 2000 LEGISLATURE

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LRB-3303/¥ 2-DAK:cmh:mre

1999 BILL

March.

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AN ACT to amend 46.036 (4) (c) of the statutes; relating to: changing requirements for provision of an audit report by providers of care and services purchased by the department of health and family services or county departments.

Analysis by the Legislative Reference Bureau

Currently, contracts for the purchase of care and services by the department of health and family services (DHFS) or by a county department of social services, human services, developmental disabilities services or community programs are subject to certain standard requirements. One of these requirements is that each provider of care and services that exceed \$25,000 supply the purchaser (DHFS) with a certified financial compliance audit report biennially, or annually if required under federal law. DHFS may waive this requirement, as may a purchaser for services for a family—operated group home.

This bill changes requirements for provision of audit reports by providers of care and services to require that audits be provided annually and to apply the requirement to purchased care and services that equal or exceed \$50,000, except that an audit for care and services of less than \$50,000 is required if the purchaser so requests and if circumstances specified in the bill occur. The bill eliminates the requirement that the certified audit report be for a financial and compliance audit.

BILL

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:

SECTION 1. 46.036 (4) (c) of the statutes is amended to read:

46.036 (4) (c) Unless waived by the department, biennially, or annually if required under federal law, provide the purchaser with a certified financial and compliance audit report if the care and services purchased are equal to or exceed \$25,000. The \$50,000. A provider shall provide the purchaser with a certified audit report for purchased care and services of less than \$50,000 if the purchaser so requests and if the purchaser has not previously contracted with the provider, the purchaser has evidence that the provider has previously experienced significant financial management problems or an audit is necessary for the department to claim federal moneys. An audit under this paragraph shall follow standards that the department prescribes. A purchaser may waive the requirements of this paragraph for any family-operated group home, as defined under par. (a), from which it purchases services.

(END)

D-NOTE

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STATE OF WISCONSIN – **LEGISLATIVE REFERENCE BUREAU** – LEGAL SECTION (608–266–3561)

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To Sevator Welch:	
This reduct corrects	the analysis.
Jo Sevator Welch: Zhis redraft corrects	the analysis.
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DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-3303/2dn DAK:cmh:km

August 2, 1999

To Senator Welch:

This redraft corrects the analysis.

Debora A. Kennedy Managing Attorney Phone: (608) 266–0137

SUBMITTAL FORM

LEGISLATIVE REFERENCE BUREAU Legal Section Telephone: 266-3561 5th Floor, 100 N. Hamilton Street

The attached draft is submitted for your inspection. Please check each part carefully, proofread each word, and sign on the appropriate line(s) below.

Date: 08/02/1999 To: Senator Welch Relating to LRB drafting number: LRB-3303 **Topic** Audit requirements for agencies that receive DHFS funds Subject(s) Health - miscellaneous, Public Assistance - misc 1. JACKET the draft for introductionin the Senate or the Assembly (check only one). Only the requester under whose name the drafting request is entered in the LRB's drafting records may authorize the draft to be submitted. Please allow one day for the preparation of the required copies. 2. **REDRAFT.** See the changes indicated or attached A revised draft will be submitted for your approval with changes incorporated. 3. Obtain **FISCAL ESTIMATE NOW**, prior to introduction ____ If the analysis indicates that a fiscal estimate is required because the proposal makes an appropriation or increases or decreases existing appropriations or state or general local government fiscal liability or revenues, you have the option to request the fiscal estimate prior to introduction. If you choose to introduce the proposal without the fiscal estimate, the fiscal estimate will be requested automatically upon introduction. It takes about 10 days to obtain a fiscal estimate. Requesting the fiscal estimate prior to introduction retains your flexibility for possible redrafting of the proposal. If you have any questions regarding the above procedures, please call 266-3561. If you have any questions relating to the attached draft, please feel free to call me.

> Debora A. Kennedy, Managing Attorney Telephone: (608) 266-0137