



State of Wisconsin
1999 - 2000 LEGISLATURE

LRB-0030/P1

DAK &
TAY

Earliest version

DOA:.....Fossum - Long-term care redesign

FOR 1999-01 BUDGET - NOT READY FOR INTRODUCTION

Of that 51%, at least two-thirds shall be equally
proportional among persons who are aged 65 or older, ^{persons} who
have physical ~~or~~ developmental disabilities, ^{and persons who have} disabilities,
~~and~~ the remaining one-third ^{may be} of the
immediate family members of, ^{51%}
guardians for, ^{representatives of}
other advocates ^{care-man resource}
for these persons. ^{centers under s. 46.283}
^{and care management}
^{organizations under}
^{s. 46.284;}

creating a council
for long-term care,

1 AN ACT ...; relating to: ???

Analysis by the Legislative Reference Bureau

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

2 SECTION 1. 15.197 (5) of the statutes is created to read:
3 15.197 (5) COUNCIL ON LONG-TERM CARE. ^{Creation} There is created in the department of
4 health and family services a council on long-term care consisting of not fewer than
5 10 ~~members and not more than 20~~ ²⁵ members, who shall be appointed for 3-year
6 terms. At least 51% of the membership shall consist of persons who are aged 65 or
7 older or who have physical or developmental disabilities or their ~~immediate family~~
8 ~~members or guardians~~. The remaining membership shall consist of county or tribal
9 representatives, providers of long-term care services, state officials, and community
10 leaders. ^{of counties or of federally recognized American Indian tribes or bands;}

I have assumed that you wanted this council to be created in the department, rather than attached to it in any way (see 15.03). * Does this council interact with the health board members to receive compensation (see s. 15.07(5), stats.)?

1 SECTION 2. 46.28 of the statutes, as affected by 1995 Wisconsin Act 17 and 1997

2 Wisconsin Act 35, is renumbered 46.291.

3 SECTION 3. 46.282 of the statutes is created to read:

4 46.282 Councils on long-term care. (1) COUNCIL ON LONG-TERM CARE; DUTIES.

5 The council on long-term care appointed under s. 15.197 (5) shall do all of the
6 following:

7 (a) Assist the department in developing broad policy issues related to
8 long-term care services and systems.

9 (b) Advise the department ^{the long-term care} in developing ^{to} and implementing the long-term care
10 system, ^{including} ^{by} reviewing and making recommendations to
11 the dept concerning all the following

12 (c) At the request of a county, tribe, ~~local~~ long-term care council or applying
13 organization, review, under guidelines established by the council, a preliminary
14 decision of the department concerning the number of care management
15 organizations that may operate in a geographic area ^{and whether specific} ^{contracts should}
16 for operation of a care management organization, and make recommendations to the ^{be terminated}
17 department for the final decision.

18 (d) Monitor patterns of ^{complaints or} grievances and appeals regarding the long-term care
19 system in order to identify issues of statewide importance.

20 (e) Monitor the numbers of persons on waiting lists and the levels of their
21 functional needs.

22 (f) Report annually to the legislature in the manner provided under s. 13.172
23 (2) and to the governor on the status, significant achievements and problems of the
24 long-term care system, including all of the following:

- 25 1. Numbers of persons served.
- 2. Costs of long-term care provided under the long-term care system.

✓ From nominations

1 3. The number and service areas of resource centers and care management
2 organizations.

3 4. Waiting list information.

4 5. Results of reviews of quality of long-term care provided under the long-term
5 care system.

6 (2) LOCAL LONG-TERM CARE COUNCILS; MEMBERSHIP; APPOINTMENT; TERMS; OFFICERS.

7 (a) The county board of supervisors of a county shall appoint a ~~county~~ ^{local} long-term care
8 council or the county boards of supervisors of 2 or more contiguous counties shall
9 appoint a ~~multicounty~~ ^{local} long-term care council, except that, in a county with a county
10 executive or a county administrator, the county executive or county administrator
11 shall appoint the ~~county~~ ^{local} long-term care council, subject to confirmation by the
12 county board of supervisors. Any federally recognized American Indian tribe or band
13 that intends to apply for certification as an aging or disability resource center shall,
14 as a condition of the certification, appoint a ~~tribal~~ ^{local} long-term care council.

15 (b) A ~~county or tribal~~ ^{local} long-term care council shall consist of not fewer than 10
16 members and not more than 20 members, who shall be appointed for 3-year terms.
17 Of the members first appointed, one-third shall be appointed for 3 years; one-third
18 shall be appointed for 4 years; and one-third shall be appointed for 5 years. At least
19 51% of the membership shall consist of persons who are aged 65 or older or who have
20 physical or developmental disabilities or their immediate family members or
21 guardians, chosen by the appointing authority from persons whose names the
22 appointing authority shall for nomination from long-term care consumers and their
23 family members or guardians and local organizations that represent persons who are
24 aged 65 or older or who have physical or developmental disabilities. A ~~tribal~~ ^{local}
25 long-term care council shall include representatives of each county in the area

? that is appointed by a tribe or band

that is apptd by the county board of supervisors
2 or more counties

that is appointed by the county board of supervisors or by ace or ca.

1 established for the ~~tribal~~ ^{local} long-term care council. No more than 4 members of the
2 county board of supervisors may be members of a ~~county~~ long-term care council and
3 no more than 40% of the membership of a ~~multicounty~~ long-term care council may
4 be members of a county board of supervisors. Vacancies shall be filled for the residue
5 of the unexpired term in the manner that original appointments are made. A
6 ^{local} long-term care council member may be removed from office for the following reasons:

7 1. For cause, by a two-thirds vote of each county board of supervisors
8 participating in the appointment, on due notice in writing and hearing of the charges
9 against the member.

10 2. If the member when appointed was a member of the county board of
11 supervisors and was not reelected to that office, on due notice in writing.

12 (c) ~~Members of the long-term care council limited to 20 members~~
13 physical or developmental disabilities or are their immediate family members or
14 guardians shall receive compensation for reasonable expenses associated with
15 membership participation. The county board of supervisors or, in the case of a tribal
16 long-term care council, the tribe, ^{or board} shall provide training to these members to enable
17 them to participate effectively.

18 (d) At the the first meeting of a long-term care council, members shall elect
19 from their number a chairperson, a secretary and other officers as necessary.
20 Vacancies in these offices shall be filled for the unexpired terms. The chairperson
21 shall preside at all meetings when present and countersign all actions taken by the
22 long-term care council. In case of the absence of the chairperson for any meeting the
23 members present shall choose a temporary chairperson.

24 (3) LOCAL LONG-TERM CARE COUNCILS; DUTIES. A county, multicounty or tribal
25 long-term care council shall do all of the following within the council's area:

1 (a) Develop the initial plan for the structure of the county, multicounty or tribal
2 long-term care system, including recommendations on all of the following:

3 1. Whether the county, counties or tribe ^{or band} should operate an aging or disability
4 resource center or a care management organization and, if so, how the operation
5 should proceed.

6 2. Whether organizations other than the county should serve as an alternative
7 or in addition to county-operated entities to operate an aging or disability resource
8 center or a care management organization and, if so, which organizations should be
9 considered.

10 3. If applicable, how county-operated functions should interact with a tribal
11 aging or disability resource center or care management organization.

12 (b) Advise the county board of supervisors and, if applicable, the county
13 executive or county administrator, regarding county applications for certification as
14 an aging or disability resource center or care management organization.

15 (c) Advise the department regarding applications for initial certification or
16 certification renewal of an aging or disability resource center or care management
17 organization, including providing recommendations for organizations applying for
18 certification or recertification.

19 (d) Advise care management organizations concerning long-term care
20 providers in order to assist the development of a sufficient number of accessible
21 providers.

22 (e) Advise care management organizations about whether to offer optional
23 acute and primary health care services and, if so, how these benefits should be
24 offered.

1 (f) Identify gaps in services, living arrangements and community resources and
2 develop strategies to build local capacity to serve elderly and disabled persons,
3 especially those with long-term care needs.

4 (g) Perform long-range planning for the elderly and disabled.

5 (h) Annually review interagency agreements between the aging and disability
6 resource center and care management organizations and make recommendations,
7 as appropriate, on the interaction between the resource center and the organizations
8 to assure a coordinated long-term care system.

9 (i) Annually review the number and types of consumer complaints and
10 grievances about the long-term care system, to determine if a need exists for system
11 changes, and recommend system or other changes if appropriate.

12 (j) Identify potential new sources of funding for the aging or disability resource
13 center and for care management organizations.

14 (k) Monitor and evaluate the aging or disability resource center and care
15 management organizations.

16 (L) Support long-term care system improvements to improve services to
17 elderly and disabled persons and their families.

18 **SECTION 4.** 46.284 of the statutes is created to read:

19 **46.284 Care management organizations.** (1) CONTRACTS. (a) Except as
20 provided in par. (b), the department may contract with any nonprofit organization,
21 as defined in s. 108.02 (19), that submits to the department an application that meets
22 the requirements established by the department by rule to operate as a care
23 management organization. An application for certification as a care maintenance
24 organization shall include the recommendations of the ~~county or tribal~~ long term
25 care council regarding the optimal number of care maintenance organizations to

appropriate

1 operate in a given area and which organizations should serve as care maintenance
2 organizations in that area.

****NOTE: What is the difference between obtaining certification and obtaining a contract to operate as a CMO? Will the department be certifying applicants or awarding contracts? Is there a reason to use different terms or will an organization that is awarded a contract necessarily be certified? Could organizations without contracts operate as certified CMOs?

3 (b) The department shall award the initial contracts to operate a care
4 management organization to counties that elect to operate a care maintenance
5 organization and meet performance standards established by the department by
6 rule. A county to which a contract under this paragraph is awarded may operate the
7 care maintenance organization for all of the target groups or for a selected group or
8 groups. The initial contracts shall be for 2 years and shall permit the county to be
9 the exclusive operator of a care management organization in that county for the
10 target groups that the county elects to serve.

****NOTE: The proposal refers to “a two-year opportunity to establish operation without competition from other organizations (except PACE and Partnership programs).” What are PACE and Partnership programs? I assume PACE is an acronym. What do the letters stand for?

11 (2) REQUIREMENTS FOR ORGANIZING. (a) To be certified as a care maintenance
12 organization, an applicant shall demonstrate or ensure all of the following:

13 1. Adequate availability of providers with the expertise and ability to provide
14 services that are responsive to the disabilities or conditions of all of the applicant’s
15 proposed clients and sufficient representation of programmatic philosophies and
16 cultural orientations to accommodate a variety of client preferences and needs.

17 2. Adequate availability of providers that can meet the preferences and needs
18 of its proposed clients for services at various times, including evenings, weekends
19 and, when applicable, on a 24-hour basis.

1 3. Adequate availability of providers that are able and willing to perform all
2 the tasks that are identified in proposed clients' service and care plans.

3 4. Adequate availability of residential and day services that are geographically
4 accessible to proposed clients' homes, families or friends.

5 5. Adequate supported living arrangements of the types and sizes that meet
6 proposed clients' preference and needs.

7 6. Expertise in determining and meeting the needs of every target population
8 that the applicant proposes to serve and connections to the appropriate service
9 providers.

10 7. Thorough knowledge of local long term care and other community resources.

11 8. The ability to manage and deliver, either directly or through subcontracts
12 or partnerships with other organizations, the full range of benefits to be included in
13 the monthly payment amount.

14 9. Thorough knowledge of methods for maximizing informal caregivers and
15 community resources and integrating them into a service or care plan.

16 10. Coverage for a geographic area specified by ^{the} department.

17 12. The ability to develop strong linkages with systems and services that are
18 not directly within the scope of the applicant's responsibility but that are important
19 to the target group that it proposes to serve.

20 15. Adequate and competent staffing by qualified personnel to perform all of
21 the functions that the applicant proposes to undertake.

22 (b) In addition to the requirements specified under par. (a), to maintain
23 certification a care main^{ten}ance organization shall do all of the following:

24 1. Create a governing board that is distinct from the governing board of the
25 local resource center to perform the functions specified under par. (c). The

1 membership of the governing board shall reflect ^{the} ethnic and economic diversity of
2 the geographic areas served by the care maintenance organization and shall be
3 comprised of not fewer than 10 nor more than 20 members as follows: *two-thirds*

4 a. At least 25% of the board's membership shall be comprised of consumer
5 groups served by the care maintenance organization. Of that 25%, at least ~~2/3~~ shall
6 be members of the target groups served. The remaining ~~1/3~~ ^{one-third} may be family or ^{immediate}
7 ^{guardians} of members of the target groups. Each target group of the care maintenance
8 organization shall be represented. Members under this subd. 1. a. shall be appointed
9 from a ~~pool of people~~ ^{persons} nominated by consumers and local organizations representing
10 older people or people with disabilities

****NOTE: Appointed by whom?

11 b. If the care maintenance organization is a county or tribal agency, at least ~~1/3~~,
12 but not more than ~~2/3~~ ^{two-thirds} of the members of the board shall be elected county or tribal
13 officials. *one-third*

****NOTE: Appointed by whom?

14 c. The remainder of the board's membership shall be comprised of residents of
15 any county or members of any tribe that the care maintenance organization serves.
16 Members appointed under this subd. 1. c. may not be associated with providers of
17 services within the purview of the care maintenance organization.

****NOTE: By whom would members under this provision be appointed?

18 2. Meet all performance standards required by the federal government and
19 promulgated by the department by rule.

20 3. Submit in the manner prescribed by the department by rule or by contract
21 any reports required by the department.

prescribed

1 4. Develop and implement internal quality improvement and assurance
2 processes that meet standards ~~developed~~ by the department by rule.

3 5. Cooperate with external quality assurance reviews.

4 (c) The governing board of a care maintenance organization shall do all of the
5 following:

6 1. Develop a mission statement for the care maintenance organization that is
7 consistent with the goals of family care. (?)

8 2. Determine the structure, policies and procedures of the care maintenance
9 organization consistent with guidelines promulgated by the department and local
10 long term care council.

11 3. Oversee the implementation and operation of the care maintenance
12 organization to ensure compliance with contract requirements and statutes and
13 rules.

14 4. Identify unmet needs and prepare plans to meet those needs.

***NOTE: Needs of whom? The consumers? The CMO?

15 5. In the case of a care maintenance organization that is operated by a county
16 with a county executive or county administrator advise the county executive or
17 county administrator on the appointment of the director of the organization;
18 recommend program priorities; prepare a proposed budget for submission to the
19 county executive or county administrator; ~~and~~ approve the final budget for
20 submission to the department and advise the director of the organization on
21 purchasing and providing services.

22 6. In the case of a care maintenance organization that is operated in a county
23 that is not described in subd. 5., govern the care maintenance organization; appoint
24 the director of the organization, subject to confirmation of the county board; prepare

1 a proposed budget for submission to the county board; determine whether services
2 are to be provided by the care maintenance organization or purchased by the care
3 maintenance organization.

4 7. In the case of a care maintenance organization that is not described in subd.
5 5. or 6., govern the care maintenance organization; appoint the director of the care
6 maintenance organization; prepare and monitor the care maintenance
7 organization's budget; determine whether services are to be provided by the care
8 maintenance organization or purchased by the care maintenance organization.

9 (3) DUTIES OF THE CARE MAINTENANCE ORGANIZATION. A care maintenance
10 organization shall do all of the following:

11 (a) Accept requested enrollment of any person who is eligible for a public
12 subsidy for a family care benefit. No care maintenance organization may disenroll
13 any enrollee, except under circumstances specified by the department by rule. No
14 care maintenance organization may encourage any enrollee to disenroll in order to
15 ~~access~~ ^{obtain} long-term care services under the medical assistance fee-for-service system.
16 No involuntary disenrollment is effective unless the department has reviewed and
17 approved it.

~~***NOTE: Debora: We should be sure to define "family care benefit"~~

18 (b) Conduct a comprehensive assessment for each enrollee using a standard
19 format developed by the department.

20 (c) With the enrollee and the enrollee's family or guardian, develop a
21 comprehensive care plan that reflects the enrollee's preferences, if appropriate.

22 (4) FUNDING AND RISK-SHARING.

23 SECTION 5. 234.03 (13) of the statutes is amended to read:

1 234.03 (13) To purchase and enter into commitments for the purchase of
 2 mortgages and securities if the authority shall first determine that the proceeds of
 3 the sale of such mortgages and securities to the authority will be utilized for the
 4 purpose of residential housing for occupancy by persons or families of low and
 5 moderate income and to enter into agreements with sponsors of residential facilities,
 6 as defined in s. ~~46.28~~ 46.291 (1) (d) and (e), and with eligible sponsors, mortgagors
 7 or issuers of securities for the purpose of regulating the planning, development and
 8 management of housing projects financed in whole or in part by the proceeds of the
 9 mortgages or securities purchased by the authority.

History: History: 1971 c. 287; 1973 c. 208, 333; 1975 c. 221; 1977 c. 418; 1981 c. 349 ss. 12, 32; 1983 a. 27 ss. 1622e to 1622m, 2202 (20); 1983 a. 81; 1983 a. 83 ss. 7, 8, 22; 1983 a. 192; 1985 a. 29 ss. 2242, 3200 (28); 1985 a. 334; 1987 a. 27, 399; 1993 a. 16, 112, 437; 1997 a. 27.

10 **SECTION 6.** 234.03 (15) of the statutes is amended to read:

11 234.03 (15) To acquire or contract to acquire from any person by grant,
 12 purchase or otherwise, leaseholds, real or personal property or any interest therein,
 13 only when the authority finds that low-^{low-income} or moderate-income housing cannot be
 14 developed privately without an acquisition by the authority, or when the authority
 15 acquires property by reason of default by a sponsor of a residential facility, as defined
 16 in s. ~~46.28~~ 46.291 (1) (d) and (e), or by an eligible sponsor; to own, hold, clear, improve
 17 and rehabilitate and to sell, assign, exchange, transfer, convey, lease, mortgage or
 18 otherwise dispose of or encumber the same. Nothing in this chapter shall be deemed
 19 to impede the operation and effect of local zoning, building and housing ordinances
 20 or ordinances relating to subdivision control, land development, fire prevention or
 21 other ordinances having to do with housing or housing development.

History: History: 1971 c. 287; 1973 c. 208, 333; 1975 c. 221; 1977 c. 418; 1981 c. 349 ss. 12, 32; 1983 a. 27 ss. 1622e to 1622m, 2202 (20); 1983 a. 81; 1983 a. 83 ss. 7, 8, 22; 1983 a. 192; 1985 a. 29 ss. 2242, 3200 (28); 1985 a. 334; 1987 a. 27, 399; 1993 a. 16, 112, 437; 1997 a. 27.

22 **SECTION 7.** 234.61 (1) of the statutes, ~~as affected by 1997 Wisconsin Act 27,~~ is

23 amended to read:

1 234.61 (1) Upon the authorization of the department of health and family
2 services, the authority may issue bonds or notes and make loans for the financing of
3 housing projects which are residential facilities as defined in s. ~~46.28~~ 46.291 (1) (d)
4 and the development costs of those housing projects, if the department of health and
5 family services has approved the residential facilities for financing under s. ~~46.28~~
6 46.291 (2). The limitations in ss. 234.18 (1), 234.40, 234.50, 234.60, 234.65 and
7 234.66 do not apply to bonds or notes issued under this section. The definition of
8 “nonprofit corporation” in s. 234.01 (9) does not apply to this section.

History: History: 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

9 **SECTION 8.** 234.61 (2) (b) of the statutes, ~~as affected by 1997 Wisconsin Act 27,~~

10 is amended to read:

11 234.61 (2) (b) Of the amount specified in par. (a), \$30,000,000 may only be used
12 to finance residential facilities serving 15 or fewer persons who are chronically
13 disabled, as defined in s. ~~46.28~~ 46.291 (1) (b).

History: History: 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

14 **SECTION 9.** 234.61 (2) (c) 1. of the statutes, ~~as affected by 1997 Wisconsin Act~~

15 ~~27,~~ is amended to read:

16 234.61 (2) (c) 1. Of the amount specified in par. (a), \$48,580,000 may only be
17 used to finance residential facilities with 100 or fewer units for elderly persons, as
18 defined in s. ~~46.28~~ 46.291 (1) (c) or to finance additional residential facilities serving
19 15 or fewer persons who are chronically disabled.

History: History: 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

20 **SECTION 10.** 234.61 (2) (c) 2. of the statutes, ~~as affected by 1997 Wisconsin Act~~

21 ~~27,~~ is amended to read:

22 234.61 (2) (c) 2. The remainder of the amount specified in par. (a) may only be
23 used to finance residential facilities with 50 or fewer units for elderly persons, as

1 defined in s. ~~46.28~~ 46.291 (1) (c), or to finance additional residential facilities serving
2 15 or fewer persons who are chronically disabled.

3 **History:** History: 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

3 **SECTION 9122. Nonstatutory provisions; health and family services.**

4 (1) COUNCIL ON LONG-TERM CARE; INITIAL TERMS. Notwithstanding the length of
5 terms specified for the members of the council on long-term care appointed under
6 section 15.197 (5) of the statutes, as created by this act, the initial members of the
7 council shall be appointed under that subsection for the following terms:

8 (a) ~~One-third~~ ^{Nine} of the members, for terms expiring on ~~July~~ ^{July} 1, 2002.

9 (b) ~~One-third~~ ^{Eight} of the members, for terms expiring on ~~July~~ ^{July} 1, 2003.

10 (c) ~~One-third~~ ^{Eight} of the members, for terms expiring on ~~July~~ ^{July} 1, 2004.

11 (END)



State of Wisconsin
1999 - 2000 LEGISLATURE

LRB-0030/P1
DAK&TAY.....

✓ in computer

⊗ Fix

DOA:.....Fossum - Long-term care redesign

FOR 1999-01 BUDGET - NOT READY FOR INTRODUCTION

Version
1 A

Sent to G. Fossum
L. Barvickis

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

Analysis by the Legislative Reference Bureau

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

2 SECTION 1. 15.07 (2) (k) of the statutes is created to read:

3 15.07 (2) (k) The chairperson of the council on long-term care shall be
4 designated ~~biennially~~ by the governor.

****NOTE: "Biennially" is usually used in this context (see s. 15.07 (2) (a) and (b), stats.).

5 SECTION 2. 15.197 (5) of the statutes is created to read:

6 15.197 (5) COUNCIL ON LONG-TERM CARE. (a) *Creation*. There is created in the
7 department of health and family services a council on long-term care.

8 (b) *Membership*. The council consists of 23 members, at least 12 of which are
9 persons who are aged 65 or older or who have physical or developmental disabilities

SECTION 2

1 or their immediate family members or other representatives. Of those 12 members,
2 at least 9 are equally proportioned among persons who are aged 65 or older, persons
3 who have physical disabilities and persons who have developmental disabilities, and
4 up to 3 may be immediate family members of or guardians or other advocates for
5 these persons. The remaining membership consists of representatives of counties or
6 of federally recognized American Indian tribes or bands; providers of long-term care
7 services; representatives of resource centers under s. 46.283 or care management
8 organizations under s. 46.284; state officials; or community leaders.

****NOTE: Because 51% of 25 is 13, two-thirds of which results in a fraction and one-third of that resulting number is, again, a fraction, the membership scheme proposed seems unworkable. Please review my compromise.

9 (c) *Appointment.* The governor shall appoint members from nominations
10 solicited by the secretary of health and family services ~~from long-term care~~
11 ~~consumers, advocates, service providers and other interested persons.~~

*under 1999 Wisconsin Act 9123 (this act), section 11(b) and under s. 46.281 (3) (****)*

****NOTE: I omitted the requirement that the governor appoint the chairperson apart from the listing provided by the secretary of DHFS; this becomes unworkable unless you want the governor to make this appointment for 3 years.

12 (d) *Terms.* The members appointed under par. (c) shall serve 3-year terms. No
13 member may serve more than 2 consecutive terms.

SECTION 3. 46.28 of the statutes is renumbered 46.291.

SECTION 4. 46.28 of the statutes is created to read:

16 **46.28 Definitions.** In sections 46.28 to 46.287: (1) "Family care benefit"
17 means *****

18 (2) "Local long-term care council" means a long-term care council that is
19 appointed under s. 46.282 (2) (a).

20 (3) "Older person" means a person who is aged at least 65.

****NOTE: Is this age correct?

21 SECTION 5. 46.281 of the statutes is created to read:

*() "Tribe or band" means a federally recognized American Indian tribe "or band."
() Nonprofit organization" has the meaning given in s. 108.02 (19).*

*() "Long-term care system" means
() "Resource center" means an aging and disability resource center as specified in s. 46.283.*

1 **46.281 Powers and duties of the department; long-term care. (1)**

2 **DUTIES.** The department shall do all of the following:

OF THE DEPARTMENT

INSERT 3-2

3 (a) ~~Consider~~ ^{Provide information to and seek} recommendations of the council on long-term care made under s.

4 46.282 (1) ~~in making a final decision.~~ If the department's final decision differs

5 from the recommendations of the council, ^{made under s. 46.282 (1)(c)} the department shall provide, in writing,

6 an explanation of the reasons for the difference.

(2) Powers of the department
(3) Duties of secretary

INSERT 3-6

7 **SECTION 6.** 46.282 of the statutes is created to read:

8 **46.282 Councils on long-term care. (1) COUNCIL ON LONG-TERM CARE; DUTIES.**

9 The council on long-term care appointed under s. 15.197 (5) shall do all of the
10 following:

11 (a) Assist the department in developing broad policy issues related to
12 long-term care services and the long-term care system.

13 (b) Assist the department to develop, implement, coordinate and guide the
14 long-term care system, including by reviewing and making recommendations to the
15 department concerning all of the following:

16 1. The department's standard contract provisions for resource centers and care
17 management organizations.

18 2. The family care benefit, including the per person rate structure for the
19 benefit.

20 3. The long-term support community options program under s. 46.27.

21 4. The community integration programs under ss. 46.275, 46.277 and 46.278.

22 5. Programs other than those under subd. 3. and 4. that provide home and
23 community-based services under waivers of federal medical assistance laws.

24 6. The provision of medical assistance services under a fee-for-service system.

SECTION 6

1 (c) At the request of a county, tribe, local long-term care council or applying
2 organization, review, under guidelines established by the council, a preliminary
3 decision of the department concerning the number of care management
4 organizations that may operate in a geographic area, the awarding of a contract for
5 operation of a care management organization and the termination of specific
6 contracts. The long-term care council shall make recommendations to the
7 department for the department’s final decision.

 ****NOTE: What are the “applying organizations” applying for?

8 (d) Monitor patterns of complaints or grievances and appeals regarding the
9 long-term care system in order to identify issues of statewide importance.

10 (e) Monitor the numbers of persons on waiting lists and the levels of their
11 functional needs.

12 (f) Review patterns of utilization of various types of services by care
13 management organizations.

 ****NOTE: Long-term care services?

14 (g) Monitor the pattern of enrollments and disenrollments throughout the
15 state.

16 (h) Review annual reports submitted by local long-term care councils and other
17 information and report annually to the legislature in the manner provided under s.
18 13.172 (2) and to the governor on the status, significant achievements and problems
19 of the long-term care system, including all of the following:

- 20 1. Numbers of persons served.
- 21 2. Costs of long-term care provided under the long-term care system.
- 22 3. The number and service areas of resource centers and care management
23 organizations.

1 4. Waiting list information.

2 5. Results of reviews of quality of long-term care provided under the long-term
3 care system.

4 **(2) LOCAL LONG-TERM CARE COUNCILS; APPOINTMENT; MEMBERSHIP; TERMS;**
5 **COMPENSATION AND TRAINING; OFFICERS. (a) *Appointment.*** 1. The county board of
6 supervisors of a county shall appoint a local long-term care council or the county
7 boards of supervisors of 2 or more contiguous counties shall appoint a local long-term
8 care council, except as follows:

9 a. Except as provided in subd. 1. b., in a county with a county executive or a
10 county administrator, the county executive or county administrator shall appoint the
11 local long-term care council, subject to confirmation by the county board of
12 supervisors.

13 b. If the lands of any federally recognized American Indian tribe or band are
14 located in the county or contiguous counties to be served by a local long-term care
15 council, each tribe or band with these lands shall appoint at least one member of the
16 local long-term care council.

17 2. A county board of supervisors or, in a county with a county executive or a
18 county administrator, the county executive or county administrator shall appoint
19 members of the local long-term care council who are required to be older persons or
20 persons with physical or developmental disabilities or their immediate family
21 members or guardians or other advocates for these persons from nominations that
22 are submitted to the county board of supervisors or the county executive or county
23 administrator by older persons or persons with physical or developmental
24 disabilities or their immediate family members or guardians and by local

SECTION 6

1 organizations that represent older persons or persons with physical or
 2 developmental disabilities. *or the Great Lakes Inter Tribal Council, inc.,*
 3 3. ~~Any~~ ^{It a} federally recognized American Indian tribe or band ~~that~~ intends to apply
 4 for certification as a resource center or a care management organization ^{the tribe or band} shall, as a
 5 condition of the certification appoint a local long-term care council. *or the GLTCC*

6 (b) *Membership.* 1. A local long-term care council that serves a single-county
 7 area shall consist of 17 members, at least 9 of which are older persons or persons with
 8 physical or developmental disabilities or their immediate family members or other
 9 representatives. Of those 9 members, at least 6 shall be equally proportioned among
 10 older persons, persons with physical disabilities and persons with developmental
 11 disabilities, and up to 3 may be immediate family members of or guardians or other
 12 advocates for these persons. The remaining membership shall consist of providers
 13 of long-term care services, persons residing in the county with recognized ability and
 14 demonstrated interest in long-term care and up to 3 members of the county board
 15 of supervisors or other elected officials.

****NOTE: Because 51% of 21 is 11, two-thirds of which results in a fraction and one-third of that resulting number is, again, a fraction, the membership scheme proposed seems unworkable. Please review my compromise.

16 2. A local long-term care council that serves an area of 2 or more contiguous
 17 counties shall consist of 23 members, at least 12 of which are older persons or persons
 18 with physical or developmental disabilities or their immediate family members or
 19 other representatives. Of those 12 members, at least 9 shall be equally proportioned
 20 among older persons, persons with physical disabilities and persons with
 21 developmental disabilities, and up to 3 may be immediate family members of or
 22 guardians or other advocates for these persons. The remaining membership shall
 23 consist of providers of long-term care services, persons residing in the county with

1 recognized ability and demonstrated interest in long-term care and either up to 4
2 members of the county boards of supervisors or other elected officials or, for a council
3 that serves an area of more than 4 contiguous counties, up to one member of the
4 county board of supervisors of each county or up to one other elected official in each
5 county area.

****NOTE: Because 51% of 25 is 13, two-thirds of which results in a fraction and one-third of that resulting number is, again, a fraction, the membership scheme proposed seems unworkable. Please review my compromise.

6 3. A local long-term care council that is appointed by a federally recognized
7 American Indian tribe or band shall include the membership specified for a local
8 long-term care council under subd. 1., except that the membership shall include
9 representatives of each county in the area established for the local long-term care
10 council.

11 ~~4~~ 4. Vacancies in membership in a local long-term care council shall be filled for
12 the residue of the unexpired term in the manner that the original appointments are
13 made. A local long-term care council member may be removed from office for the
14 following reasons:

15 a. For cause, by a two-thirds vote of each county board of supervisors or
16 federally-recognized American Indian tribe or band participating in the
17 appointment, on due notice in writing and hearing of the charges against the
18 member.

19 b. If the member when appointed was a member of the county board of
20 supervisors or was another elected official and was not reelected to that office, on due
21 notice in writing.

22 (c) *Terms.* The members of the local long-term council appointed under par.
23 (a) shall serve 3-year terms. No member may serve more than 2 consecutive terms.

SECTION 6

1 Of the members first appointed, one-third shall be appointed for 3 years; one-third
2 shall be appointed for 4 years; and one-third shall be appointed for 5 years.

3 (d) *Compensation and training.* Members of the ^{local} long-term care council who
4 are older persons, persons with physical or developmental disabilities or the

5 ~~members~~ family members or guardians of these persons shall receive compensation
6 for reasonable expenses associated with membership participation. The county
7 board of supervisors or, in the case of a ~~member~~ ^{local long-term care council} appointed by a ~~federally recognized~~
8 ~~American Indian tribe or band~~ ^{under par. (b) 3.}, the tribe or band, shall provide training to these
9 members to enable them to participate effectively.

10 (e) *Officers.* At the the first meeting of a long-term care council, members shall
11 elect from their number a chairperson, a secretary and other officers as necessary.
12 Vacancies in these offices shall be filled for the unexpired terms. The chairperson
13 shall preside at all meetings when present and countersign all actions taken by the
14 long-term care council. In case of the absence of the chairperson for any meeting the
15 members present shall choose a temporary chairperson.

****NOTE: I obtained the language for pars. (d) and (e) from county human services
and social services department language. Do you wish to have it included?

16 (3) LOCAL LONG-TERM CARE COUNCILS; DUTIES. (a) A local long-term care council
17 shall do all of the following within the council's area:

18 1. Develop the initial plan for the structure of the county, multicounty or tribal
19 long-term care system, including recommendations on all of the following:

20 a. Whether or not the county, counties or tribe or band should exercise its right
21 of first selection to operate an aging or disability resource center or a care
22 management organization and how the operation should proceed.

to whom? *

1 b. Whether local, private nonprofit organizations other than the county should
2 serve as alternatives or in addition to county-operated entities to operate an aging
3 or disability resource center or a care management organization and, if so, which
4 organizations should be considered.

5 c. If applicable, how county-operated functions should interact with an aging
6 or disability resource center or care management organization that is operated by a
7 federally recognized American Indian tribe or band.

8 2. Evaluate and determine whether additional care management ^{under criteria prescribed}
9 organizations are needed in the area and, if so, recommend this to the department. ^{by the department} ~~consultation~~ ^{after}
~~***NOTE: What are the criteria for these determinations?~~ ^{consultation with the council on long-term care.}

10 3. Advise the department regarding applications for initial certification or
11 certification renewal of an ~~aging or disability~~ resource center or care management
12 organization in the area of the local long-term care council, including providing
13 recommendations for organizations applying for certification or recertification, and
14 assist the department in reviewing and evaluating the applications.

***NOTE: To DAK: draft elsewhere requirement that applying organizations attach copies of council's recommendations to applications.

15 4. Receive and monitor complaints from persons served by ~~the~~ ^{any} care
16 management organization in the area concerning whether the numbers of providers
17 of long-term care services used by the care management organization are sufficient
18 to ensure convenient and desirable consumer choice and provide recommendations ^{to the CMO}
19 under subd. 3. to the department about this issue.

20 5. Advise care management organizations about whether to offer optional
21 acute and primary health care services and, if so, how these benefits should be
22 offered.

SECTION 6

1 6. Review the utilization of various types of long-term care services by care
2 management organizations in the area.

3 7. Monitor the pattern of enrollments and disenrollments in local care
4 management organizations.

5 8. Identify gaps in services, living arrangements and community resources and
6 develop strategies to build local capacity to serve elderly and disabled persons,
7 especially those with long-term care needs.

8 9. Perform long-range planning for older persons and persons with physical
9 or developmental disabilities.

10 10. Annually review interagency agreements between the aging and disability
11 resource center and care management organizations and make recommendations,
12 as appropriate, on the interaction between the resource center and the organizations
13 to assure a coordinated long-term care system.

14 11. Annually review the number and types of consumer complaints and
15 grievances about the long-term care system, to determine if a need exists for system
16 changes, and recommend system or other changes if appropriate.

17 ~~(L) At the option~~

18 12. Identify potential new sources of funding for the aging or disability resource
19 ~~center and for care management organizations.~~

*common resources and
elderly person and persons
with physical or developmental disabilities*

(?)

20 13. Monitor and evaluate the aging or disability resource center and care
21 management organizations.

22 14. Support long-term care system improvements to improve services to
23 elderly and disabled persons and their families.

1 15. Annually report to the department and to the long-term care council
2 concerning significant achievements and problems in the local long-term care
3 system.

4 (b) A local long-term care council may review and act on grievances from
5 consumers of long-term care services from a care management organization.

****NOTE: This provision needs work, unless a specific grievance, review and appeal
procedure is specified elsewhere.

6 SECTION 7. 46.284 of the statutes is created to read:

7 **46.284 Care management organizations. (1) CONTRACTS.** (a) Except as
8 provided in par. (b), the department may contract with any ~~non-profit~~ organization,
9 ~~as defined in s. 108.02(19)~~, that submits to the department an application that meets
10 the requirements established by the department by rule to operate as a care
11 management organization. An ^{initial or renewal} application for certification as a care ^{management} ~~maintenance~~
12 organization shall include the ^{comments and} recommendations of the appropriate local long-term
13 care council regarding the optimal number of care maintenance organizations to
14 operate in a given area and which organizations should serve as care maintenance
15 organizations in that area.

****NOTE: What is the difference between obtaining certification and obtaining a
contract to operate as a CMO? Will the department be certifying applicants or awarding
contracts? Is there a reason to use different terms or will an organization that is awarded
a contract necessarily be certified? Could organizations without contracts operate as
certified CMOs?

16 (b) The department shall award the initial contracts to operate a care
17 management organization to counties that elect to operate a care maintenance
18 organization and meet performance standards established by the department by
19 rule. A county to which a contract under this paragraph is awarded may operate the
20 care maintenance organization for all of the target groups or for a selected group or
21 groups. The initial contracts shall be for 2 years and shall permit the county to be

() Review
11-c care
council
auth*

SECTION 7

1 the exclusive operator of a care management organization in that county for the
2 target groups that the county elects to serve.

****NOTE: The proposal refers to “a two-year opportunity to establish operation without competition from other organizations (except PACE and Partnership programs).” What are PACE and Partnership programs? I assume PACE is an acronym. What do the letters stand for?

3 (2) REQUIREMENTS FOR ORGANIZING. (a) To be certified as a care maintenance
4 organization, an applicant shall demonstrate or ensure all of the following:

5 1. Adequate availability of providers with the expertise and ability to provide
6 services that are responsive to the disabilities or conditions of all of the applicant’s
7 proposed clients and sufficient representation of programmatic philosophies and
8 cultural orientations to accommodate a variety of client preferences and needs.

9 2. Adequate availability of providers that can meet the preferences and needs
10 of its proposed clients for services at various times, including evenings, weekends
11 and, when applicable, on a 24-hour basis.

12 3. Adequate availability of providers that are able and willing to perform all
13 the tasks that are identified in proposed clients’ service and care plans.

14 4. Adequate availability of residential and day services that are geographically
15 accessible to proposed clients’ homes, families or friends.

16 5. Adequate supported living arrangements of the types and sizes that meet
17 proposed clients’ preference and needs.

18 6. Expertise in determining and meeting the needs of every target population
19 that the applicant proposes to serve and connections to the appropriate service
20 providers.

21 7. Thorough knowledge of local long term care and other community resources.

1 8. The ability to manage and deliver, either directly or through subcontracts
2 or partnerships with other organizations, the full range of benefits to be included in
3 the monthly payment amount.

4 9. Thorough knowledge of methods for maximizing informal caregivers and
5 community resources and integrating them into a service or care plan.

6 10. Coverage for a geographic area specified by the department.

7 12. The ability to develop strong linkages with systems and services that are
8 not directly within the scope of the applicant's responsibility but that are important
9 to the target group that it proposes to serve.

10 15. Adequate and competent staffing by qualified personnel to perform all of
11 the functions that the applicant proposes to undertake.

12 (b) In addition to the requirements specified under par. (a), to maintain
13 certification a care maintenance organization shall do all of the following:

14 1. Create a governing board ^{as described under sub. (5)(a)} that is distinct from the governing board of the
15 local resource center to perform the functions specified under ~~par. (a)~~ ^{sub. (5)(b)}. The
16 membership of the governing board shall reflect the ethnic and economic diversity
17 of the geographic areas served by the care maintenance organization and shall be
18 comprised of 12 members as follows:

19 a. At least 4 of the members shall represent older persons or persons with
20 physical or developmental disabilities. Of those 4 members, at least 3 shall be older
21 persons or persons with physical or developmental disabilities ~~who are served by the~~
22 ~~care maintenance organization.~~ The remaining member may be an ~~immediate~~
23 family member or guardian of these persons. Members under this subd. 1. a. shall
24 be appointed from nominations by consumers of long-term care services and by local

SECTION 7

1 organizations representing older persons or persons with physical or developmental
2 disabilities.

****NOTE: Because 25% of many of the numbers between 10 and 20 results in a fraction, two-thirds of which results, again, in a fraction, the membership scheme proposed seems unworkable. Please review my compromise. Also, wouldn't you want the number of members to be uneven?

****NOTE: Appointed by whom?

lowered to 6.284
5)
a)

3 b. If the care maintenance organization is a county or tribal agency, at least
4 one-third but not more than two-thirds of the members of the board shall be elected
5 county or tribal officials.

****NOTE: Appointed by whom?

6 c. The remainder of the board's membership shall be comprised of residents of
7 any county or members of any federally recognized American Indian tribe or band
8 that the care maintenance organization serves. Members appointed under this subd.
9 1. c. may not be associated with providers of services within the purview of the care
10 maintenance organization.

****NOTE: By whom would members under this provision be appointed?

****NOTE: Lengths of terms?

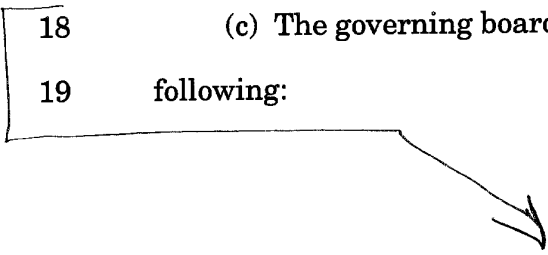
11 2. Meet all performance standards required by the federal government and
12 promulgated by the department by rule.

13 3. Submit in the manner prescribed by the department by rule or by contract
14 any reports required by the department.

15 4. Develop and implement internal quality improvement and assurance
16 processes that meet standards prescribed by the department by rule.

17 5. Cooperate with external quality assurance reviews.

18 (c) The governing board of a care maintenance organization shall do all of the
19 following:



1 1. Develop a mission statement for the care maintenance organization that is
2 consistent with the goals of the long-term care system.

 ***NOTE: Where are these goals specified?

3 2. Determine the structure, policies and procedures of the care maintenance
4 organization consistent with guidelines promulgated by the department and local
5 long-term care council.


6 3. Oversee the implementation and operation of the care maintenance
7 organization to ensure compliance with contract requirements and statutes and
8 rules.

9 4. Identify unmet needs and prepare plans to meet those needs.

 ***NOTE: Needs of whom? The consumers? The CMO?

10 5. In the case of a care maintenance organization that is operated by a county
11 with a county executive or county administrator advise the county executive or
12 county administrator on the appointment of the director of the organization;
13 recommend program priorities; prepare a proposed budget for submission to the
14 county executive or county administrator; approve the final budget for submission
15 to the department; and advise the director of the organization on purchasing and
16 providing services.

17 6. In the case of a care maintenance organization that is operated in a county
18 that is not described in subd. 5., govern the care maintenance organization; appoint
19 the director of the organization, subject to confirmation of the county board; prepare
20 a proposed budget for submission to the county board; determine whether services
21 are to be provided by the care maintenance organization or purchased by the care
22 maintenance organization.



SECTION 7

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7. In the case of a care maintenance organization that is not described in subd. 5. or 6., govern the care maintenance organization; appoint the director of the care maintenance organization; prepare and monitor the care maintenance organization's budget; and determine whether services are to be provided by the care maintenance organization or purchased by the care maintenance organization.

(3) DUTIES OF THE CARE MAINTENANCE ORGANIZATION. A care maintenance organization shall do all of the following:

(a) Accept requested enrollment of any person who is eligible for a public subsidy for a family care benefit. No care maintenance organization may disenroll any enrollee, except under circumstances specified by the department by rule. No care maintenance organization may encourage any enrollee to disenroll in order to obtain long-term care services under the medical assistance fee-for-service system. No involuntary disenrollment is effective unless the department has reviewed and approved it.

(b) Conduct a comprehensive assessment for each enrollee using a standard format developed by the department.

(c) With the enrollee and the enrollee's family or guardian, develop a comprehensive care plan that reflects the enrollee's preferences, if appropriate.

(d), (e), (f) - See Comments 12/4, p. 8

(4) FUNDING AND RISK-SHARING.

(6) LICENSURE AS A HOME HEALTH AGENCY

****NOTE: This subsection is not yet developed.

(5) GOVERNING BD

SECTION 8. 234.03 (13) of the statutes is amended to read:

234.03 (13) To purchase and enter into commitments for the purchase of mortgages and securities if the authority shall first determine that the proceeds of the sale of such mortgages and securities to the authority will be utilized for the purpose of residential housing for occupancy by persons or families of low and

1 moderate income and to enter into agreements with sponsors of residential facilities,
2 as defined in s. ~~46.28~~ 46.291 (1) (d) and (e), and with eligible sponsors, mortgagors
3 or issuers of securities for the purpose of regulating the planning, development and
4 management of housing projects financed in whole or in part by the proceeds of the
5 mortgages or securities purchased by the authority.

History: History: 1971 c. 287; 1973 c. 208, 333; 1975 c. 221; 1977 c. 418; 1981 c. 349 ss. 12, 32; 1983 a. 27 ss. 1622e to 1622m, 2202 (20); 1983 a. 81; 1983 a. 83 ss. 7, 8, 22; 1983 a. 192; 1985 a. 29 ss. 2242, 3200 (28); 1985 a. 334; 1987 a. 27, 399; 1993 a. 16, 112, 437; 1997 a. 27.

6 **SECTION 9. 234.03 (15) of the statutes is amended to read:**

7 **234.03 (15)** To acquire or contract to acquire from any person by grant,
8 purchase or otherwise, leaseholds, real or personal property or any interest therein,
9 only when the authority finds that ~~low-~~ low-income or moderate-income housing
10 cannot be developed privately without an acquisition by the authority, or when the
11 authority acquires property by reason of default by a sponsor of a residential facility,
12 as defined in s. ~~46.28~~ 46.291 (1) (d) and (e), or by an eligible sponsor; to own, hold,
13 clear, improve and rehabilitate and to sell, assign, exchange, transfer, convey, lease,
14 mortgage or otherwise dispose of or encumber the same. Nothing in this chapter
15 shall be deemed to impede the operation and effect of local zoning, building and
16 housing ordinances or ordinances relating to subdivision control, land development,
17 fire prevention or other ordinances having to do with housing or housing
18 development.

History: History: 1971 c. 287; 1973 c. 208, 333; 1975 c. 221; 1977 c. 418; 1981 c. 349 ss. 12, 32; 1983 a. 27 ss. 1622e to 1622m, 2202 (20); 1983 a. 81; 1983 a. 83 ss. 7, 8, 22; 1983 a. 192; 1985 a. 29 ss. 2242, 3200 (28); 1985 a. 334; 1987 a. 27, 399; 1993 a. 16, 112, 437; 1997 a. 27.

19 **SECTION 10. 234.61 (1) of the statutes is amended to read:**

20 **234.61 (1)** Upon the authorization of the department of health and family
21 services, the authority may issue bonds or notes and make loans for the financing of
22 housing projects which are residential facilities as defined in s. ~~46.28~~ 46.291 (1) (d)
23 and the development costs of those housing projects, if the department of health and

SECTION 10

1 family services has approved the residential facilities for financing under s. 46.28
2 46.291 (2). The limitations in ss. 234.18 (1), 234.40, 234.50, 234.60, 234.65 and
3 234.66 do not apply to bonds or notes issued under this section. The definition of
4 “nonprofit corporation” in s. 234.01 (9) does not apply to this section.

History: History: 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

5 **SECTION 11.** 234.61 (2) (b) of the statutes is amended to read:

6 234.61 (2) (b) Of the amount specified in par. (a), \$30,000,000 may only be used
7 to finance residential facilities serving 15 or fewer persons who are chronically
8 disabled, as defined in s. 46.28 46.291 (1) (b).

History: History: 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

9 **SECTION 12.** 234.61 (2) (c) 1. of the statutes is amended to read:

10 234.61 (2) (c) 1. Of the amount specified in par. (a), \$48,580,000 may only be
11 used to finance residential facilities with 100 or fewer units for elderly persons, as
12 defined in s. 46.28 46.291 (1) (c) or to finance additional residential facilities serving
13 15 or fewer persons who are chronically disabled.

History: History: 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

14 **SECTION 13.** 234.61 (2) (c) 2. of the statutes is amended to read:

15 234.61 (2) (c) 2. The remainder of the amount specified in par. (a) may only be
16 used to finance residential facilities with 50 or fewer units for elderly persons, as
17 defined in s. 46.28 46.291 (1) (c), or to finance additional residential facilities serving
18 15 or fewer persons who are chronically disabled.

History: History: 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

19 **SECTION 912³.** Nonstatutory provisions; health and family services.

20 (1) COUNCIL ON LONG-TERM CARE ~~INITIAL TERMS~~. (a) Initial terms.
21 terms specified for the members of the council on long-term care appointed under
22 section 15.197 (5) of the statutes, as created by this act, the initial members of the
23 council shall be appointed under that subsection for the following terms:

- 1 (a) Nine of the members, for terms expiring on July 1, 2002.
- 2 (b) Eight of the members, for terms expiring on July 1, 2003.
- 3 (c) Eight of the members, for terms expiring on July 1, 2004.

4 _____ (END) _____

INSERT 19-3

(a) Provide training to members of the council on long-term care who are consumers of long-term care services, to enable these members to participate in the council's duties.

**** NOTE: I did not add to this provision the requested requirement that DHFS pay reasonable expenses of consumer council members, ^{because} ~~Section~~ s. 15.09 (b) provides for "actual and necessary expenses" reimbursement.
 Okay?

(b) Provide information to and seek recommendations ~~from the~~ ^{of the} council on long-term care ~~decisions~~ made under s. 46.282 (1). In making a final decision

(3) DUTIES OF SECRETARY

~~(2) FAMILY SERVICES~~ (a) Not later than 90 days

after the effective date of this paragraph, the secretary of health and family services shall provide to the governor a list of nominations for appointment as initial members of the council on long-term care under section 15.197

(b) of the statutes, as created by this act. The

As vacancies arise in the initial membership of the council on Secretary shall solicit ~~the~~ ^{long-term care, the} nominations for membership from persons aged 65 or older, persons with physical or developmental disabilities; immediate family members, ^{and} guardians, and advocates for these persons; organizations of providers of long-term care services; counties; federally recognized American Indian tribes or bands; and other persons with knowledge of and interest in the long-term care system, ~~as defined in section 16.28~~ ~~(****)~~ ~~of the statutes~~ ~~as created by this act.~~ The secretary shall provide a list of ~~the~~ nominees to the governor for appointment.

(b) Nominations. Not later than 90 days after the effective date of this paragraph, the secretary of health and family services shall provide to the governor a list of nominations for appointment as initial members of the council on long-term care under section 15.197 (5) of the statutes, as created by this act. The Secretary shall solicit the nominations from persons aged 65 or older, persons with physical or developmental disabilities; immediate family members and guardians and advocates for these persons; organizations of providers of long-term care services; counties; federally recognized American Indian tribes or bands; and other persons with knowledge of and interest in the long-term care system, as defined in section 46.28 (****) of the statutes, as created by this act.

DOA:.....Fossum - Long-term care redesign

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

*Version
1c -
sent to DOA + DHFS
on 12/18/98*

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

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided for a later version.

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

2 SECTION 1. 15.07 (2) (k) of the statutes is created to read:

3 15.07 (2) (k) The chairperson of the council on long-term care shall be
4 designated every 3 years by the governor.

5 SECTION 2. 15.197 (5) of the statutes is created to read:

6 15.197 (5) COUNCIL ON LONG-TERM CARE. (a) *Creation.* There is created in the
7 department of health and family services a council on long-term care.

8 (b) *Membership.* The council consists of 25 members, at least 13 of whom are
9 persons who are aged 65 or older or who have physical or developmental disabilities

SECTION 2

1 or their family members, guardians or other advocates. Of those 13 members, at
2 least 9 shall correspond to the proportion of numbers, as determined by the
3 department of health and family services, of persons receiving long-term care in this
4 state who are aged 65 or older or have physical or developmental disabilities. Up to
5 4 of the 13 members may be family members of or guardians or other advocates for
6 these persons. The remaining membership consists of representatives of counties
7 and of federally recognized American Indian tribes or bands; providers of long-term
8 care services; representatives of resource centers under s. 46.283 and care
9 management organizations under s. 46.284; state officials; or community leaders.

****NOTE: What is meant by the term "state official"?

10 (c) *Appointment.* The governor shall appoint members from nominations
11 solicited by the secretary of health and family services under 1999 Wisconsin Act
12 (this act), section 9123 (1) (b), and under s. 46.281 (3), except that the governor need
13 not appoint the chairperson of the council on long-term care from the solicited
14 nominations.

15 (d) *Terms.* The members appointed under par. (c) shall serve 3-year terms. No
16 member may serve more than 2 consecutive terms.

17 **SECTION 3.** 16.009 (2) (b) 1. of the statutes is amended to read:

18 16.009 (2) (b) 1. Investigate complaints from any person concerning improper
19 conditions or treatment of aged or disabled persons who receive care in a long-term
20 care facility or concerning noncompliance with or improper administration of federal
21 statutes or regulations or state statutes or rules related to long-term care ~~for the~~
22 ~~aged or disabled facilities.~~

History: 1981 c. 20; 1983 a. 524; 1985 a. 29; 1987 a. 27; 1989 a. 31, 294; 1991 a. 39, 232; 1993 a. 16, 205; 1995 a. 27 s. 9126 (19); 1997 a. 131.

23 **SECTION 4.** 16.009 (2) (b) 2. of the statutes is amended to read:

1 16.009 (2) (b) 2. Serve as mediator or advocate to resolve any problem or dispute
2 relating to ~~long-term~~ care for the aged or disabled in long-term care facilities.

History: 1981 c. 20; 1983 a. 524; 1985 a. 29; 1987 a. 27; 1989 a. 31, 294; 1991 a. 39, 232; 1993 a. 16, 205; 1995 a. 27 s. 9126 (19); 1997 a. 131.

****NOTE: Please see my change here from the language proposed. My understanding is that the BOALTC focuses on care, rather than on all aspects of a facility's operation, such as disputes with DHFS over MA reimbursement rates.

3 **SECTION 5.** 16.009 (2) (d) of the statutes is amended to read:

4 16.009 (2) (d) Promote public education, planning and voluntary acts to resolve
5 problems and improve conditions involving ~~long-term~~ care for the aged or disabled
6 in long-term care facilities.

History: 1981 c. 20; 1983 a. 524; 1985 a. 29; 1987 a. 27; 1989 a. 31, 294; 1991 a. 39, 232; 1993 a. 16, 205; 1995 a. 27 s. 9126 (19); 1997 a. 131.

****NOTE: Same NOTE as for s. 16.009 (2) (b) 2. applies.

7 **SECTION 6.** 16.009 (2) (e) of the statutes is amended to read:

8 16.009 (2) (e) Monitor the development and implementation of federal, state
9 and local laws, regulations, rules, ordinances and policies that relate to long-term
10 care facilities ~~for the aged or disabled.~~

History: 1981 c. 20; 1983 a. 524; 1985 a. 29; 1987 a. 27; 1989 a. 31, 294; 1991 a. 39, 232; 1993 a. 16, 205; 1995 a. 27 s. 9126 (19); 1997 a. 131.

11 **SECTION 7.** 16.009 (2) (em) of the statutes is repealed.

12 **SECTION 8.** 16.009 (2) (g) of the statutes is amended to read:

13 16.009 (2) (g) Stimulate resident, client and provider participation in the
14 development of programs and procedures involving resident rights and long-term
15 care facility responsibilities, by establishing resident councils and by other means.

History: 1981 c. 20; 1983 a. 524; 1985 a. 29; 1987 a. 27; 1989 a. 31, 294; 1991 a. 39, 232; 1993 a. 16, 205; 1995 a. 27 s. 9126 (19); 1997 a. 131.

16 **SECTION 9.** 16.009 (2) (h) of the statutes is amended to read:

17 16.009 (2) (h) Conduct statewide hearings on issues of concern to aged or
18 disabled persons who are receiving or who may receive care in a long-term care
19 facility.

History: 1981 c. 20; 1983 a. 524; 1985 a. 29; 1987 a. 27; 1989 a. 31, 294; 1991 a. 39, 232; 1993 a. 16, 205; 1995 a. 27 s. 9126 (19); 1997 a. 131.

20 **SECTION 10.** 16.009 (2) (i) of the statutes is amended to read:

1 16.009 (2) (i) Report annually to ~~the governor and the chief clerk of each house~~
2 ~~of the legislature for distribution to~~ the appropriate standing committees of the
3 legislature under s. 13.172 (3) and to the governor. The report shall set forth the
4 scope of the programs developed in the state for providing ~~long-term~~ care for the
5 aged or disabled ~~developed in the state in long-term care facilities~~, findings
6 regarding the state's activities ~~in the field of~~ related to long-term care facilities for
7 the aged and disabled, recommendations for a more effective and efficient total
8 program and the actions taken by the agencies of the state to carry out the board's
9 recommendations.

History: 1981 c. 20; 1983 a. 524; 1985 a. 29; 1987 a. 27; 1989 a. 31, 294; 1991 a. 39, 232; 1993 a. 16, 205; 1995 a. 27 s. 9126 (19); 1997 a. 131.

****NOTE: Please note my changes from the material proposed; I was concerned that
"residential" long-term care, as a undefined term, would include both facility care and
care in a person's residence, or home.

10 **SECTION 11.** 20.435 (7) (bd) of the statutes is amended to read:

11 20.435 (7) (bd) *Community options program and long-term support pilot*
12 *projects*. The amounts in the schedule for assessments, case planning, services ~~and,~~
13 ~~administration~~ and risk reserve escrow accounts under s. 46.27 and for pilot projects
14 under s. 46.271 (1), and the amounts carried forward under 1997 Wisconsin Act 27,
15 section 9123 (2), for the pilot project under s. 46.271 (2m). If the department
16 transfers funds to this appropriation from the appropriation account under sub. (5)
17 (b), the amounts in the schedule for the fiscal year for which the transfer is made are
18 increased by the amount of the transfer for the purposes specified in s. 49.45 (6v).
19 Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department may under this
20 paragraph transfer moneys between fiscal years. Except for moneys authorized for
21 transfer under this appropriation, under s. 46.27 (7) (fm) or (g) or under 1997
22 Wisconsin Act 27, section 9123 (2), all moneys under this appropriation that are
23 allocated under s. 46.27 and are not spent or encumbered by counties or by the

1 department by December 31 of each year shall lapse to the general fund on the
2 succeeding January 1 unless transferred to the next calendar year by the joint
3 committee on finance.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293.

4 **SECTION 12. 46.27 (2) (k) of the statutes is created to read:**

5 **46.27 (2) (k) Review and approve or disapprove the terms of risk reserve escrow**
6 **accounts created under sub. (7) (fr) and approve or disapprove disbursements for**
7 **administrative or staff costs from the risk reserve escrow accounts.**

8 **SECTION 13. 46.27 (4) (a) (intro.) of the statutes is amended to read:**

9 **46.27 (4) (a) (intro.) The Except as provided in par. (am), the county board of**
10 **supervisors shall select the county long-term support planning committee, which**
11 **shall include at a minimum the following members:**

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 239; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13, 27, 39, 79, 237.

12 **SECTION 14. 46.27 (4) (am) of the statutes is created to read:**

13 **46.27 (4) (am) If a local long-term care council in a county assumes under s.**
14 **46.282 (2) (b) 2. the duties of the county long-term support planning committee**
15 **under this subsection, the county long-term support planning committee for that**
16 **county is dissolved.**

17 **SECTION 15. 46.27 (4) (c) (intro.) of the statutes is amended to read:**

18 **46.27 (4) (c) (intro.) The planning committee or, if a local long-term care council**
19 **has under s. 46.282 (3) (b) 2. assumed the duties of the planning committee, the local**

1 long-term care council shall develop a community options plan for participation in
2 the program. The plan shall include:

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 239; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13, 27, 39, 79, 237.

3 **SECTION 16. 46.27 (4) (c) 5.** of the statutes is amended to read:

4 46.27 (4) (c) 5. A description of the method to be used by the committee or, if
5 a local long-term care council has under s. 46.282 (3) (b) 2. assumed the duties of the
6 planning committee, the local long-term care council to monitor the implementation
7 of the program.

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 239; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13, 27, 39, 79, 237.

8 **SECTION 17. 46.27 (7) (am)** of the statutes is amended to read:

9 46.27 (7) (am) From the appropriation under s. 20.435 (7) (bd), the department
10 shall allocate funds to each county or private nonprofit agency with which the
11 department contracts to pay assessment and case plan costs under sub. (6) not
12 otherwise paid by fee or under s. 49.33 (2) or 49.45. The department shall reimburse
13 counties for the cost of assessing persons eligible for medical assistance under s.
14 49.46, 49.468 or 49.47 as part of the administrative services of medical assistance,
15 payable under s. 49.45 (3) (a). Counties may use unspent funds allocated under this
16 paragraph to pay the cost of long-term community support services and for a risk
17 reserve under par. (fr).

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 239; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13, 27, 39, 79, 237.

18 **SECTION 18. 46.27 (7) (b)** of the statutes is amended to read:

19 46.27 (7) (b) 1m. From the appropriations under s. 20.435 (7) (bd) and (im), the
20 department shall allocate funds to each county to pay the cost of providing long-term
21 community support services under sub. (5) (b) not otherwise paid under s. 49.45 to
22 persons eligible for medical assistance under s. 49.46 or 49.47 or to persons whom
23 the county department or aging unit administering the program finds likely to

1 become medically indigent within 6 months by spending excess income or assets for
2 medical or remedial care. The average per person reimbursement under this
3 paragraph may not exceed the state share of the average per person payment rate
4 the department expects under s. 49.45 (6m). The county department or aging unit
5 administering the program may spend funds received under this paragraph only in
6 accordance with the case plan and service contract created for each person receiving
7 long-term community support services. Counties may use unspent funds allocated
8 under this paragraph from the appropriation under s. 20.435 (7) (bd) for a risk
9 reserve under par. (fr).

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 239; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13, 27, 39, 79, 237.

10 **SECTION 19. 46.27 (7) (fm) of the statutes is amended to read:**

11 **46.27 (7) (fm)** The department shall, at the request of a county, carry forward
12 up to 10% of the amount allocated under this subsection to the county for a calendar
13 year if up to 10% of the amount so allocated has not been spent or encumbered by the
14 county by December 31 of that year, for use by the county in the following calendar
15 year, except that this amount shall be reduced by the amount of funds remaining in
16 the county's risk reserve escrow account under par. (fr) at the end of the calendar
17 year. The department may transfer funds within s. 20.435 (7) (bd) to accomplish this
18 purpose. An allocation under this paragraph does not affect a county's base
19 allocation under this subsection and shall lapse to the general fund unless expended
20 within the calendar year to which the funds are carried forward. A county may not
21 expend funds carried forward under this paragraph for administrative or staff costs,
22 except administrative or staff costs that are associated with implementation of the
23 waiver under sub. (11) and approved by the department.

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 239; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13, 27, 39, 79, 237.

SECTION 20

1 **SECTION 20.** 46.27 (7) (fr) of the statutes is created to read:

2 46.27 (7) (fr) 1. A county may expend, for a risk reserve, funds that are allocated
3 under par. (am) or (b) or sub. (11) c. 3. and are not expended or encumbered for
4 services under this subsection or sub. (11). The county shall maintain the risk
5 reserve in an interest-bearing escrow account with a financial institution, as defined
6 in s. 69.30 (1) (b), if the department has approved the terms of the escrow.

****NOTE: With respect to the requested words "The county may expend funds that are allocated under this section", how does this provision interact with other allocation language in COP? Please see my amendments of ss. 20.435 (7) (bd), 46.27 (7) (am), (b) and (g) and (11) (c) 7. The language seems to presume that the department distributes the allocated (earmarked?) moneys to counties only after counties indicate that they have expended it. Would it be more straightforward to have the department pay the county money for the risk reserve, rather than first allocating it and waiting to see if it is expended? Does this subdivision contemplate use of funds appropriated under s. 20.435 (5) (b) or (o) or (7) (im)?

****NOTE: Please note my use of "financial institution, as defined in s. 69.30 (1) (b)". This includes banks, savings and loans, credit unions, etc., which have either state or federal charters. Okay?

7 2. The annual amount of a county's expenditure for a risk reserve, as specified
8 in subd. 1., may not exceed 10% of the county's most recent allocation under this
9 paragraph or \$750,000, whichever is greater. The total amount of the risk reserve,
10 including interest, may not exceed 15% of the county's most recent allocation under
11 this subsection.

****NOTE: I have used "not expended or encumbered" rather than "not needed". With the numbers of waiting lists in counties for services, is it realistic to assume that \$750,000 (or more) would be available for this account annually in a county?

****NOTE: Your requested language was for an interest-bearing escrow account, which would yield only interest; therefore, I have not drafted requested language referring to "other gains accruing from investment of the funds".

12 3. A county may expend funds maintained in a risk reserve, as specified in subd.
13 1., for any of the following purposes:

14 a. To defray costs of long-term community support services under this section.

1 b. To meet requirements under any contract the county has with the
2 department to operate a care management organization under s. 46.284.

3 c. If approved by a resolution of the county's board of supervisors, to transfer
4 funds to a quasi-governmental county authority created under *****.

5 c. If approved by the department, for administrative or staff costs under this
6 section.

7 4. A county that maintains a risk reserve, as specified in subd. 1., shall
8 annually, on a form prescribed by the department, submit to the department a record
9 of the status of the risk reserve, including revenues and disbursements.

10 **SECTION 21.** 46.27 (7) (g) (intro.) of the statutes is amended to read:

11 46.27 (7) (g) (intro.) The department may carry forward to the next state fiscal
12 year ~~up to \$500,000 of funds allocated under this subsection and not encumbered by~~
13 ~~counties by December 31 or,~~ carried forward under par. (fm) or expended for a risk
14 reserve under par. (fr). The department may transfer moneys within s. 20.435 (7)
15 (bd) to accomplish this purpose. An allocation under this paragraph shall not affect
16 a county's base allocation for the program. The department may allocate these
17 transferred moneys during the next fiscal year to counties for planning and
18 implementation of aging resource centers under s. 46.283 or care management
19 organizations under s. 46.284 and for the improvement or expansion of long-term
20 community support services for clients whose cost of care significantly exceeds the
21 average cost of care provided under this section, including any of the following:

22 **SECTION 22.** 46.28 of the statutes is renumbered 46.291.

23 **SECTION 23.** 46.28 of the statutes is created to read:

SECTION 23

1 **46.28 Definitions; long-term care.** In sections 46.28 to 46.287: (1) “Care
2 management organization” means an entity that is certified as a care management
3 organization under s. 46.284 (2).

4 (2) “Eligible person” means a person who meets the criteria for functional
5 eligibility under s. 46.285 (1) (a) and for financial eligibility under s. 46.285 (1) (b).

6 (3) “Enrollee” means a person who is enrolled in a care management
7 organization.

8 (4). “Family care benefit” means financial assistance for long-term care and
9 support items for a person who meets functional and financial criteria and is enrolled
10 in a care management organization.

 ****NOTE: Is “support items” correct? “Supports”, by itself, is unclear.

11 (5) “Local long-term care council” means a long-term care council that is
12 appointed under s. 46.282 (2) (a).

13 (6) “Long-term care system” means *****

 ****NOTE: Would you have language for this definition?

14 (7) “Nonprofit organization” has the meaning given in s. 108.02 (19).

15 (8) “Older person” means a person who is aged at least 65.

16 (9) “Resource center” means an entity that is established as a resource center
17 under s. 46.283 (1).

18 (10) “Tribe or band” means a federally recognized American Indian tribe or
19 band.

20 **SECTION 24.** 46.281 of the statutes is created to read:

21 **46.281 Powers and duties of the secretary and the department;**
22 **long-term care.** (1) DUTIES OF THE DEPARTMENT. The department shall do all of the
23 following:

1 (a) Provide training to members of the council on long-term care who receive
2 long-term care services, to enable these members to participate in the council's
3 duties.

****NOTE: I did not add to this provision the requested requirement that DHFS pay reasonable expenses of consumer council members, because s. 15.09 (6) provides for "actual and necessary expenses" reimbursement. Also, I changed "consumer of long-term care services" to persons "who receive" the services, because not every enrollee will be a "consumer" (buyer) of the services.

4 (b) Provide information to the council on long-term care, including copies of
5 reports submitted to the department by local long-term care councils, and seek
6 recommendations of the council. If the department's final decision differs from the
7 recommendations of the council made under s. 46.282 (1) (c), the department shall
8 provide, in writing, an explanation of the reasons for the difference.

9 (c) Request from the secretary of the federal department of health and human
10 services any waivers of federal medicaid laws necessary to permit the use of federal
11 moneys to fund the long-term care system and provide the family care benefit to
12 recipients of medical assistance. The department shall implement any waiver that
13 is approved. Regardless of whether a waiver is approved, the department may
14 implement the long-term care system.

****NOTE: What federal laws are the waiver requests to? Is "fund the long-term care system" too broad?

15 (d) Implement the operation of resource centers and care management
16 organizations statewide, on a phased-in basis, by December 31, 2004.

17 (f) Contract with all of the following:

18 1. If the local long-term care council for the applicable area has developed the
19 initial plan under s. 46.282 (3) (a) 1., an entity certified under s. 46.284 (2) for
20 services of the entity as a care management organization and an entity certified
21 under ***** for services of the entity as a resource center.

SECTION 24

****NOTE: See my **** NOTE re certification of resource centers under s. 46.283 (2).

1 2. An organization that is not a resource center or a care management
2 organization, to provide external advocacy services for clients of the long-term care
3 system.

****NOTE: How does the role of BOALTC fit in with this subdivision? Definition of
“external advocacy” is crucial.

4 (g) Prescribe and implement a per person monthly rate structure for costs of
5 the family care benefit.

****NOTE: Needs exception from rule-making requirements of ch. 227?

6 (h) Prescribe standards for operation of management information systems.

****NOTE: What are these? Needs exception from rule-making requirements of ch.
227? See also par. (i) 1. below.

7 (i) In order to maintain continuous quality assurance and quality improvement
8 in the long-term care system, do all of the following:

9 1. Prescribe by rule and by contract and enforce performance standards for
10 operation of resource centers and care management organizations.

11 2. Use performance expectations that are related to outcomes for persons
12 receiving long-term care services in contracting with care management
13 organizations and resource centers.

****NOTE: I did not draft all of this instruction because it was vague.

14 3. Conduct ongoing evaluations of the long-term care system.

15 4. Require that quality assurance and quality improvement efforts are
16 included throughout the long-term care system.

17 5. Ensure that reviews of the quality of management and service delivery of
18 resource centers and care management organizations are conducted by
19 organizations that are external to the long-term care system and make information
20 about specific review results available to the public.

***NOTE: Does this language convey your intent adequately?

1 (j) After consulting with the council on long-term care, prescribe criteria for
2 evaluations and determinations under s. 46.282 (3) (a) 2.

3 (k) Include in each contract with a resource center or a care management
4 organization requirements for the protection of the rights specified in s. 46.286.

5 (2) POWERS OF THE DEPARTMENT. The department may develop risk-sharing
6 arrangements in contracts with care management organizations, in accordance with
7 applicable state laws and federal statutes and regulations.

8 (3) DUTIES OF THE SECRETARY. (a) As vacancies arise in the membership of the
9 council on long-term care, the secretary shall solicit nominations for membership
10 from all of the following:

11 1. Persons aged 65 or older and persons with physical or developmental
12 disabilities.

13 2. Family members and guardians of and advocates for persons under par. (a).

14 3. Organizations of providers of long-term care services.

15 4. Counties.

16 5. Federally recognized American Indian tribes or bands.

17 6. Other persons with knowledge of and interest in the long-term care system.

18 (b) The secretary shall provide a list of nominees from the nominations solicited
19 under par. (a) to the governor for appointment as members of the council on
20 long-term care.

21 **SECTION 25.** 46.282 of the statutes is created to read:

22 **46.282 Councils on long-term care.** (1) COUNCIL ON LONG-TERM CARE; DUTIES.

23 The council on long-term care appointed under s. 15.197 (5) shall do all of the
24 following:

SECTION 25

1 (a) Assist the department in developing broad policy issues related to
2 long-term care services and the long-term care system.

3 (b) Assist the department in developing, implementing, coordinating and
4 guiding the long-term care system, including by reviewing and making
5 recommendations to the department on all of the following:

6 1. The department's standard contract provisions for resource centers and care
7 management organizations.

8 2. The family care benefit, including the per person rate structure for the
9 benefit.

10 3. The long-term support community options program under s. 46.27.

11 4. The community integration programs under ss. 46.275, 46.277 and 46.278.

12 5. Programs other than those under subd. 3. and 4. that provide home and
13 community-based services.

14 6. The provision of medical assistance services under a fee-for-service system.

15 (c) At the request of a county, tribe, local long-term care council, care
16 management organization or applicant for a contract to operate a care management
17 organization, review, under guidelines established by the council, a preliminary
18 decision of the department concerning the number of care management
19 organizations that may operate in a geographic area, the awarding of a contract for
20 operation of a care management organization and the termination of specific
21 contracts. The long-term care council shall make recommendations to the
22 department for the department's final decision.

23 (d) Monitor patterns of complaints or grievances and appeals regarding the
24 long-term care system in order to identify issues of statewide importance.

25 (e) Monitor the numbers of persons on waiting lists.

1 (f) Review patterns of utilization of various types of services by care
2 management organizations.

3 (g) Monitor the pattern of care management organization enrollments and
4 disenrollments throughout the state.

5 (h) Review annual reports submitted by local long-term care councils and other
6 information and report annually to the legislature in the manner provided under s.
7 13.172 (2) and to the governor on the status, significant achievements and problems
8 of the long-term care system, including all of the following:

9 1. Numbers of persons served.

10 2. Costs of long-term care provided under the long-term care system.

11 3. The number and service areas of resource centers and care management
12 organizations.

****NOTE: I kept just the term "resource center" because it is such a mouthful and
because it is defined in s. 46.81.

13 4. Waiting list information.

14 5. Results of reviews of quality of long-term care provided under the long-term
15 care system.

16 (2) LOCAL LONG-TERM CARE COUNCILS; APPOINTMENT; MEMBERSHIP; TERMS;
17 COMPENSATION AND TRAINING; OFFICERS. (a) *Appointment*. 1. The county board of
18 supervisors of a county shall appoint a local long-term care council or the county
19 boards of supervisors of 2 or more contiguous counties shall appoint a local long-term
20 care council, except as follows:

21 a. In a county with a county executive or a county administrator, the county
22 executive or county administrator shall appoint the local long-term care council,

1 other than as provided in subd. 1. b., subject to confirmation by the county board of
2 supervisors.

3 b. If the lands of any federally recognized American Indian tribe or band are
4 located in the county or contiguous counties to be served by a local long-term care
5 council, each tribe or band with these lands shall appoint at least one member of the
6 local long-term care council.

7 2. A county board of supervisors or, in a county with a county executive or a
8 county administrator, the county executive or county administrator shall appoint
9 members of the local long-term care council who are required to be older persons or
10 persons with physical or developmental disabilities or their family members or
11 guardians or other advocates for these persons from nominations that are submitted
12 to the county board of supervisors or the county executive or county administrator
13 by older persons or persons with physical or developmental disabilities or their
14 family members or guardians and by local organizations that represent older persons
15 or persons with physical or developmental disabilities.

16 3. If a tribe or band or the Great Lakes inter-tribal council, inc., intends to
17 apply for certification as a resource center or a care management organization, the
18 tribe or band or the Great Lakes inter-tribal council, inc., shall as a condition of the
19 certification appoint a local long-term care council.

20 (b) *Membership.* 1. A local long-term care council that serves a single-county
21 area shall consist of 21 members, at least 11 of whom are older persons or persons
22 with physical or developmental disabilities or their family members, guardians or
23 other advocates. Of those 11 members, at least 8 shall correspond to the proportion
24 of numbers, as determined by the department, of persons receiving long-term care
25 in this state who are aged 65 or older or have physical or developmental disabilities,

1 and up to 3 may be family members of or guardians or other advocates for these
2 persons. The remaining membership shall consist of providers of long-term care
3 services, persons residing in the county with recognized ability and demonstrated
4 interest in long-term care and up to 3 members of the county board of supervisors
5 or other elected officials.

6 2. A local long-term care council that serves an area of 2 or more contiguous
7 counties shall consist of 25 members, at least 13 of whom are older persons or persons
8 with physical or developmental disabilities or their family members, guardians or
9 other advocates. Of those 13 members, at least 9 shall correspond to the proportion
10 of numbers, as determined by the department, of persons receiving long-term care
11 in this state who are aged 65 or older or have physical or developmental disabilities,
12 and up to 4 may be family members of or guardians or other advocates for these
13 persons. The remaining membership shall consist of providers of long-term care
14 services, persons residing in the county with recognized ability and demonstrated
15 interest in long-term care and either up to 4 members of the county boards of
16 supervisors or other elected officials or, for a council that serves an area of more than
17 4 contiguous counties, up to one member of the county board of supervisors of each
18 county or up to one other elected official in each county area.

19 3. A local long-term care council that is appointed by a tribe or band or by the
20 Great Lakes inter-tribal council, inc., shall consist of 21 members, at least 11 of
21 whom are older persons or persons with physical or developmental disabilities or
22 their family members, guardians or other advocates. Of those 11 members, at least
23 8 shall correspond to the proportion of numbers, as determined by the department,
24 of persons receiving long-term care in this state who are aged at 65 or older or who
25 have physical or developmental disabilities, and up to 3 may be family members of

1 or guardians or other advocates for these persons. The remaining membership shall
2 consist of providers of long-term care services, persons residing in the county with
3 recognized ability and demonstrated interest in long-term care and up to 3 members
4 of the governing board of the tribe or band or the Great Lakes inter-tribal council,
5 inc., that appoints the local long-term care council.

6 4. Vacancies in membership in a local long-term care council shall be filled for
7 the residue of the unexpired term in the manner that the original appointments are
8 made. A local long-term care council member may be removed from office for the
9 following reasons:

10 a. For cause, by a two-thirds vote of each county board of supervisors or
11 governing body of the tribe or band or of the Great Lakes inter-tribal council, inc.,
12 participating in the appointment, on due notice in writing and hearing of the charges
13 against the member.

14 b. If the member when appointed was a member of the county board of
15 supervisors or was another elected official and was not reelected to that office, on due
16 notice in writing.

17 (c) *Terms.* The members of the local long-term council appointed under par.
18 (a) shall serve 3-year terms. No member may serve more than 2 consecutive terms.
19 Of the members first appointed under par. (b) 1. or 3., 7 shall be appointed for 3 years;
20 7 shall be appointed for 4 years; and 7 shall be appointed for 5 years. Of the members
21 first appointed under par. (b) 2., 9 shall be appointed for 3 years; 8 shall be appointed
22 for 4 years; and 8 shall be appointed for 5 years.

23 (d) *Compensation and training.* Members of the local long-term care council
24 who are older persons, persons with physical or developmental disabilities or the
25 family members or guardians of these persons shall receive compensation for

1 reasonable expenses associated with membership participation. The county board
2 of supervisors or, in the case of a local long-term care council appointed by a tribe
3 or band or the Great Lakes inter-tribal council, inc., under par. (b) 3., the tribe or
4 band or the Great Lakes inter-tribal council, inc., shall provide training to these
5 members to enable them to participate effectively.

6 (e) *Officers.* At the the first meeting of a long-term care council, members shall
7 elect from their number a chairperson, a secretary and other officers as necessary.
8 Vacancies in these offices shall be filled for the unexpired terms. The chairperson
9 shall preside at all meetings when present and countersign all actions taken by the
10 long-term care council. In case of the absence of the chairperson for any meeting the
11 members present shall choose a temporary chairperson.

12 (3) LOCAL LONG-TERM CARE COUNCILS; POWERS AND DUTIES. (a) A local long-term
13 care council shall do all of the following within the council's area:

14 1. Develop the initial plan for the structure of the county, multicounty or tribal
15 long-term care system, including recommendations on all of the following:

****NOTE: Recommendations to whom? Who (what) should receive or act on these
recommendations?

16 a. Whether or not the county, counties, tribe or band or Great Lakes inter-tribal
17 council, inc., should exercise its right of first election under s. 46.283 (1) (a) to operate
18 an aging or disability resource center or a care management organization and how
19 the operation should proceed.

20 b. Whether local, private nonprofit organizations other than the county should
21 serve as alternatives or in addition to county-operated entities to operate an aging
22 or disability resource center or a care management organization and, if so, which
23 organizations should be considered.

1 c. If applicable, how county-operated functions should interact with an aging
2 or disability resource center or care management organization that is operated by a
3 federally recognized American Indian tribe or band or by the Great Lakes
4 inter-tribal council, inc.

5 2. Under criteria prescribed by the department, after consulting with the
6 council on long-term care, evaluate and determine whether additional care
7 management organizations are needed in the area and, if so, recommend this to the
8 department.

9 3. a. Within 60 days after receipt of a request by an applicant seeking
10 certification or renewal of certification as a resource center or a care management
11 organization in the area of the local long-term care council, provide comments and
12 recommendations to the applicant for inclusion in the application, as specified in ss.
13 ***** and 46.284 (2) (a). For a care management organization, the comments shall
14 address the applicant's qualifications and expertise; the extent to which the
15 applicant meets the requirements of s. 46.284 (2) (b); the extent of interaction
16 between the applicant and local providers of long-term care services, volunteer
17 agencies and community institutions; and, if the applicant is operating a care
18 management organization, client experience with its services.

****NOTE: In answer to your request, because of the "shall" in s. 46.282 (3) (a)
(intro.), this subdivision already requires action by the local long-term care council.

****NOTE: TO DAK: ADD X-REFERENCE (AND DUTY OF RESOURCE CENTER).

19 b. Advise the department regarding applications for initial certification or
20 certification renewal of a resource center or care management organization in the
21 area of the local long-term care council and assist the department in reviewing and
22 evaluating the applications.

****NOTE: To DAK: draft in s. 46.283 requirement that applying organizations attach copies of council's recommendations to applications.

1 4. Receive and monitor complaints from persons served by any care
2 management organization in the area concerning whether the numbers of providers
3 of long-term care services used by the care management organization are sufficient
4 to ensure convenient and desirable choice for enrollees and provide
5 recommendations to the care management organization under subd. 3. a. and advice
6 to the department under subd. 3. b. about this issue.

****NOTE: Do these language changes achieve the result you intended?

7 5. Review initial plans and existing provider networks of any care management
8 organization in the area to assist the care management organization in developing
9 a network of service providers that includes a sufficient number of accessible,
10 convenient and desirable services.

11 6. Advise care management organizations about whether to offer optional
12 acute and primary health care services and, if so, how these benefits should be
13 offered.

14 7. Review the utilization of various types of long-term care services by care
15 management organizations in the area.

16 8. Monitor the pattern of enrollments and disenrollments in local care
17 management organizations.

18 9. Identify gaps in services, living arrangements and community resources and
19 develop strategies to build local capacity to serve older persons and persons with
20 physical or developmental disabilities, especially those with long-term care needs.

21 10. Perform long-range planning on policy for older persons and persons with
22 physical or developmental disabilities.

1 11. Annually review interagency agreements between the resource center and
2 care management organizations and make recommendations, as appropriate, on the
3 interaction between the resource center and the care management organizations to
4 assure a coordinated long-term care system.

 ****NOTE: Since “resource center” is now a defined term, I have used that term in
this language change.

5 12. Annually review the number and types of complaints and grievances about
6 the long-term care system by person who receive or may receive care under the
7 system, to determine if a need exists for system changes, and recommend system or
8 other changes if appropriate.

9 13. Identify potential new sources of community resources and funding for
10 needed services for older persons and persons with physical or developmental
11 disabilities.

12 14. Monitor and evaluate the resource center and care management
13 organizations.

14 15. Support long-term care system improvements to improve services to older
15 persons and persons with physical or developmental disabilities and their families.

16 16. Annually report to the department and to the long-term care council
17 concerning significant achievements and problems in the local long-term care
18 system.

19 (b) A local long-term care council may do all of the following within the local
20 long-term care council’s area:

21 1. Review and act on grievances from enrollees or potential enrollees of a care
22 management organization.

 ****NOTE: This provision needs work, unless a specific grievance, review and appeal
procedure is specified elsewhere. Informal complaint mediation must have statutory
authority. Because the benefit is an entitlement, due process requirements must be met.

I have used the term “enrollees or potential enrollees,” rather than “consumers”; accurate?

1 2. Assume the duties of the county long-term community support planning
2 committee under s. 46.27 (4).

3 **SECTION 26.** 46.283 of the statutes is created to read:

4 **46.283 Resource centers.** (1) ESTABLISHMENT. (a) Except as provided in pars.
5 (b) and (c), within 36 months after the effective date of this paragraph [revisor inserts
6 date] or within 36 months after the approval by the secretary of the federal
7 department of health and human services of all waivers of federal medicaid laws that
8 are necessary to implement the long-term care system, as determined by the
9 department, whichever is later, any of the following may take place:

10 1. A county board of supervisors may elect to establish a resource center that
11 is operated by a county department under s. 46.21, 46.215, 46.22, 46.23, 51.42 or
12 51.437 or is operated by a quasi-governmental authority ***** created by the county
13 board of supervisors.

 ****NOTE: Is this accurate? If so, the above-referenced statutes should also be amended to provide for this.

14 2. The governing body of a tribe or band or of the Great Lakes inter-tribal
15 council, inc., may elect to establish a resource center.

16 3. A county board may elect to establish a multiple county resource center in
17 conjunction with the county board or boards of one or more other counties or may
18 establish a county-tribal resource center in conjunction with the governing body of
19 a tribe or band.

 ****NOTE: Or in conjunction with GLITC?

1 4. The governing body of a tribe or band may elect to establish a resource center
2 in conjunction with the governing body or governing bodies of one or more other
3 tribes or bands.

 ***NOTE: Or in conjunction with GLITC?

4 (b) In lieu of election to establish a resource center as specified in par. (a), the
5 department may contract with an applying nonprofit organization that meets the
6 standards specified in sub. (3) to serve as a resource center if any of the following
7 occurs:

- 8 1. A county or tribe or band declines at any time to establish a resource center.
- 9 2. The county or tribe or band fails to elect to establish a resource center within
- 10 the time period specified in par. (a).

 ***NOTE: What if the county board or tribal governing body elects to establish but fails to actually carry it out?

11 3. The county board or governing body of a tribe or band fails to meet the
12 standards specified in sub. (3).

13 (c) If receipt of approval by the secretary of the federal department of health
14 and human services of all waivers of federal medicaid laws that are necessary to
15 implement the long-term care system so requires, the department may contract with
16 a nonprofit organization to provide certain functions that a resource center is
17 required to provide.

 ***NOTE: What functions, specifically? I did not draft the “non-county agency” language requested because it is as yet unclear what this “non-county agency” will be or whether it will be authorized in this bill.

18 (d) A resource center established under par. (a), (b), or (c) may serve older
19 persons exclusively, may serve persons with physical or developmental disabilities
20 exclusively or may serve all these persons.

21 **(2) CERTIFICATION.**

****NOTE: How does this work? Is it similar to the provisions for a CMO?

1 **(3) STANDARDS FOR OPERATION.** The department shall assure that at least all of
2 the following are available to a person who contacts a resource center for service:

3 (a) Information and referral services and other assistance at hours that are
4 convenient for the public.

5 (b) The availability of functional screening and response, on an emergency
6 basis, 24 hours per day.

****NOTE: What is meant by “response”?

7 (c) Prevention and intervention services.

8 (d) Counseling concerning state and federal benefits programs and financial
9 planning services.

10 (e) A determination of functional eligibility for the family care benefit.

11 (f) A determination of the maximum amount of cost sharing required for a
12 person who is seeking long-term care services, under standards prescribed by the
13 department.

14 (g) Assistance to a person who is eligible for the family care benefit with respect
15 to the person’s choice of whether or not to enroll in a care management organization
16 and, if so, which available care management organization would best meet his or her
17 needs.

18 (h) Assistance in enrolling in a care management organization for persons who
19 choose to enroll.

20 (i) Equitable assignment of priority on any necessary waiting lists for persons
21 who are eligible for the family care benefit but who do not meet the criteria under s.
22 46.285 (3).

****NOTE: It was unclear to me what “management” meant in the language
proposed for this paragraph. Is my language accurate?

1 (j) Assessment of risk for each person who is on a waiting list, as described in
2 par. (i), development with the person of an interim plan of care and assistance to the
3 person in arranging for services.

4 (k) Transitional services to families whose children with physical or
5 developmental disabilities are preparing to enter the adult service system.

6 (L) Services under s. 46.90 and ch. 55, if a person is eligible for the services and
7 the resource center is a county agency.

****NOTE: What if the resource center is an authority? I don't understand the
distinction here. What if an authority is considered to be a county agency?

8 (m) A determination of eligibility for state supplemental payments under s.
9 49.77, medical assistance under s. 49.46, 49.47 or 49.468 or the federal food stamp
10 program under 7 USC 2011 to 2029, if the resource center is a county agency.

****NOTE: Same question as for par. (L).

11 (4) RESOURCE CENTER; DUTIES. A resource center shall do all of the following:

12 (a) Provide services within the entire minimum geographic area prescribed for
13 the resource center by the department.

14 (b) Submit to the department all reports and data required or requested by the
15 department.

16 (c) Implement internal quality improvement and quality assurance processes
17 that meet standards prescribed by the department.

18 (d) Cooperate with any review by an external advocacy organization, as
19 specified under s. 46.28 (1) (f) 2.

20 (5) FUNDING. (a) From the appropriation under s. 20.435 (*****) (*****), the
21 department shall contract with organizations that meet standards under ***** and
22 shall distribute funds for services provided by resource centers.

23 (b) ***** County matching funds *****

1 **(6) GOVERNING BOARD; MEMBERSHIP; DUTIES.** (a) A resource center shall have a
2 governing body that is distinct from the membership of the care management
3 organization, as follows:

4 1. If the resource center is a county department under s. 46.21, 46.215, 46.22,
5 46.23, 51.42 or 51.437, the board for that county department shall serve as the
6 governing board for the resource center.

7 2. If the resource center is a quasi-governmental county authority *****, the
8 membership of the governing board shall be appointed by the county board of
9 supervisors or, in a county with a county executive or a county administrator, by the
10 county executive or county administrator, subject to confirmation by the county
11 board of supervisors.

12 3. If the resource center is operated by a tribe or band or by the Great Lakes
13 inter-tribal council, inc., the membership of the governing board shall be appointed
14 by the governing body of the tribe or band or of the Great Lakes inter-tribal council,
15 inc.

16 (b) 1. The membership of the governing board required under par. (a) shall
17 reflect the ethnic and economic diversity of the geographic area served by the
18 resource center. The governing board shall be comprised of an uneven number of
19 members, at least one-fourth of whom shall be older persons or persons with physical
20 or developmental disabilities or their family members, guardians or other advocates.
21 Of those members, at least two-thirds shall correspond to the proportion of numbers,
22 as determined by the department, of persons receiving long-term care from the care
23 management organization who are older persons or persons with physical or
24 developmental disabilities.

SECTION 26

****NOTE: This language is now identical to that for the governing body of a care management organization (see. 46.284 (5) (a) and (b). Please review. Lengths of terms should be specified. Note that subs. 2. and 3. below are not included in the CMO language.

1 2. If the resource center is a county agency or is operated by a tribe or band or
2 by the Great Lakes inter-tribal council, inc., at least one-third but not more than
3 two-thirds of the members of the board shall be elected county or tribal officials.

****NOTE: What does "county agency" mean? Should this language stay in?

4 3. The remainder of the board's membership shall be comprised of residents of
5 any county or members of any tribe or band that the resource center serves. Members
6 appointed under par. (a) may not be associated with providers of services within the
7 purview of the resource center.

****NOTE: Should this language stay in?

8 (c) The governing board of a resource center shall do all of the following:

9 1. Develop a mission statement for the resource center that is consistent with
10 the goals of the long-term care system.

****NOTE: Where are these goals specified?

11 2. Determine the structure, policies and procedures of the resource center
12 consistent with rules promulgated by the department and guidelines ***** of the
13 local long-term care council.

****NOTE: To DAK: Where are these guidelines set forth? Right term?

14 3. Oversee the implementation and operation of the resource center to ensure
15 compliance with contract requirements and statutes and rules.

16 4. Ensure that the care management organization has a viable plan for
17 implementation and operation that addresses contractual requirements and
18 applicable statutory and rule requirements.

****NOTE: I did not include the specific issues listed on p. 92 of the proposal (Appendix 5) concerning the details of a viable plan, because I was unsure if they overlapped with specified rules or statutes or specific contractual requirements. They also appear to be overly specific for inclusion in the statutes. Please review.

1 5. Identify unmet needs and prepare plans to meet those needs.

 ****NOTE: Needs of whom? The enrollees? The CMO?

2 6. In the case of a resource center that is operated by a county with a county
3 executive or county administrator, do all of the following:

4 a. Advise the county executive or county administrator on the appointment of
5 the director of the organization.

6 b. Recommend program priorities.

7 c. Prepare a proposed budget for submission to the county executive or county
8 administrator.

9 d. Approve the final budget for submission to the department.

10 e. Advise the director of the organization on purchasing and providing services.

11 7. In the case of a resource center that is operated in a county that is not
12 described in subd. 5., do all of the following:

13 a. Govern the resource center.

14 b. Appoint the director of the organization, subject to confirmation of the county
15 board.

16 c. Prepare a proposed budget for submission to the county board.

17 d. Determine whether services are to be provided by the resource center or
18 purchased by the resource center.

19 8. In the case of a resource center that is not described in subd. 5. or 6., do all
20 of the following:

21 a. Govern the resource center.

22 b. Appoint the director of the resource center.

23 c. Prepare and monitor the resource center's budget.

24 **SECTION 27.** 46.284 of the statutes is created to read:

1 **46.284 Care management organizations.** (1) CONTRACTS. (a) The
2 department may contract for operation of a care management organization only with
3 a care management organization that is certified under sub. (2) No entity may
4 operate as a care management organization under the requirements of this section
5 unless certified and under contract with the department.

 ****NOTE: Please note that I have revised and reorganized s. 46.284 (1) and (2).
Section 46.284 (2) (a) contains material previously positioned in s. 46.284 (1) (a).

6 (b) Within each county, the department shall initially contract to operate a care
7 management organization with the county or a quasi-governmental organization
8 established by the county under s. ***** if the county elects to operate a care
9 management organization and the care management organization meets the
10 requirements of sub. (2) and performance standards prescribed by the department.

11 A county that contracts under this paragraph may operate the care management
12 organization for all of the target groups or for a selected group or groups. The initial
13 contracts shall be for 2 years and shall permit the county to be the exclusive operator
14 of a care management organization in that county for the target groups that the
15 county elects to serve. During the first 2 years in which the county has a contract
16 under which it accepts a per person per month payment for each enrollee in the care
17 management organization, the department may not contract with another
18 organization to operate a care management organization in the county unless any
19 of the following applies:

20 1. The county and the local long-term care council agree in writing that at least
21 one additional care management organization is necessary or desirable.

22 2. Because the county does not elect to serve all target groups or is unable to
23 meet requirements for all target groups, an additional care management

1 organization is necessary to serve those target groups that are not served by the
2 county.

3 3. The governing body of a tribe or band or the Great Lakes inter-tribal council,
4 inc., elects to operate a care management organization within the area and is
5 certified under sub. (2).

****NOTE: Please read s. 46.284 (2) in conjunction with the definition of a CMO
under s. 46.28 (1). I believe that PACE and Partnership programs are excluded by the
two statutes.

****NOTE: What is a "target group"? It should be defined. I did not draft "by rule
and under contract requirements", since I am separately drafting authority for DHFS to
establish performance standards by rule and by contract.

****NOTE: To DAK: Delete "quasi-governmental organization" if not established.

6 (2) CERTIFICATION; REQUIREMENTS. (a) The department shall certify as a care
7 management organization an entity that meets the requirements under par. (b) and
8 applicable rules of the department and that submits to the department an
9 application for initial certification or certification renewal. An application shall
10 include comments about the applicant and recommendations about the application
11 that are provided by the appropriate local long-term care council, as specified under
12 s. 46.282 (3) (a) 3.

13 (b) To be certified as a care management organization, an applicant shall
14 demonstrate or ensure all of the following:

15 1. Adequate availability of providers with the expertise and ability to provide
16 services that are responsive to the disabilities or conditions of all of the applicant's
17 proposed enrollees and sufficient representation of programmatic philosophies and
18 cultural orientations to accommodate a variety of enrollee preferences and needs.

19 2. Adequate availability of providers that can meet the preferences and needs
20 of its proposed service recipients for services at various times, including evenings,
21 weekends and, when applicable, on a 24-hour basis.

SECTION 27

1 3. Adequate availability of providers that are able and willing to perform all
2 the tasks that are identified in proposed enrollees' service and care plans.

3 4. Adequate availability of residential and day services that are geographically
4 accessible to proposed enrollees' homes, families or friends.

5 5. Adequate supported living arrangements of the types and sizes that meet
6 proposed enrollees' preference and needs.

7 6. Expertise in determining and meeting the needs of every target population
8 that the applicant proposes to serve and connections to the appropriate service
9 providers.

10 7. Thorough knowledge of local long-term care and other community resources.

11 8. The ability to manage and deliver, either directly or through subcontracts
12 or partnerships with other organizations, the full range of benefits to be included in
13 the monthly payment amount.

14 9. Thorough knowledge of methods for maximizing informal caregivers and
15 community resources and integrating them into a service or care plan.

16 10. Coverage for a geographic area specified by the department.

17 11. The ability to develop strong linkages with systems and services that are
18 not directly within the scope of the applicant's responsibility but that are important
19 to the target group that it proposes to serve, including primary and acute health care
20 services.

21 12. Adequate and competent staffing by qualified personnel to perform all of
22 the functions that the applicant proposes to undertake.

23 (c) In addition to the requirements specified under par. (b), to maintain
24 certification a care management organization shall do all of the following:

****NOTE: What does “maintain certification” mean here? Some of the requirements would seem to apply only to a CMO that has a contract to operate. Also, once a decision is made on this language, the language of sub. (2) (a) should be reviewed to see if it needs change.

1 1. Meet all performance standards required by the federal government and
2 promulgated by the department by rule.

3 2. Submit in the manner prescribed by the department by rule any information
4 or reports required by the department.

****NOTE: I did not include “or by contract” here; it seems superfluous to the contract itself.

5 3. Implement internal quality improvement and assurance processes that meet
6 standards prescribed by the department by rule.

7 4. Cooperate with external quality assurance reviews.

8 **(3) DUTIES OF THE CARE MANAGEMENT ORGANIZATION.** A care management
9 organization that is under contract with the department shall do all of the following:

10 (a) Accept requested enrollment of any person who is eligible for the family care
11 benefit. No care management organization may disenroll any enrollee, except under
12 circumstances specified by the department by contract. No care management
13 organization may encourage any enrollee to disenroll in order to obtain long-term
14 care services under the medical assistance fee-for-service system. No involuntary
15 disenrollment is effective unless the department has reviewed and approved it.

16 (b) Conduct a comprehensive assessment for each enrollee, including an
17 in-person interview with the enrollee, using a standard format developed by the
18 department.

19 (c) With the enrollee and the enrollee’s family or guardian, if appropriate,
20 develop a comprehensive care plan that reflects the enrollee’s values and
21 preferences.

1 (d) Provide or contract for the provision of necessary services and monitor the
2 provided or contracted services.

3 (e) Provide, within guidelines established by the department, a mechanism by
4 which an enrollee may arrange for, manage and monitor his or her family care benefit
5 directly or with the assistance of another person chosen by the enrollee. The care
6 management organization shall monitor the enrollee's use of a fixed budget for
7 purchase or services or support items from any qualified provider, monitor the health
8 and safety of the enrollee and provide supportive services uniquely tailored to meet
9 needs of these enrollees.

10 (f) Provide, on a fee-for-service basis, case management services to persons
11 who are functionally eligible but not financially eligible for the family care benefit.

***NOTE: Have I captured your intent with respect to pars. (d) to (f)?

12 (4) FUNDING AND RISK-SHARING. *****

13 (5) GOVERNING BOARD; MEMBERSHIP; DUTIES. (a) A care management
14 organization shall have a governing board that is distinct from the membership of
15 the governing board of the resource center, as follows:

16 1. If the care management organization is a county department under s. 46.21,
17 46.215, 46.22, 46.23, 51.42 or 51.437, the board for that county department shall
18 serve as the governing board for the care management organization.

19 2. If the care management organization is a quasi-governmental county
20 authority, the membership of the governing board shall be appointed by the county
21 board of supervisors or, in a county with a county executive or a county administrator,
22 by the county executive or county administrator, subject to confirmation by the
23 county board of supervisors.

1 3. If the care management organization is operated by a tribe or band or by the
2 Great Lakes inter-tribal council, inc., the membership of the governing board shall
3 be appointed by the governing body of the tribe or band or of the Great Lakes
4 inter-tribal council, inc.

5 (b) The membership of the governing board required under par. (a) shall reflect
6 the ethnic and economic diversity of the geographic area served by the care
7 management organization. The governing board shall be comprised of an uneven
8 number of members, at least one-fourth of whom shall be older persons or persons
9 with physical or developmental disabilities or their family members, guardians or
10 other advocates. Of those members, at least two-thirds shall correspond to the
11 proportion of numbers, as determined by the department, of persons receiving
12 long-term care from the care management organization who are older persons or
13 persons with physical or developmental disabilities.

 ***NOTE: Do pars. (a) and (b) now reflect your intent? Lengths of terms should be specified.

14 (c) The governing board of a care management organization shall do all of the
15 following:

16 1. Develop a mission statement for the care management organization that is
17 consistent with the goals of the long-term care system.

 ***NOTE: Where are these goals specified?

18 2. Determine the structure, policies and procedures of the care management
19 organization consistent with rules promulgated by the department and guidelines
20 ***** of the local long-term care council.

 ***NOTE: To DAK: Where are these guidelines set forth? Right term?

SECTION 27

1 3. Oversee the implementation and operation of the care management
2 organization to ensure compliance with contract requirements and statutes and
3 rules.

4 4. Ensure that the care management organization has a viable plan for
5 implementation and operation that addresses contractual requirements and
6 applicable statutory and rule requirements.

 ****NOTE: I did not include the specific issues listed on p. 92 of the proposal
(Appendix 5) concerning the details of a viable plan, because I was unsure if they
overlapped with specified rules or statutes or specific contractual requirements. They
also appear to be overly specific for inclusion in the statutes. Please review.

7 5. Identify unmet needs and prepare plans to meet those needs.

 ****NOTE: Needs of whom? The enrollees? The CMO?

8 6. In the case of a care management organization that is operated by a county
9 with a county executive or county administrator, do all of the following:

10 a. Advise the county executive or county administrator on the appointment of
11 the director of the organization.

12 b. Recommend program priorities.

13 c. Prepare a proposed budget for submission to the county executive or county
14 administrator.

15 d. Approve the final budget for submission to the department.

16 e. Advise the director of the organization on purchasing and providing services.

17 7. In the case of a care management organization that is operated in a county
18 that is not described in subd. 6., do all of the following:

19 a. Govern the care management organization.

20 b. Appoint the director of the organization, subject to confirmation of the county
21 board.

22 c. Prepare a proposed budget for submission to the county board.

1 d. Determine whether services are to be provided by the care management
2 organization or purchased by the care management organization.

3 8. In the case of a care management organization that is not described in subd.
4 6. or 7., do all of the following:

- 5 a. Govern the care management organization.
- 6 b. Appoint the director of the care management organization.
- 7 c. Prepare and monitor the care management organization’s budget.

8 **(6) LICENSURE AS A HOME HEALTH AGENCY.** Regardless of whether a care
9 management organization provides services that are similar to services provided by
10 a home health agency, as defined in s. 50.49 (1) (a), the care management
11 organization need not obtain licensure under s. 50.49 to provide the services.

 ****NOTE: I did not draft similar language to this, as requested, for the
PACE/Partnership Programs, or for Medicaid Prepaid Health Programs and Managed
Care Programs. Probably, for those programs, a specific exception to s. 50.49, stats.,
should be made. The definition language for PACE and Partnership is insufficient (I need
the full federal citation). Where are the other programs statutorily mentioned?

12 **SECTION 28.** 46.285 of the statutes is created to read:

13 **46.285 Family care benefit. (1) ELIGIBILITY.** A person who is aged at least
14 18, whose primary disabling condition is not mental illness and who meets all of the
15 following criteria is eligible for, but not entitled to, the family care benefit:

16 (a) *Functional eligibility.* A person is functionally eligible if his or her
17 functional capacity is at one of the following levels:

- 18 1. At the comprehensive level, the person:
 - 19 a. Has a long-term, irreversible condition.
 - 20 b. Requires ongoing care or assistance, which may include a wide range of
 - 21 services, from others to meet his or her needs.

SECTION 28

- 1 c. Is in serious jeopardy of losing his or her health and safety in the absence of
- 2 the care or assistance.
- 3 2. At the intermediate level, the person:
- 4 a. Has a condition that is long term or is potentially long term.
- 5 b. Is at risk of losing his or her independence or is at risk of encountering a
- 6 serious decline in his or her functional capacity.
- 7 c. Needs periodic assistance from others to meet his or her needs, but needs or
- 8 is likely to need a minimum number or amount of services.
- 9 d. May or may not need ongoing case management.
- 10 (b) *Financial eligibility*. A person is financially eligible if he or she is eligible
- 11 for medical assistance under s. 49.46 (1) or 49.47 (4).

****NOTE: *Has been determined* eligible? The instructions conflict with the proposal, i.e., the proposal requires financial eligibility for Medicaid, whereas the instructions refer to persons who are “categorically eligible”; I have included eligibility under both categorically and medically needy; what about ss. 49.465 and 49.468, stats.? Please review.

12 **(2) COST SHARING.**

****NOTE: Do you want me to use current language under s. 46.27 (6u) for this subsection? If so, are there any changes in that language that you want?

- 13 **(3) ENTITLEMENT.** A person is entitled to and may receive the family care benefit
- 14 if he or she participates in cost sharing, if applicable, is enrolled in a care
- 15 management organization and meets all of the following criteria:
- 16 (a) Is functionally eligible at the comprehensive level.
- 17 (b) Is functionally eligible at the intermediate level and is financially eligible.
- 18 (c) Is functionally eligible at the intermediate level and, following an
- 19 investigation under s. 46.90 (5) of alleged abuse, material abuse or neglect by another
- 20 person or of alleged self-neglect is determined under s. 46.90 (5m) (a) be in need of
- 21 services under ch. 55.

****NOTE: Does this language capture your intent? If not, under the 12/08/98 revised instructions, it will be necessary to clarify who substantiates the need for adult protective services; if the investigative powers under s. 46.90 (5) are not used, it will also be necessary to clarify how the need is substantiated.

1 (d) Is receiving services under s. 46.27, 46.275, 46.277 or 46.278 on the effective
2 date of this paragraph [revisor inserts date].

****NOTE: Is s. 46.275, stats., properly included here?

3 SECTION 29. 46.286 of the statutes is created to read:

4 **46.286 Rights of persons, eligible persons and enrollees. (1) Definitions.**

5 (a) *Title. 1. 'Title.'*

6 SECTION 30. 46.286 of the statutes is created to read:

7 **46.286 Rights of clients, eligible persons and enrollees. (1) DEFINITION.**

8 In this section, "client" means an older person or a person who has a physical or
9 developmental disability who has contact with a resource center or a care
10 management organization and includes an eligible person and an enrollee.

****NOTE: Is the definition accurate in including eligibles and enrollees, i.e., are they entitled to all of the rights specified in sub. (2)? What about advocates and guardians for and family members of these persons who have contact with the RC or CMO? I did not draft a definition of "person", because it is very confusing to have numerous references to "person" outside this section with a different meaning than would exist inside this section.

11 **(2) RIGHTS OF CLIENTS.** A client has the right to all of the following:

12 (a) Receipt of complete and accurate information that is provided in an
13 understandable and culturally appropriate manner and that will enable the client
14 to make informed choices about possible receipt of long-term care services under the
15 family care benefit or under other benefit programs.

****NOTE: It is a problem to refer to "other long-term care service systems", because "long-term care system" will be a defined term. Is "other benefit programs" accurate?

16 (b) Receipt of a prompt determination as to whether he or she is an eligible
17 person.

SECTION 30

1 (c) Accuracy of information about the client that is collected by a resource
2 center, a care management organization or a contractor with a resource center or a
3 care management organization and treatment of that information in a confidential
4 manner.

5 (d) Access to all information about the client that is maintained by a resource
6 center, a care management organization or a contractor with a resource center or a
7 care management organization.

8 (e) Treatment that is respectful, fair and free of discrimination.

9 (f) Assistance in understanding his or her rights under this section and in
10 resolving any dispute that he or she may have concerning his or her contact with a
11 resource center or a care management organization.

12 (g) Fair and equitable procedures for resolving complaints or disputes.

13 (h) Freedom from reprisal or the overt or implied threat of reprisal for
14 registering complaints or grievances or participating in procedures under par. (g).

15 **(3) RIGHTS OF ELIGIBLE PERSONS.** An eligible person shall have the right to all
16 of the following:

17 (a) Choice as to whether or not to enroll in a care management organization for
18 receipt of the family care benefit.

19 (b) Choice as to whether to disenroll from a care management organization for
20 any reason.

****NOTE: It was unclear to me what the proposed language for this subsection
meant: can one receive the family care benefit if one is not enrolled? Should par. (a) be
"enroll in a care management organization and receive the family care benefit or . . . "?

21 **(4) RIGHTS OF ENROLLEES.** An enrollee shall have the right to all of the following:

22 (a) Full participation in planning and evaluating the treatment and services
23 he or she receives.

1 (b) Development of a plan of care that is tailored to meet his or her unique needs
2 and circumstances as indicated by performance of an individualized assessment.

3 (c) Prompt receipt, from providers, of services and support items that are
4 adequate and appropriate in meeting the enrollee’s individual needs.

****NOTE: What is a “qualified” provider? I did not draft all the language proposed,
because I do not understand how either providers or services and support items (it is
unclear which) can “as much as possible preserve the enrollee’s health, safety and well
being and keep the enrollee free from abuse and neglect”.

5 SECTION 31. 46.287 of the statutes is created to read:

6 **46.287 Rule-making.** The department shall promulgate as rules all of the
7 following: (1) Standards for performance by resource centers and care management
8 organizations, including requirements for maintaining quality assurance and
9 quality improvement.

10 (2) Requirements for the provision of services by advocacy organizations
11 contracting with the department under s. 46.281 (1) (f) 2.

12 (3) Rights of clients, eligible persons and enrollees that are specified in s.
13 46.286.

14 SECTION 32. 234.03 (13) of the statutes is amended to read:

15 234.03 (13) To purchase and enter into commitments for the purchase of
16 mortgages and securities if the authority shall first determine that the proceeds of
17 the sale of such mortgages and securities to the authority will be utilized for the
18 purpose of residential housing for occupancy by persons or families of low and
19 moderate income and to enter into agreements with sponsors of residential facilities,
20 as defined in s. ~~46.28~~ 46.291 (1) (d) and (e), and with eligible sponsors, mortgagors
21 or issuers of securities for the purpose of regulating the planning, development and

1 management of housing projects financed in whole or in part by the proceeds of the
2 mortgages or securities purchased by the authority.

History: History: 1971 c. 287; 1973 c. 208, 333; 1975 c. 221; 1977 c. 418; 1981 c. 349 ss. 12, 32; 1983 a. 27 ss. 1622e to 1622m, 2202 (20); 1983 a. 81; 1983 a. 83 ss. 7, 8, 22; 1983 a. 192; 1985 a. 29 ss. 2242, 3200 (28); 1985 a. 334; 1987 a. 27, 399; 1993 a. 16, 112, 437; 1997 a. 27.

3 **SECTION 33. 234.03 (15) of the statutes is amended to read:**

4 **234.03 (15)** To acquire or contract to acquire from any person by grant,
5 purchase or otherwise, leaseholds, real or personal property or any interest therein,
6 only when the authority finds that ~~low-~~ low-income or moderate-income housing
7 cannot be developed privately without an acquisition by the authority, or when the
8 authority acquires property by reason of default by a sponsor of a residential facility,
9 as defined in s. ~~46.28~~ 46.291 (1) (d) and (e), or by an eligible sponsor; to own, hold,
10 clear, improve and rehabilitate and to sell, assign, exchange, transfer, convey, lease,
11 mortgage or otherwise dispose of or encumber the same. Nothing in this chapter
12 shall be deemed to impede the operation and effect of local zoning, building and
13 housing ordinances or ordinances relating to subdivision control, land development,
14 fire prevention or other ordinances having to do with housing or housing
15 development.

History: History: 1971 c. 287; 1973 c. 208, 333; 1975 c. 221; 1977 c. 418; 1981 c. 349 ss. 12, 32; 1983 a. 27 ss. 1622e to 1622m, 2202 (20); 1983 a. 81; 1983 a. 83 ss. 7, 8, 22; 1983 a. 192; 1985 a. 29 ss. 2242, 3200 (28); 1985 a. 334; 1987 a. 27, 399; 1993 a. 16, 112, 437; 1997 a. 27.

16 **SECTION 34. 234.61 (1) of the statutes is amended to read:**

17 **234.61 (1)** Upon the authorization of the department of health and family
18 services, the authority may issue bonds or notes and make loans for the financing of
19 housing projects which are residential facilities as defined in s. ~~46.28~~ 46.291 (1) (d)
20 and the development costs of those housing projects, if the department of health and
21 family services has approved the residential facilities for financing under s. ~~46.28~~
22 46.291 (2). The limitations in ss. 234.18 (1), 234.40, 234.50, 234.60, 234.65 and

1 234.66 do not apply to bonds or notes issued under this section. The definition of
2 “nonprofit corporation” in s. 234.01 (9) does not apply to this section.

3 **History:** **History:** 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

3 **SECTION 35.** 234.61 (2) (b) of the statutes is amended to read:

4 234.61 (2) (b) Of the amount specified in par. (a), \$30,000,000 may only be used
5 to finance residential facilities serving 15 or fewer persons who are chronically
6 disabled, as defined in s. ~~46.28~~ 46.291 (1) (b).

7 **History:** **History:** 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

7 **SECTION 36.** 234.61 (2) (c) 1. of the statutes is amended to read:

8 234.61 (2) (c) 1. Of the amount specified in par. (a), \$48,580,000 may only be
9 used to finance residential facilities with 100 or fewer units for elderly persons, as
10 defined in s. ~~46.28~~ 46.291 (1) (c) or to finance additional residential facilities serving
11 15 or fewer persons who are chronically disabled.

12 **History:** **History:** 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

12 **SECTION 37.** 234.61 (2) (c) 2. of the statutes is amended to read:

13 234.61 (2) (c) 2. The remainder of the amount specified in par. (a) may only be
14 used to finance residential facilities with 50 or fewer units for elderly persons, as
15 defined in s. ~~46.28~~ 46.291 (1) (c), or to finance additional residential facilities serving
16 15 or fewer persons who are chronically disabled.

17 **History:** **History:** 1983 a. 27; 1983 a. 81 s. 13; 1983 a. 83 s. 22; 1983 a. 192; 1985 a. 29, 334; 1993 a. 437; 1995 a. 27 s. 9126 (19); 1997 a. 27 s. 3355c; Stats. 1997 s. 234.61.

17 **SECTION 9123. Nonstatutory provisions; health and family services.**

18 (1) COUNCIL ON LONG-TERM CARE. (a) *Initial terms.* Notwithstanding the length
19 of terms specified for the members of the council on long-term care appointed under
20 section 15.197 (5) of the statutes, as created by this act, the initial members of the
21 council shall be appointed under that subsection for the following terms:

22 1. Nine of the members, for terms expiring on July 1, 2002.

23 2. Eight of the members, for terms expiring on July 1, 2003.

