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1999 - 2000 LEGISLATURE

LRB-0030/P#4

DAK&TAY&RAC:kmg:3/2/00

D-NOTE

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

FOR 1999-01 BUDGET - NOT READY FOR INTRODUCTION

ASAP

1 AN ACT <sup>Draft Gen Cat</sup> ...; relating to: the budget.

FE-S/L  
RETIRE

**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. 13.94 (4) (a) 1. of the statutes is amended to read:  
3 13.94 (4) (a) 1. Every state department, board, examining board, affiliated  
4 credentialing board, commission, independent agency, council or office in the  
5 executive branch of state government; all bodies created by the legislature in the  
6 legislative or judicial branch of state government; any public body corporate and  
7 politic created by the legislature including specifically a professional baseball park  
8 district and a family care district under s. 46.2895; every Wisconsin works agency  
9 under subch. III of ch. 49; every provider of medical assistance under subch. IV of ch.

1 49; technical college district boards; development zones designated under s. 560.71;  
2 every county department under s. 51.42 or 51.437; every nonprofit corporation or  
3 cooperative to which moneys are specifically appropriated by state law; and every  
4 corporation, institution, association or other organization which receives more than  
5 50% of its annual budget from appropriations made by state law, including  
6 subgrantee or subcontractor recipients of such funds.

7 **SECTION 2.** 13.94 (4) (b) of the statutes is amended to read:

8 13.94 (4) (b) In performing audits of family care districts under s. 46.2895,  
9 Wisconsin works agencies under subch. III of ch. 49, providers of medical assistance  
10 under subch. IV of ch. 49, corporations, institutions, associations, or other  
11 organizations, and their subgrantees or subcontractors, the legislative audit bureau  
12 shall audit only the records and operations of such providers and organizations  
13 which pertain to the receipt, disbursement or other handling of appropriations made  
14 by state law.

15 **SECTION 3.** 15.07 (2) (k) of the statutes is created to read:

16 15.07 (2) (k) The chairperson of the council on long-term care shall be  
17 designated by the governor.

18 **SECTION 4.** 15.07 (2) (k) of the statutes, as created by 1999 Wisconsin Act ....  
19 (this act), is repealed.

20 **SECTION 5.** 15.105 (10) of the statutes is amended to read:

21 15.105 (10) BOARD ON AGING AND LONG-TERM CARE. There is created a board on  
22 aging and long-term care, attached to the department of administration under s.  
23 15.03. The board shall consist of 7 ~~9~~ members appointed for staggered 5-year terms.  
24 Members shall have demonstrated a continuing interest in the problems of providing  
25 long-term care for the aged or disabled. ~~At least 4~~ All members shall be public

1 members with no interest in or affiliation with any nursing home. At least 5  
2 members shall be persons aged 65 or older or persons with physical or developmental  
3 disabilities or their family members, guardians or other advocates.

4 SECTION 6. 15.197 (5) of the statutes is created to read:

5 15.197 (5) COUNCIL ON LONG-TERM CARE. There is created in the department of  
6 health and family services a council on long-term care, which shall consist of 15  
7 members.

8 SECTION 7. 15.197 (5) of the statutes, as created by 1999 Wisconsin Act .... (this  
9 act), is repealed.

10 SECTION 8. 16.009 (2) (p) of the statutes is created to read:

11 16.009 (2) (p) Contract with one or more organizations to provide advocacy  
12 services to potential or actual recipients of the family care benefit, as defined in s.  
13 46.2805 (4), or their families or guardians. The board and contract organizations  
14 under this paragraph shall assist these persons in protecting their rights under all  
15 applicable federal statutes and regulations and state statutes and rules. An  
16 organization with which the board contracts for these services may not be a provider,  
17 nor an affiliate of a provider, of long-term care services, a resource center under s.  
18 46.283 or a care management organization under s. 46.284. ~~Advocacy services~~ ✓

19 potential or actual recipients of the family care benefit, required under this  
20 paragraph shall include all of the following: advocacy services

21 1. Providing information, technical assistance and training about how to obtain  
22 needed services or support items.

23 2. Providing advice and assistance in preparing and filing complaints,  
24 grievances and appeals of complaints or grievances.

25 3. Providing negotiation and mediation.

1           4. Providing individual case advocacy assistance regarding the appropriate  
2 interpretation of statutes, rules or regulations.

3           5. Providing individual case advocacy services in administrative hearings and  
4 legal representation for judicial proceedings regarding family care services or  
5 benefits.

6           **SECTION 9.** 17.13 (intro.) of the statutes is amended to read:

7           **17.13 Removal of village, town, town sanitary district, school district**  
8 **and, technical college and family care district officers.** (intro.) Officers of  
9 towns, town sanitary districts, villages, school districts and, technical college  
10 districts and family care districts may be removed as follows:

11           **SECTION 10.** 17.13 (4) of the statutes is created to read:

12           **17.13 (4) APPOINTIVE OFFICERS OF A FAMILY CARE DISTRICT.** Any member of a  
13 family care district board appointed under s. 46.2895 (3) (a) 1., by the appointing  
14 authority for cause.

15           **SECTION 11.** 17.15 (5) of the statutes is created to read:

16           **17.15 (5) FAMILY CARE DISTRICT.** Any member of a family care district governing  
17 board appointed under s. 46.2895 (3) (a) 2. may be removed by the appointing  
18 authority for cause.

19           **SECTION 12.** 17.27 (3m) of the statutes is created to read:

20           **17.27 (3m) FAMILY CARE DISTRICT BOARD.** If a vacancy occurs in the position of  
21 any appointed member of a family care district board, the appointing authority shall  
22 fill the position with a person who meets the applicable requirements under s.  
23 46.2895 (3) (b).

24           **SECTION 13.** 19.32 (1) of the statutes is amended to read:

1           19.32 (1) “Authority” means any of the following having custody of a record: a  
2 state or local office, elected official, agency, board, commission, committee, council,  
3 department or public body corporate and politic created by constitution, law,  
4 ordinance, rule or order; a governmental or quasi-governmental corporation except  
5 for the Bradley center sports and entertainment corporation; a local exposition  
6 district under subch. II of ch. 229; a family care district under s. 46.2895; any court  
7 of law; the assembly or senate; a nonprofit corporation which receives more than 50%  
8 of its funds from a county or a municipality, as defined in s. 59.001 (3), and which  
9 provides services related to public health or safety to the county or municipality; a  
10 nonprofit corporation operating the Olympic ice training center under s. 42.11 (3);  
11 or a formally constituted subunit of any of the foregoing.

12           **SECTION 14.** 19.82 (1) of the statutes is amended to read:

13           19.82 (1) “Governmental body” means a state or local agency, board,  
14 commission, committee, council, department or public body corporate and politic  
15 created by constitution, statute, ordinance, rule or order; a governmental or  
16 quasi-governmental corporation except for the Bradley center sports and  
17 entertainment corporation; a local exposition district under subch. II of ch. 229; a  
18 family care district under s. 46.2895; a nonprofit corporation operating the Olympic  
19 ice training center under s. 42.11 (3); or a formally constituted subunit of any of the  
20 foregoing, but excludes any such body or committee or subunit of such body which  
21 is formed for or meeting for the purpose of collective bargaining under subch. I, IV  
22 or V of ch. 111.

23           **SECTION 15.** 20.435 (1) (bm) of the statutes is renumbered 20.435 (4) (bm) and  
24 amended to read:

1           20.435 (4) (bm) *Medical assistance administration*. Biennially, the amounts  
2 in the schedule to provide the state share of administrative contract costs for the  
3 medical assistance program under ss. 49.45 and 49.665, to reimburse insurers for  
4 their costs under s. 49.475 ~~and~~, for costs associated with outreach activities and for  
5 services of resource centers under s. 46.283. No state positions may be funded in the  
6 department of health and family services from this appropriation, except positions  
7 for the performance of duties under a contract in effect before January 1, 1987,  
8 related to the administration of the medical assistance program between the subunit  
9 of the department primarily responsible for administering the medical assistance  
10 program and another subunit of the department. Total administrative funding  
11 authorized for the program under s. 49.665 may not exceed 10% of the amounts  
12 budgeted under sub. (5) (bc) and (p).

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

\*\*\*\*NOTE: The renumbering of this appropriation is dependent on the renumbering in LRB-0028. If LRB-0028 is not included in the budget bill, the renumbering must be deleted.

13           **SECTION 16.** 20.435 (1) (p) of the statutes is renumbered 20.435 (4) (p) and  
14 amended to read:

15           20.435 (4) (p) *Federal aid; medical assistance contracts administration*. All  
16 federal moneys received for the federal share of the cost of contracting for payment  
17 and services administration and reporting, ~~and~~ to reimburse insurers for their costs  
18 under s. 49.475 and for services of resource centers under s. 46.283.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

\*\*\*\*NOTE: The renumbering of this appropriation is dependent on the renumbering in LRB-0028. If LRB-0028 is not included in the budget bill, the renumbering must be deleted.

19           **SECTION 17.** 20.435 (4) (g) of the statutes is created to read:

1           20.435 (4) (g) *Family care benefit; cost sharing*. All moneys received from client  
2 cost-sharing requirements under s. 46.286 (2) to be expended for the provision of  
3 services under the family care benefit under s. 46.284 (5).

      \*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

      \*\*\*\*NOTE: The numbering of this appropriation is dependent upon the creation of s. 20.435 (4) in LRB-0028. If LRB-0028 is not included in the budget bill, this appropriation must be renumbered.

4           **SECTION 18.** 20.435 (5) (b) of the statutes is amended to read:

5           20.435 (5) (b) *Medical assistance program benefits*. Biennially, the amounts in  
6 the schedule to provide the state share of medical assistance program benefits  
7 administered under s. 49.45, to provide medical assistance program benefits  
8 administered under s. 49.45 that are not also provided under par. (o) and, to fund the  
9 pilot project under s. 46.27 (9) and (10), to fund services provided by resource centers  
10 under s. 46.283 and for services under the family care benefit under s. 46.284 (5).

11 Notwithstanding s. 20.002 (1), the department may transfer from this appropriation  
12 to the appropriation under sub. (7) (kb) funds in the amount of and for the purposes  
13 specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the  
14 department may credit or deposit into this appropriation and may transfer between  
15 fiscal years funds that it transfers from the appropriation under sub. (7) (kb) for the  
16 purposes specified in s. 46.485 (3r). Notwithstanding s. 20.002 (1), the department  
17 may transfer from this appropriation to the appropriation account under sub. (7) (bd)  
18 funds in the amount and for the purposes specified in s. 49.45 (6v).

19           **SECTION 19.** 20.435 (5) (o) of the statutes is amended to read:

20           20.435 (5) (o) *Federal aid; medical assistance*. All federal moneys received for  
21 meeting costs of medical assistance administered under ss. 46.284 (5), 49.45 and  
22 49.665, to be used for those purposes.

1           **SECTION 20.** 20.435 (7) (b) of the statutes is amended to read:

2           20.435 (7) (b) *Community aids.* The amounts in the schedule for human  
3 services under s. 46.40, to fund services provided by resource centers under s. 46.283  
4 (5), for services under the family care benefit under s. 46.284 (5), for reimbursement  
5 to counties having a population of less than 500,000 for the cost of court attached  
6 intake services under s. 48.06 (4), for shelter care under ss. 48.58 and 938.22 and for  
7 foster care and treatment foster care under s. 49.19 (10). Social services  
8 disbursements under s. 46.03 (20) (b) may be made from this appropriation. Refunds  
9 received relating to payments made under s. 46.03 (20) (b) for the provision of  
10 services for which moneys are appropriated under this paragraph shall be returned  
11 to this appropriation. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the  
12 department of health and family services may transfer funds between fiscal years  
13 under this paragraph. The department shall deposit into this appropriation funds  
14 it recovers under ss. 46.495 (2) (b) and 51.423 (15) from prior year audit adjustments  
15 including those resulting from audits of services under s. 46.26, 1993 stats., or s.  
16 46.27. Except for amounts authorized to be carried forward under s. 46.45, all funds  
17 recovered under ss. 46.495 (2) (b) and 51.423 (15) and all funds allocated under s.  
18 46.40 and not spent or encumbered by December 31 of each year shall lapse to the  
19 general fund on the succeeding January 1 unless carried forward to the next calendar  
20 year by the joint committee on finance.

21           **SECTION 21.** 20.435 (7) (bd) of the statutes is amended to read:

22           20.435 (7) (bd) *Community options program ~~and~~; long-term support pilot*  
23 *projects; family care benefit.* The amounts in the schedule for assessments, case  
24 planning, services ~~and~~, administration and risk reserve escrow accounts under s.  
25 46.27 ~~and~~, for pilot projects under s. 46.271 (1), ~~and the amounts carried forward~~



1 under 1997 Wisconsin Act 27, section 9123 (2), for the pilot project under s. 46.271  
 2 (2m), to fund services provided by resource centers under s. 46.283 (5) and for  
 3 services under the family care benefit under s. 46.284 (5). If the department  
 4 transfers funds to this appropriation from the appropriation account under sub. (5)  
 5 (b), the amounts in the schedule for the fiscal year for which the transfer is made are  
 6 increased by the amount of the transfer for the purposes specified in s. 49.45 (6v).  
 7 Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department may under this  
 8 paragraph transfer moneys between fiscal years. Except for moneys authorized for  
 9 transfer under this appropriation, or under s. 46.27 (7) (fm) or (g) ~~or under 1997~~  
 10 ~~Wisconsin Act 27, section 9123 (2)~~, all moneys under this appropriation that are  
 11 allocated under s. 46.27 and are not spent or encumbered by counties or by the  
 12 department by December 31 of each year shall lapse to the general fund on the  
 13 succeeding January 1 unless transferred to the next calendar year by the joint  
 14 committee on finance.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

15 SECTION 22. 20.435 (7) (im) of the statutes is amended to read:

16 20.435 (7) (im) *Community options program and family care benefit; recovery*  
 17 *of costs of care.* From the moneys received from the recovery of costs of care under  
 18 ss. 46.27 (7g) and 867.035, all moneys not appropriated under sub. (1) (in), for  
 19 payments to county departments and aging units under s. 46.27 (7g) (d), payments  
 20 to care management organizations for provision of the family care benefit under s.  
 21 46.284 (5), payment of claims under s. 867.035 (3) and payments for long-term  
 22 community support services funded under s. 46.27 (7) as provided in ss. 46.27 (7g)  
 23 (e) and 867.035 (4m).

and rules promulgated under  
s. 46.286 (7) ✓

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

1           **SECTION 23.** 20.927 (1) of the statutes is amended to read:

2           20.927 (1) Except as provided under subs. (2) and (3), no funds of this state or  
3 of any county, city, village ~~or~~ town or family care district under s. 46.2895 or of any  
4 subdivision or agency of this state or of any county, city, village or town and no federal  
5 funds passing through the state treasury shall be authorized for or paid to a  
6 physician or surgeon or a hospital, clinic or other medical facility for the performance  
7 of an abortion.

8           **SECTION 24.** 20.9275 (1) (b) of the statutes is amended to read:

9           20.9275 (1) (b) “Local governmental unit” means a city, village, town ~~or~~ county  
10 or family care district under s. 46.2895 or an agency or subdivision of a city, village,  
11 town or county.

12           **SECTION 25.** 25.50 (1) (d) of the statutes is amended to read:

13           25.50 (1) (d) “Local government” means any county, town, village, city, power  
14 district, sewerage district, drainage district, town sanitary district, public inland  
15 lake protection and rehabilitation district, local professional baseball park district  
16 created under subch. III of ch. 229, family care district under s. 46.2895, public  
17 library system, school district or technical college district in this state, any  
18 commission, committee, board or officer of any governmental subdivision of this  
19 state, any court of this state, other than the court of appeals or the supreme court,  
20 or any authority created under s. 231.02, 233.02 or 234.02.

21           **SECTION 26.** 40.02 (28) of the statutes is amended to read:

22           40.02 (28) “Employer” means the state, including each state agency, any  
23 county, city, village, town, school district, other governmental unit or

1 instrumentality of 2 or more units of government now existing or hereafter created  
2 within the state and any federated public library system established under s. 43.19  
3 whose territory lies within a single county with a population of 500,000 or more,  
4 except as provided under ss. 40.51 (7) and 40.61 (3), ~~or~~ a local exposition district  
5 created under subch. II of ch. 229 or a family care district created under s. 46.2895.

6 Each employer shall be a separate legal jurisdiction for OASDHI purposes.

7 **SECTION 27.** 40.02 (36) of the statutes is amended to read:

8 40.02 (36) "Governing body" means the legislature or the head of each state  
9 agency with respect to employes of that agency for the state, the common council in  
10 cities, the village board in villages, the town board in towns, the county board in  
11 counties, the school board in school districts, or the board, commission or other  
12 governing body having the final authority for any other unit of government, for any  
13 agency or instrumentality of 2 or more units of government, for any federated public  
14 library system established under s. 43.19 whose territory lies within a single county  
15 with a population of 500,000 or more ~~or~~, for a local exposition district created under  
16 subch. II of ch. 229 or for a family care district created under s. 46.2895.

17 **SECTION 28.** 46.21 (2m) (c) of the statutes is amended to read:

18 46.21 (2m) (c) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78  
19 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7) and  
20 253.07 (3) (c), any subunit of the county department of human services acting under  
21 this subsection may exchange confidential information about a client, without the  
22 informed consent of the client, with any other subunit of the same county department  
23 of human services, with a resource center, care management organization or family  
24 care district, or with any person providing services to the client under a purchase of  
25 services contract with the county department of human services or with a resource

1 center, care management organization or family care district, if necessary to enable  
2 an employe or service provider to perform his or her duties, or to enable the county  
3 department of human services to coordinate the delivery of services to the client.

4 **SECTION 29.** 46.215 (1) (r) of the statutes is created to read:

5 46.215 (1) (r) If authorized under s. 46.283 (1) (a) 1., to apply to the department  
6 of health and family services to operate a resource center under s. 46.283 and, if the  
7 department contracts with the county under s. 46.283 (2), to operate the resource  
8 center.

9 **SECTION 30.** 46.215 (1) (s) of the statutes is created to read:

10 46.215 (1) (s) If authorized under s. 46.284 (1) (a) 1., to apply to the department  
11 of health and family services to operate a care management organization under s.  
12 46.284 and, if the department contracts with the county under s. 46.284 (2), to  
13 operate the care management organization and, if appropriate, place funds in a risk  
14 reserve.

15 **SECTION 31.** 46.215 (1m) of the statutes is amended to read:

16 46.215 (1m) EXCHANGE OF INFORMATION. Notwithstanding ss. 46.2895 (9), 48.78  
17 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07  
18 (3) (c) and 938.78 (2) (a), any subunit of the county department of social services  
19 acting under this section may exchange confidential information about a client,  
20 without the informed consent of the client, with any other subunit of the same county  
21 department of social services, with a resource center, care management organization  
22 or family care district, or with any person providing services to the client under a  
23 purchase of services contract with the county department of social services or with  
24 a resource center, care management organization or family care district, if necessary  
25 to enable an employe or service provider to perform his or her duties, or to enable the

1 county department of social services to coordinate the delivery of services to the  
2 client.

3 **SECTION 32.** 46.22 (1) (b) 1. j. of the statutes is created to read:

4 46.22 (1) (b) 1. j. If authorized under s. 46.283 (1) (a) 1., to apply to the  
5 department of health and family services to operate a resource center under s. 46.283  
6 and, if the department contracts with the county under s. 46.283 (2), to operate the  
7 resource center.

8 **SECTION 33.** 46.22 (1) (b) 1. k. of the statutes is created to read:

9 46.22 (1) (b) 1. k. If authorized under s. 46.284 (1) (a) 1., to apply to the  
10 department of health and family services to operate a care management organization  
11 under s. 46.284 and, if the department contracts with the county under s. 46.284 (2),  
12 to operate the care management organization and, if appropriate, place funds in a  
13 risk reserve.

14 **SECTION 34.** 46.22 (1) (dm) of the statutes is amended to read:

15 46.22 (1) (dm) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78  
16 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07  
17 (3) (c) and 938.78 (2) (a), any subunit of the county department of social services  
18 acting under this subsection may exchange confidential information about a client,  
19 without the informed consent of the client, with any other subunit of the same county  
20 department of social services, with a resource center, care management organization  
21 or family care district, or with any person providing services to the client under a  
22 purchase of services contract with the county department of social services or with  
23 a resource center, care management organization or family care district, if necessary  
24 to enable an employe or service provider to perform his or her duties, or to enable the

1 county department of social services to coordinate the delivery of services to the  
2 client.

3 **SECTION 35.** 46.23 (3) (e) of the statutes is amended to read:

4 46.23 (3) (e) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78  
5 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07  
6 (3) (c) and 938.78 (2) (a), any subunit of a county department of human services  
7 acting under this section may exchange confidential information about a client,  
8 without the informed consent of the client, with any other subunit of the same county  
9 department of human services, with a resource center, care management  
10 organization or family care district, or with any person providing services to the  
11 client under a purchase of services contract with the county department of human  
12 services or with a resource center, care management organization or family care  
13 district, if necessary to enable an employe or service provider to perform his or her  
14 duties, or to enable the county department of human services to coordinate the  
15 delivery of services to the client.

16 **SECTION 36.** 46.27 (1) (bm) of the statutes is amended to read:

17 46.27 (1) (bm) “Private nonprofit agency” means a nonprofit corporation, as  
18 defined in s. 181.0103 (17), which provides ~~comprehensive health care services to~~  
19 ~~elderly persons~~ a program of all-inclusive care for persons aged 65 or older  
20 authorized under 42 USC 1395 to 1395ggg and which participates in the On Lok  
21 replication initiative.

22 **SECTION 37.** 46.27 (2) (k) of the statutes is created to read:

23 46.27 (2) (k) Review and approve or disapprove the terms of risk reserve escrow  
24 accounts created under sub. (7) (fr) and approve or disapprove disbursements for  
25 administrative or staff costs from the risk reserve escrow accounts.

1           **SECTION 38.** 46.27 (4) (c) (intro.) of the statutes is amended to read:

2           46.27 (4) (c) (intro.) The planning committee shall develop do all of the  
3           following:

4           1. Develop a community options plan for participation in the program. The  
5           plan shall include:

6           **SECTION 39.** 46.27 (4) (c) 1. to 7. of the statutes are renumbered 46.27 (4) (c) 1.  
7           a. to g.

8           **SECTION 40.** 46.27 (4) (c) 2. of the statutes is created to read:

9           46.27 (4) (c) 2. Advise the county board of supervisors and, if applicable, the  
10          county administrator or county executive on whether to apply to the department for  
11          a contract to operate a resource center or a care management organization and  
12          whether to create a family care district to apply to the department for such a contract.

13          **SECTION 41.** 46.27 (4) (c) 3. of the statutes is created to read:

14          46.27 (4) (c) 3. Review initial plans and existing provider networks of any care  
15          management organization in the area to assist the care management organization  
16          in developing a network of service providers that includes a sufficient number of  
17          accessible, convenient and desirable services.

18          **SECTION 42.** 46.27 (4) (c) 4. of the statutes is created to read:

19          46.27 (4) (c) 4. Advise care management organizations about whether to offer  
20          optional acute and primary health care services and, if so, how these benefits should  
21          be offered.

22          **SECTION 43.** 46.27 (4) (c) 8. of the statutes is renumbered 46.27 (4) (c) 1. h. and  
23          amended to read:

1           46.27 (4) (c) 1. h. If a pilot project under s. ~~46.271 (2m)~~ 46.281 (1) (d) is  
2 established in the county, a description of how the activities of the pilot project relate  
3 to and are coordinated with the county's proposed program.

4           **SECTION 44.** 46.27 (5) (am) of the statutes is amended to read:

5           46.27 (5) (am) Organize assessment activities specified in sub. (6). The county  
6 department or aging unit shall utilize persons for each assessment who can  
7 determine the needs of the person being assessed and who know the availability  
8 within the county of services alternative to placement in a nursing home. If any  
9 hospital patient is referred to a nursing home for admission, these persons shall work  
10 with the hospital discharge planner in performing the activities specified in sub. (6).  
11 The county department or aging unit shall coordinate the involvement of  
12 representatives from the county departments under ss. 46.215, 46.22, 51.42 and  
13 51.437, health service providers and the county commission on aging in the  
14 assessment activities specified in sub. (6), as well as the person being assessed and  
15 members of the person's family or the person's guardian. This paragraph does not  
16 apply to a county department or aging unit in a county where a pilot project under  
17 s. ~~46.271 (2m)~~ 46.281 (1) (d) is established.

18           **SECTION 45.** 46.27 (6) (a) 3. of the statutes is amended to read:

19           46.27 (6) (a) 3. In each participating county, except in counties where a pilot  
20 project under s. ~~46.271 (2m)~~ 46.281 (1) (d) is established, assessments shall be  
21 conducted for those persons and in accordance with the procedures described in the  
22 county's community options plan. The county may elect to establish assessment  
23 priorities for persons in target groups identified by the county in its plan regarding  
24 gradual implementation. If a person who is already admitted to a nursing home



1 requests an assessment and if funds allocated for assessments under sub. (7) (am)  
2 are available, the county shall conduct the assessment.

3 **SECTION 46.** 46.27 (6g) (intro.) of the statutes is amended to read:

4 46.27 (6g) FISCAL RESPONSIBILITY. (intro.) Except as provided in s. 51.40, and  
5 within the limitations under sub. (7) (b), the fiscal responsibility of a county for an  
6 assessment, unless the assessment is performed by an entity under s. ~~46.271 (2m)~~  
7 46.281 (1) (d), case plan or services provided to a person under this section is as  
8 follows:

9 **SECTION 47.** 46.27 (7) (am) of the statutes is amended to read:

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

19 **SECTION 48.** 46.27 (7) (b) of the statutes is amended to read:

20 46.27 (7) (b) 1m. From the appropriations under s. 20.435 (7) (bd) and (im), the  
21 department shall allocate funds to each county to pay the cost of providing long-term  
22 community support services under sub. (5) (b) not otherwise paid under s. 49.45 to  
23 persons eligible for medical assistance under s. 49.46 or 49.47 or to persons whom  
24 the county department or aging unit administering the program finds likely to  
25 become medically indigent within 6 months by spending excess income or assets for

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

9 SECTION 49. 46.27 (7) (fm) of the statutes is amended to read:

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

23 SECTION 50. 46.27 (7) (fr) of the statutes is created to read:

24 46.27 (7) (fr) 1. Notwithstanding s. 46.036 (3) and (5m), a county may place in  
25 a risk reserve funds that are allocated under par. (am) or (b) or sub. (11) (c) 3. and

1 are not expended or encumbered for services under this subsection or sub. (11). The  
2 county shall notify the department of this decision and of the amount to be placed in  
3 the risk reserve. The county shall maintain the risk reserve in an interest-bearing  
4 escrow account with a financial institution, as defined in s. 69.30 (1) (b), if the  
5 department has approved the terms of the escrow. All interest from the principal  
6 shall be reinvested in the escrow account.

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 pars.  
9 (am) and (b) and sub. (11) (c) 3. or \$750,000, whichever is less. The total amount of  
10 the risk reserve, including interest, may not exceed 15% of the county's most recent  
11 allocation under this subsection.

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.

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

17 c. If approved by a resolution of the county board of supervisors, to transfer  
18 funds to a family care district.

19 d. If approved by the department, for administrative or staff costs under this  
20 section.

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

24 **SECTION 51.** 46.27 (7) (g) (intro.) of the statutes is amended to read:

1           46.27 (7) (g) (intro.) The department may carry forward to the next state fiscal  
2 year up to \$500,000 of funds allocated under this subsection and not encumbered by  
3 counties by December 31 or carried forward under par. (fm). The department may  
4 transfer moneys within s. 20.435 (7) (bd) to accomplish this purpose. An allocation  
5 under this paragraph shall not affect a county's base allocation for the program. The  
6 department may allocate these transferred moneys during the next fiscal year to  
7 counties for planning and implementation of resource centers under s. 46.283 or care  
8 management organizations under s. 46.284 and for the improvement or expansion  
9 of long-term community support services for clients whose cost of care significantly  
10 exceeds the average cost of care provided under this section, including any of the  
11 following:

12           **SECTION 52.** 46.27 (9) (c) of the statutes is amended to read:

13           46.27 (9) (c) All long-term community support services provided under this  
14 pilot project in lieu of nursing home care shall be consistent with those services  
15 described in the participating county's community options plan under sub. (4) (c) and  
16 provided under sub. (5) (b). Unless the department has contracted under s. 46.271  
17 ~~(2m)~~ 46.281 (1) (d) with an entity other than the county department, each county  
18 participating in the pilot project shall assess persons under sub. (6).

19           **SECTION 53.** 46.271 (2m) of the statutes is repealed.

20           **SECTION 54.** 46.2805 of the statutes is created to read:

21           **46.2805 Definitions; long-term care.** In ss. 46.2805 to 46.2895:

22           (1) "Care management organization" means an entity that is certified as  
23 meeting the requirements for a care management organization under s. 46.284 (3)  
24 and that has a contract under s. 46.284 (2). "Care management organization" does

1 not mean an entity that contracts with the department to operate one of the  
2 following:

3 (a) A program of all-inclusive care for persons aged 65 or older authorized  
4 under 42 USC 1395 to 1395ggg.

5 (b) A demonstration program known as the Wisconsin partnership program  
6 under a federal waiver authorized under 42 USC 1315.

7 (2) "Eligible person" means a person who meets all eligibility criteria under s.  
8 46.286 (1). *or (lm)* ✓

9 (3) "Enrollee" means a person who is enrolled in a care management  
10 organization.

11 (4). "Family care benefit" means financial assistance for long-term care and  
12 support items for an enrollee.

13 (5) "Family care district" means a special purpose district created under s.  
14 46.2895 (1).

15 (6) "Family care district board" means the governing board of a family care  
16 district.

17 (7) "Functional and financial screen" means a screen prescribed by the  
18 department that is used to determine functional eligibility under s. 46.286 (1)(a) and  
19 financial eligibility under s. 46.286 (1)(b).

20 (8) "Nonprofit organization" has the meaning given in s. 108.02 (19).

21 (9) "Older person" means a person who is aged at least 65.

22 (10) "Resource center" means an entity that meets the standards for operation  
23 under s. 46.283 (3) or, if under contract to provide a portion of the services specified  
24 under s. 46.283 (3), meets the standards for operation with respect to those services.

1 (11) “Tribe or band” means a federally recognized American Indian tribe or  
2 band.

3 SECTION 55. 46.281 of the statutes is created to read:

4 **46.281 Powers and duties of the department and the secretary;**  
5 **long-term care. (1) DUTIES OF THE DEPARTMENT.** The department shall do all of the  
6 following:

7 (a) Provide training to members of the council on long-term care who are aged  
8 65 or older or who have physical or developmental disabilities or their family  
9 members, guardians or other advocates, to enable these members to participate in  
10 the council’s duties.

11 (b) Provide information to the council on long-term care and seek  
12 recommendations of the council.

13 (c) Request from the secretary of the federal department of health and human  
14 services any waivers of federal medicaid laws necessary to permit the use of federal  
15 moneys to provide the family care benefit to recipients of medical assistance. The  
16 department shall implement any waiver that is approved and that is consistent with  
17 ss. 46.2805 to 46.2895. Regardless of whether a waiver is approved, the department  
18 may implement operation of resource centers, care management organizations and  
19 the family care benefit.

20 (d) Before July 1, 2001, ~~do all of the following:~~

21 1. Establish, in geographic areas determined by the department, a pilot project  
22 under which the department may contract with a county, a family care district, a  
23 tribe or band or the Great Lakes inter-tribal council, inc., or with any 2 or more of  
24 these entities under a joint application, to operate a resource center.

1           2. Contract with counties or tribes or bands under a pilot project to demonstrate  
2 the ability of counties or tribes or bands to manage all long-term care programs and  
3 administer the family care benefit as care management organizations.

4           (e) After ~~July 1~~ <sup>June 30</sup>, 2001, contract with one or more entities certified as meeting ✓  
5 requirements under s. 46.284 (3) for services of the entity as a care management  
6 organization and one or more entities for services specified under s. 46.283 (3) and  
7 (4).

8           (f) Prescribe and implement a per person monthly rate structure for costs of the  
9 family care benefit.

10          (g) In order to maintain continuous quality assurance and quality  
11 improvement for resource centers and care management organizations, do all of the  
12 following:

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

15           2. Use performance expectations that are related to outcomes for persons in  
16 contracting with care management organizations and resource centers.

17           3. Conduct ongoing evaluations of the long-term care system specified in ss.  
18 46.2805 to 46.2895.

19           4. Require that quality assurance and quality improvement efforts be included  
20 throughout the long-term care system specified in ss. 46.2805 to 46.2895.

21           5. Ensure that reviews of the quality of management and service delivery of  
22 resource centers and care management organizations are conducted by external  
23 organizations and make information about specific review results available to the  
24 public.

1 (h) Require by contract that resource centers and care management  
2 organizations establish procedures under which an individual who applies for or  
3 receives the family care benefit may register a complaint or grievance and  
4 procedures for resolving complaints and grievances.

5 (i) Prescribe criteria to assign priority equitably on any necessary waiting lists  
6 for persons who are eligible for the family care benefit but who do not meet the  
7 criteria under s. 46.286 (3).

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

11 **(3) DUTY OF THE SECRETARY.** The secretary shall certify to each county, nursing  
12 home, community-based residential facility, adult family home and residential care  
13 apartment complex the date on which a resource center that serves the area of the  
14 county, nursing home, community-based residential facility, adult family home or  
15 residential care apartment complex is first available to provide a functional and  
16 financial screen. To facilitate phase-in of services of resource centers, the secretary  
17 may certify that the resource center is available for specified groups of eligible  
18 individuals or for specified facilities in the county.

19 **SECTION 56.** 46.281 (1) (a) of the statutes, as created by 1999 Wisconsin Act ....  
20 (this act), is repealed.

21 **SECTION 57.** 46.281 (1) (b) of the statutes, as created by 1999 Wisconsin Act ....  
22 (this act), is repealed.

23 **SECTION 58.** 46.282 of the statutes is created to read:

24 **46.282 Council on long-term care.** The council on long-term care appointed  
25 under s. 15.197 (5) shall do all of the following:



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

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

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

8           (b) The family care benefit, including the per person rate structure for the  
9 benefit.

10          (c) The long-term support community options program under s. 46.27.

11          (d) The community integration programs under ss. 46.275, 46.277 and 46.278.

12          (e) Programs other than those under pars (c) and (d) that provide home and  
13 community-based services.

14          (f) The provision of medical assistance services under a fee-for-service system.

15           (3) Monitor patterns of complaints, grievances and appeals related to  
16 long-term care in order to identify issues of statewide importance.

17           (4) Monitor the numbers of persons on waiting lists.

18           (5) Review patterns of utilization of various types of services by care  
19 management organizations.

20           (6) Monitor the pattern of care management organization enrollments and  
21 disenrollments throughout the state.

22           (7) Report annually to the legislature under s. 13.172 (2) and to the governor  
23 on the status, significant achievements and problems of resource centers, care  
24 management organizations and the family care benefit, including all of the following:

25           (a) Numbers of persons served.

1 (b) Costs of long-term care provided under the family care benefit.

2 (c) The number and service areas of resource centers and care management  
3 organizations.

4 (d) Waiting list information.

5 (e) Results of reviews of quality of services provided by resource centers and  
6 care management organizations.

7 **SECTION 59.** 46.282 of the statutes, as created by 1999 Wisconsin Act .... (this  
8 act), is repealed.

9 **SECTION 60.** 46.283 of the statutes is created to read:

10 **46.283 Resource centers. (1) APPLICATION FOR CONTRACT.** (a) A county board  
11 of supervisors and, in a county with a county executive or a county administrator, the  
12 county executive or county administrator, may decide all of the following:

13 1. Whether to authorize one or more county departments under s. 46.21,  
14 46.215, 46.22 or 46.23 or an aging unit under s. 46.82 (1) (a) 1. or 2. to apply to the  
15 department for a contract to operate a resource center and, if so, which to authorize  
16 and what client group to serve.

17 2. Whether to create a family care district to apply to the department for a  
18 contract to operate a resource center.

19 (b) The governing body of a tribe or band or of the Great Lakes inter-tribal  
20 council, inc., may decide whether to authorize a tribal agency to apply to the  
21 department for a contract to operate a resource center for tribal members and, if so,  
22 which client group to serve.

23 (c) Under the requirements of par. (a), a county board of supervisors may decide  
24 to apply to the department for a contract to operate a multicounty resource center  
25 in conjunction with the county board or boards of one or more other counties or a

1 county-tribal resource center in conjunction with the governing body of a tribe or  
2 band or the Great Lakes inter-tribal council, inc.

3 (d) Under the requirements of par. (b), the governing body of a tribe or band may  
4 decide to apply to the department for a contract to operate a resource center in  
5 conjunction with the governing body or governing bodies of one or more other tribes  
6 or bands or the Great Lakes inter-tribal council, inc., or with a county board of  
7 supervisors.

8 (2) EXCLUSIVE CONTRACT. (a) Before July 1, 2001, the department may contract  
9 only with a county, a family care district, the governing body of a tribe or band or the  
10 Great Lakes inter-tribal council, inc., or with 2 or more of these entities under a joint  
11 application, to operate a resource center.

12 (b) After June 30, 2001, the department may contract with a private nonprofit  
13 organization to operate a resource center if the department determines that the  
14 organization has no significant connection to an entity that operates a care  
15 management organization and if any of the following applies:

16 1. A county board of supervisors declines in writing to apply for a contract to  
17 operate a resource center.

18 2. A county agency or a family care district applies for a contract but fails to  
19 meet the standards specified in sub. (3).

20 (c) After the period specified in par. (a), the department may contract to operate  
21 a resource center with counties, family care districts, the governing body of a tribe  
22 or band or the Great Lakes inter-tribal council, inc., or under a joint application of  
23 any of these, or with a private nonprofit organization that is entirely separate from  
24 an entity that operates a care management organization.

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

6           (c) Within the limits of available funding, prevention and intervention services.

7           (d) Counseling concerning public and private benefits programs.

8           (e) A determination of financial eligibility and of the maximum amount of cost  
9 sharing required for a person who is seeking long-term care services, under  
10 standards prescribed by the department.

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

15           (g) Assistance in enrolling in a care management organization for persons who  
16 choose to enroll.

17           (h) Equitable assignment of priority on any necessary waiting lists, consistent  
18 with criteria prescribed by the department, for persons who are eligible for the family  
19 care benefit but who do not meet the criteria under s. 46.286 (3).

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

23           (j) Transitional services to families whose children with physical or  
24 developmental disabilities are preparing to enter the adult service system.

1 (k) A determination of eligibility for state supplemental payments under s.  
2 49.77, medical assistance under s. 49.46, 49.468 or 49.47 or the federal food stamp  
3 program under 7 USC 2011 to 2029.

4 (4) DUTIES. A resource center shall do all of the following:

5 (a) Provide services within the entire geographic area prescribed for the  
6 resource center by the department.

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

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

11 (d) Cooperate with any review by an external advocacy organization.

12 (e) Within 6 months after the family care benefit is available to all eligible  
13 persons in the area of the resource center, provide information about the services of  
14 the resource center, including the services specified in ~~para~~ (d), about assessments  
15 under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c) and about the family care  
16 benefit to all older persons and persons with a physical disability who are residents  
17 of nursing homes, community-based residential facilities, adult family homes and  
18 residential care apartment complexes in the area of the resource center.

19 (f) Provide a functional and financial screen to any resident, as specified in par.  
20 (e), who requests a screen and assist any resident who is eligible and chooses to enroll  
21 in a care management organization to do so.

22 (g) Provide a functional and financial screen to any person seeking admission  
23 to a nursing home, community-based residential facility, residential care apartment  
24 complex or adult family home if the secretary has certified that the resource center  
25 is available to the person and the facility.

Sub. (3) ✓

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

4 (i) Assure that emergency calls to the resource center are responded to  
5 promptly, 24 hours per day.

6 **(5) FUNDING.** From the appropriation accounts under s. 20.435 (4) (bm) and (p)  
7 and (7) (b), (bd) and (md), the department may contract with organizations that meet  
8 standards under sub. (3) for performance of the duties under sub. (4) and shall  
9 distribute funds for services provided by resource centers.

\*\*\*\*NOTE: The numbering of s. 20.435 (4) (bm) and (p) is dependent on the  
renumbering of s. 20.435 (1) (bm) and (p) in LRB-0028. If LRB-0028 is not included in  
the budget bill, these cross-references must be renumbered.

10 **(6) GOVERNING BOARD.** A resource center shall have a governing board that  
11 reflects the ethnic and economic diversity of the geographic area served by the  
12 resource center. At least one-fourth of the members of the governing board shall be  
13 older persons or persons with physical or developmental disabilities or their family  
14 members, guardians or other advocates.

15 **(7) EXCHANGE OF INFORMATION.** Notwithstanding ss. 48.78 (2) (a), 49.45 (4),  
16 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78  
17 (2) (a), a resource center acting under this section may exchange confidential  
18 information about a client, as defined in s. 46.287 (1), without the informed consent  
19 of the client, under ss. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm), 46.23 (3) (e), 46.284  
20 (7), 46.2895 (10), 51.42 (3) (e) or 51.437 (4r) (b) in the county of the resource center,  
21 if necessary to enable the resource center to perform its duties or to coordinate the  
22 delivery of services to the client.

23 **SECTION 61.** 46.284 of the statutes is created to read:

1           **46.284 Care management organizations. (1) APPLICATION FOR CONTRACT.**

2           (a) A county board of supervisors and, in a county with a county executive or a county  
3           administrator, the county executive or county administrator, may decide all of the  
4           following:

5                 1. Whether to authorize one or more county departments under s. 46.21,  
6                 46.215, 46.22 or 46.23 or an aging unit under s. 46.82 (1) (a) 1. or 2. to apply to the  
7                 department for a contract to operate a care management organization and, if so,  
8                 which to authorize and what client group to serve.

9                 2. Whether to create a family care district to apply to the department for a  
10                contract to operate a care management organization.

11           (b) The governing body of a tribe or band or of the Great Lakes inter-tribal  
12           council, inc., may decide whether to authorize a tribal agency to apply to the  
13           department for a contract to operate a care management organization for tribal  
14           members and, if so, which client group to serve.

15           (c) Under the requirements of par. (a), a county board of supervisors may decide  
16           to apply to the department for a contract to operate a multicounty care management  
17           organization in conjunction with the county board or boards of one or more other  
18           counties or a county-tribal care management organization in conjunction with the  
19           governing body of a tribe or band or the Great Lakes inter-tribal council, inc.

20           (d) Under the requirements of par. (b), the governing body of a tribe or band may  
21           decide to apply to the department for a contract to operate a care management  
22           organization in conjunction with the governing body or governing bodies of one or  
23           more other tribes or bands or the Great Lakes inter-tribal council, inc., or with a  
24           county board of supervisors.

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

6           (b) Except as provided in par. (c), within each county, the department shall  
7 initially contract to operate a care management organization with the county or a  
8 family care district if the county elects to operate a care management organization  
9 and the care management organization meets the requirements of sub. (3) and  
10 performance standards prescribed by the department. A county that contracts under  
11 this paragraph may operate the care management organization for all of the target  
12 groups or for a selected group or groups. During the first 2 years in which the county  
13 has a contract under which it accepts a per person per month payment for each  
14 enrollee in the care management organization, the department may not contract  
15 with another organization to operate a care management organization in the county  
16 unless any of the following applies:

17           1. The county agrees in writing that at least one additional care management  
18 organization is necessary or desirable.

19           2. Because the county does not elect to serve both older persons and persons  
20 with a physical disability or is unable to meet requirements for both of these client  
21 groups, an additional care management organization is necessary to serve the group  
22 that is not served by the county.

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



1 (c) During the first 24 months in which a county under s. 46.281 (1) (d) 2. has  
2 a contract under which the county accepts a per person per month payment for each  
3 enrollee in its care management organization, the department may not contract with  
4 another organization to operate a care management organization in that county  
5 unless either of the conditions under par. (b) 1. or 3. applies.

6 (d) For contracts following the initial contracts specified in par. (b), the  
7 department shall, after consulting with the council on long-term care, prescribe  
8 criteria to determine the number of care management organizations that are  
9 necessary for operation in a county. Under these criteria, the department shall solicit  
10 applications, certify those applicants that meet the requirements specified in sub. (3)  
11 (a), select certified applicants for contract and contract with the selected applicants.

12 **(3) CERTIFICATION; REQUIREMENTS.** (a) If an entity meets the requirements  
13 under par. (b) and applicable rules of the department and submits to the department  
14 an application for initial certification or certification renewal, the department shall  
15 certify that the entity meets the requirements for a care management organization.

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

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

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

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

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

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

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

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

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

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

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

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

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

24           (4) DUTIES. A care management organization shall, in addition to meeting all  
25 contract requirements, do all of the following:

1           (a) Accept requested enrollment of any person who is entitled to the family care  
2 benefit and of any person who is eligible for the family care benefit and for whom  
3 funding is available. No care management organization may disenroll any enrollee,  
4 except under circumstances specified by the department by contract. No care  
5 management organization may encourage any enrollee to disenroll in order to obtain  
6 long-term care services under the medical assistance fee-for-service system. No  
7 involuntary disenrollment is effective unless the department has reviewed and  
8 approved it.

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

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

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

17           (e) Provide, within guidelines established by the department, a mechanism by  
18 which an enrollee may arrange for, manage and monitor his or her family care benefit  
19 directly or with the assistance of another person chosen by the enrollee. The care  
20 management organization shall monitor the enrollee's use of a fixed budget for  
21 purchase of services or support items from any qualified provider, monitor the health  
22 and safety of the enrollee and provide assistance in management of the enrollee's  
23 budget and services at a level tailored to the enrollee's need and desire for the  
24 assistance.

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

3 (g) Meet all performance standards required by the federal government or  
4 promulgated by the department by rule.

5 (h) Submit to the department reports and data required or requested by the  
6 department.

7 (i) Implement internal quality improvement and assurance processes that  
8 meet standards prescribed by the department by rule.

9 (j) Cooperate with external quality assurance reviews.

10 (k) Meet departmental requirements for protection of solvency.

11 (L) Annually submit to the department an independent financial audit that  
12 meets federal requirements.

13 **(5) FUNDING AND RISK-SHARING.** (a) From the appropriation accounts under s.  
14 20.435 (4) (g), (5) (b) and (o) and (7) (b) and (bd), the department shall provide funding  
15 on a capitated payment basis for the provision of services under this section.  
16 Notwithstanding s. 46.036 (3) and (5m), a care management organization that is  
17 under contract with the department may expend the funds, consistent with this  
18 section, including providing payment, on a capitated basis, to providers of services  
19 under the family care benefit.

20 (b) If the expenditures by a care management organization under par. (a)  
21 exceed payments received from the department under par. (a), as determined by the  
22 department by contract, the department may share the loss with the care  
23 management organization, within the limits prescribed under the contract with the  
24 department.

1           (c) If the payments received from the department under par. (a) exceed the  
2           expenditures by a care management organization under par. (a), as determined by  
3           the department by contract, the care management organization may retain a portion  
4           of the excess payments, within the limits prescribed under the contract with the  
5           department, and shall return the remainder to the department.

6           (d) The department may, by contract, impose solvency protections that the  
7           department determines are reasonable and necessary to retain federal financial  
8           participation. These protections may include all of the following:

9           1. The requirement that a care management organization segregate a risk  
10          reserve from other funds of the care management organization or the authorizing  
11          body for the care management organization.

12          2. The requirement that interest accruing to the risk reserve remain in the  
13          escrow account for the risk reserve.

14          3. Limitations on the distribution of funds from the risk reserve.

15          4. The requirement that a care management organization place funds in a risk  
16          reserve and maintain the risk reserve in an interest-bearing escrow account with a  
17          financial institution, as defined in s. 69.30 (1) (b), or invest funds as specified in s.  
18          46.2895 (4) (j) 2. or 3. Moneys in the risk reserve or invested as specified in this  
19          subdivision may be expended only for the provision of services under this section.

20          If a care management organization ceases participation under this section, the funds  
21          in the risk reserve or invested as specified in this subdivision, minus any  
22          contribution of moneys other than those specified in par. (c), shall be returned to the  
23          department. The department shall expend the moneys for the payment of  
24          outstanding debts to providers of family care benefit services and for the  
25          continuation of family care benefit services to enrollees.

1 (e) 1. Subject to subd. 2., a care management organization may enter into  
2 contracts with providers of family care benefit services and may limit profits of the  
3 providers under the contracts.

4 2. The department shall review the contracts in subd. 1., including rates for the  
5 provision of service, to ensure that the contract terms protect services access by  
6 enrollees and financial viability of the care management organization, and may  
7 require contract revision.

8 **(6) GOVERNING BOARD.** A care management organization shall have a governing  
9 board that reflects the ethnic and economic diversity of the geographic area served  
10 by the care management organization. At least one-fourth of the members of the  
11 governing board shall be older persons or persons with physical or developmental  
12 disabilities or their family members, guardians or other advocates who are  
13 representative of the care management organization's enrollee.

14 **(7) EXCHANGE OF INFORMATION.** Notwithstanding ss. 48.78 (2) (a), 49.45 (4),  
15 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78  
16 (2) (a), a care management organization acting under this section may exchange  
17 confidential information about a client, as defined in s. 46.287 (1), without the  
18 informed consent of the client, under ss. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm),  
19 46.23 (3) (e), 46.283 (7), 46.2895 (10), 51.42 (3) (e) or 51.437 (4r) (b) in the county of  
20 the care management organization, if necessary to enable the care management  
21 organization to perform its duties or to coordinate the delivery of services to the  
22 client.

23 **SECTION 62.** 46.284 (2) (d) of the statutes, as created by 1999 Wisconsin Act ....  
24 (this act), is amended to read:

1           46.284 (2) (d) For contracts following the initial contracts specified in par. (b),  
2 the department shall, ~~after consulting with the council on long-term care~~, prescribe  
3 criteria to determine the number of care management organizations that are  
4 necessary for operation in a county. Under these criteria, the department shall solicit  
5 applications, certify those applicants that meet the requirements specified in sub. (3)  
6 (a), select certified applicants for contract and contract with the selected applicants.

7           **SECTION 63.** 46.285 of the statutes is created to read:

8           **46.285 Operation of resource center and care management**  
9 **organization.** In order to meet federal requirements and assure federal financial  
10 participation in funding of the family care benefit, a county, a tribe or band, a family  
11 care district or an organization, including a private, nonprofit corporation, may not  
12 directly operate both a resource center and a care management organization. All of  
13 the following apply to operation of both a resource center and a care management  
14 organization:

15           **(1) COUNTY OPERATION.** (a) If a county board of supervisors and, if applicable,  
16 a county executive or a county administrator, elect to apply to the department for a  
17 contract to operate a resource center, the county board of supervisors may create a  
18 family care district to apply to the department for a contract to operate a care  
19 management organization.

20           (b) If a county board of supervisors and, if applicable, a county executive or a  
21 county administrator, elect to apply to the department for a contract to operate a care  
22 management organization, the county board of supervisors may create a family care  
23 district to apply to the department to operate a resource center.

24           **(2) TRIBAL OR BAND ORGANIZATION.** (a) If the governing body of a tribe or band  
25 elects to apply to the department for a contract directly to operate a resource center,

1 tribal or band members may form a separate corporation to apply to the department  
2 for a contract to operate a care management organization. No members of the  
3 governing board of the corporation may be members of the tribal or band governing  
4 body.

5 (b) If the governing body of a tribe or band elects to apply to the department  
6 for a contract directly to operate a care management organization, tribal or band  
7 members may form a separate corporation to apply to the department for a contract  
8 to operate a resource center. No members of the governing board of the corporation  
9 may be members of the tribal or band governing body.

10 (3) JOINT COUNTY AND TRIBAL OR BAND OPERATION. Any county or family care  
11 district that seeks to operate jointly with a tribe or band or tribal or band corporation  
12 a care management organization or resource center shall submit jointly with the  
13 tribe or band or tribal or band corporation an application to the department to  
14 operate the care management organization or resource center.

15 SECTION 64. 46.286 of the statutes is created to read:

Sub. (1m) ✓

16 46.286 Family care benefit. (1) ELIGIBILITY. Except as provided in ~~part (a)~~  
17 a person is eligible for, but not necessarily entitled to, the family care benefit if the  
18 person is at least 18 years of age; does not have a primary disabling condition of  
19 mental illness, substance abuse or ~~development~~ disability<sup>(3)</sup> and meets all of the  
20 following criteria: *developmental*

21 (a) *Functional eligibility.* A person is functionally eligible if any of the following  
22 applies, as determined by the department or its designee:

23 1. The person's functional capacity is at either of the following levels:



1 a. The comprehensive level, if the person has a long-term or irreversible  
2 condition, expected to last at least 90 days or result in death within one year of the  
3 date of application, and requires ongoing care, assistance or supervision.

4 b. The intermediate level, if the person has a condition that is expected to last  
5 at least 90 days or result in death within ~~one year~~ after the date of application, and  
6 is at risk of losing his or her independence or functional capacity unless he or she  
7 receives assistance from others.

8 2. The person has a condition that is expected to last at least 90 days or result  
9 in death within 12 months after the date of application and, on the date that the  
10 family care benefit became available in the person's county of residence, the person  
11 was a resident in a nursing home or was receiving long-term care services, as  
12 specified by the department, funded under any of the following:

13 a. The long-term support community options program under s. 46.27.

14 b. Home and community-based waiver programs under 42 USC 1396n (c),  
15 including community integration program under s. 46.275, 46.277 or 46.278.

16 c. The Alzheimer's family caregiver support program under s. 46.87.

17 d. Community aids under s. 46.40, if documented by the county under a method  
18 prescribed by the department.

19 e. County funding, if documented by the county under a method prescribed by  
20 the department.

21 (b) *Financial eligibility.* A person is financially eligible if all of the following  
22 apply:

23 1. As determined by the department or its designee, either of the following  
24 applies:

12 months

1 a. The person would qualify for medical assistance except for financial criteria,  
2 and the projected cost of the person's care plan, as calculated by the department or  
3 its designee, exceeds the person's gross monthly income, plus one-twelfth of his or  
4 her countable assets, less deductions and allowances permitted by rule by the  
5 department.

(1m) <sup>(3)</sup> ELIGIBILITY EXCEPTION.

6 b. The person is eligible under ch. 49 for medical assistance.

7 2. If subd. 1. b. applies, the person accepts medical assistance unless he or she  
8 is exempt from the acceptance under rules promulgated by the department.

for the family care benefit

(9)

~~(9) Exception~~ A person whose primary disabling condition is developmental  
10 disability is eligible ~~if the person is a resident of a county or is a member of a tribe~~

(10)

or band that ~~operates~~ <sup>has operated, before July 1, 2001,</sup> a care management organization under s. 46.281 (1) ~~(b)~~ and

(11)

11 meets all other eligibility criteria under this subsection. <sup>(d)</sup>

13 (2) COST SHARING. (a) A person who is determined to be financially eligible  
14 under sub. (1) (b) shall contribute to the cost of his or her care an amount that is  
15 calculated by the department or its designee after subtracting from the person's  
16 gross income, plus one-twelfth of countable assets, the deductions and allowances  
17 permitted by the department by rule.

18 (b) Funds received under par. (a) shall be used by a care management  
19 organization to pay for services under the family care benefit.

20 (c) A person who is required to contribute to the cost of his or her care but who  
21 fails to make the required contributions is ineligible for the family care benefit unless  
22 he or she is exempt from the requirement under rules promulgated by the  
23 department.

24 (3) ENTITLEMENT. (a) Subject to pars. (c) and (d), a person is entitled to and may  
25 receive the family care benefit through enrollment in a care management

1 organization if he or she <sup>meets the requirements of sub. (1) (intro),</sup> (is financially eligible, fulfills any applicable cost-sharing  
2 requirements and meets any of the following criteria:

3 1. Is functionally eligible at the comprehensive level.

4 2. Is functionally eligible at the intermediate level and is eligible under sub. (1)

5 (b) 1. b.

6 3. Is functionally eligible at the intermediate level and is determined by an  
7 agency under s. 46.90 (2) or specified in s. 55.05 (1t) to be in need of protective services  
8 under s. 55.05 or protective placement under s. 55.06.

9 4. Is functionally eligible under sub. (1) (a) 2.

10 5. Is eligible under sub. (1m). ✓

11 (b) An entitled individual who is enrolled in a care management organization  
12 may not be involuntarily disenrolled except as follows:

13 1. For cause, subject to the requirements of s. 46.284 (4) (a).

14 2. If the contract between the care management organization and the  
15 department is canceled or not renewed. If this circumstance occurs, the department  
16 shall assure that enrollees continue to receive needed services through another care  
17 management organization or through the medical assistance fee-for-service system  
18 or any of the programs specified under sub. (1) (a) 2. a. to d.

19 (c) Within each county and for each client group, par. (a) shall first apply on the  
20 effective date of a contract under which a care management organization accepts a  
21 per person per month payment to provide services under the family care benefit to  
22 eligible persons in that client group in the county. Within 24 months after this date,  
23 the department shall assure that sufficient capacity exists within one or more care  
24 management organizations to provide the family care benefit to all entitled persons  
in that client group in the county.

1 (d) The department shall determine the date, which shall not be later than July  
2 1, 2000, on which par. (a) shall first apply to persons who are not eligible for medical  
3 assistance under ch. 49.

4 (4) DIVESTMENT; RULES. The department shall promulgate rules relating to  
5 prohibitions on divestment of assets of persons who receive the family care benefit,  
6 that are substantially similar to applicable provisions under s. 49.453.

7 (5) TREATMENT OF TRUST AMOUNTS; RULES. The department shall promulgate  
8 rules relating to treatment of trust amounts of persons who receive the family care  
9 benefit, that are substantially similar to applicable provisions under s. 49.454.

10 (6) PROTECTION OF INCOME AND RESOURCES OF COUPLE FOR MAINTENANCE OF  
11 COMMUNITY SPOUSE; RULES. The department shall promulgate rules relating to  
12 protection of income and resources of couples for the maintenance of the spouse in  
13 the community with regard to persons who receive the family care benefit, that are  
14 substantially similar to applicable provisions under s. 49.455.

15 (7) RECOVERY OF FAMILY CARE BENEFIT PAYMENTS; RULES. The department shall  
16 promulgate rules relating to the recovery from persons who receive the family care  
17 benefit, including by liens and from estates, of correctly paid family care benefits,  
18 that are substantially similar to applicable provisions under ss. 49.496 and 49.497.

19 **SECTION 65.** 46.287 of the statutes is created to read:

20 **46.287 Hearings.** (1) DEFINITION. In this section, “client” means a person  
21 applying for eligibility for the family care benefit, an eligible person or an enrollee.

22 (2) HEARING. (a) 1. Except as provided in subd. 2., a client may contest any of  
23 the following applicable matters by filing, within 45 days after receipt of notice of the  
24 contested matter, a written request for a hearing that shall be held under procedures  
25 for hearing these disputes that are prescribed by the department by rule:

- 1           a. Denial of eligibility under s. 46.286 (1) <sup>or (1m)</sup> ✓
- 2           b. Determination of cost sharing under s. 46.286 (2).
- 3           c. Denial of entitlement under s. 46.286 (3).
- 4           d. Failure to provide timely services and support items that are included in the
- 5 plan of care.
- 6           e. Reduction of services or support items under the family care benefit.
- 7           f. Development of a plan of care that is unacceptable because the plan of care
- 8 requires the enrollee to live in a place that is unacceptable to the enrollee or the plan
- 9 of care provides care, treatment or support items that are insufficient to meet the
- 10 enrollee's needs, are unnecessarily restrictive or are unwanted by the enrollee.
- 11           g. Termination of the family care benefit.
- 12           2. An applicant for or recipient of medical assistance is not entitled to a hearing
- 13 concerning the identical dispute or matter under both this section and 42 CFR
- 14 431.200 to 431.246.
- 15           (b) An enrollee may contest a decision of a care management organization
- 16 regarding the type, amount or quality of the enrollee's services under the family care
- 17 benefit, other than those specified in par. (a) 1. d. to f., or may contest the choice of
- 18 service provider. In these instances, the enrollee shall first send a written request
- 19 for review by the unit of the department that monitors care management
- 20 organization contracts. This unit shall review and attempt to resolve the dispute.
- 21 If the dispute is not resolved to the satisfaction of the enrollee, he or she may request
- 22 a hearing under the procedures specified in par. (a) 1. (intro.).
- 23           (c) Information regarding the availability of advocacy services and notice of
- 24 adverse actions taken and appeal rights shall be provided to a client by the resource

1 center or care management organization in a form and manner that is prescribed by  
2 the department by rule.

3 SECTION 66. 46.288 of the statutes is created to read:

4 46.288 Rule-making. The department shall promulgate as rules all of the  
5 following:

6 (1) Standards for performance by resource centers and <sup>for certification</sup> care management  
7 organizations, including requirements for maintaining quality assurance and  
8 quality improvement.

9 (2) Rights of clients, eligible persons and enrollees that are specified in s.  
10 46.287.

11 (3) Criteria and procedures for determining functional eligibility under s.  
12 46.286 (1) (a), financial eligibility under s. 46.286 (1) (b), cost sharing under s. 46.286  
13 (2) (a) and entitlement under s. 46.286 (3). The rules for determining functional  
14 eligibility under s. 46.286 (1) (a) 1. a. shall be substantially similar to eligibility  
15 criteria for receipt of the long-term support community options program under s.  
16 46.27. Rules under this subsection shall include definitions of the following terms  
17 applicable to s. 46.286:

18 (a) "Primary disabling condition".

19 (b) "Mental illness".

20 (c) "Substance abuse".

21 (d) "Long-term or irreversible".

22 (e) "Requires ongoing care, assistance or supervision".

23 (f) "Condition that is expected to last at least 90 days or result in death within  
24 one year".

25 (g) "At risk of losing independence or functional capacity".

1 (h) “Gross monthly income”.

2 (i) “Deductions and allowances”.

3 (j) “Countable assets”.

4 (4) Procedures and standards for procedures for s. 46.287 (2).

5 **SECTION 67.** 46.289 of the statutes is created to read:

6 **46.289 Transition.** In order to facilitate the transition to the long-term care  
7 system specified in ss. 46.2805 to 46.2895, within the limits of applicable federal  
8 statutes and regulations and if the secretary of health and family services finds it  
9 necessary, he or she may grant a county limited waivers to or exemptions from ss.  
10 46.27 (3) (e) (intro.), 1. and 2. and (f), (5) (d) and (e), (6) (a) 1., 2. and 3. and (b) (intro.),  
11 1. and 2., (6r) (c), (7) (b), (cj) and (cm) and (11) (c) 5m. (intro.) and 6. and 46.277 (3)  
12 (a), (4) (a) and (5) (d) 1m., 1n. and 2. and rules promulgated under those provisions.

13 **SECTION 68.** 46.2895 of the statutes is created to read:

14 **46.2895 Family care district. (1) CREATION.** (a) A county board of  
15 supervisors may create a special purpose district that is termed a “family care  
16 district”, that is a local unit of government, that is separate and distinct from, and  
17 independent of, the state and the county, and that has the powers and duties  
18 specified in this section, if the county board does all of the following:

19 1. Adopts an enabling resolution that does all of the following:

20 a. Declares the need for establishing the family care district.

21 b. Specifies the family care district’s primary purpose, which shall be to  
22 operate, under contract with the department, either a resource center under s.  
23 46.283 or a care management organization under s. 46.284, but not both.

24 2. Files copies of the enabling resolution with the secretary of administration,  
25 the secretary of health and family services and the secretary of revenue.

1 (b) The county boards of supervisors of 2 or more contiguous counties may  
2 together create a family care district with the attributes specified in par. (a) (intro.)  
3 on a multicounty basis within the counties if the county boards of supervisors comply  
4 with the requirements of par. (a) 1. and 2.

5 (2) JURISDICTION. A family care district's jurisdiction is the geographical area  
6 of the county or counties of the county board or boards of supervisors who created the  
7 family care district.

8 (3) FAMILY CARE DISTRICT BOARD. (a) 1. The county board of supervisors of a  
9 county or, in a county with a county administrator or county executive, the county  
10 administrator or county executive shall appoint the members of the family care  
11 district board, which is the governing board of a family care district under sub. (1)  
12 (a).

13 2. The county boards of supervisors of 2 or more contiguous counties shall  
14 appoint the members of the family care district board, which is the governing board  
15 of the family care district under sub. (1) (b). Each county board shall appoint  
16 members in the same proportion that the county's population represents to the total  
17 population of all of the counties that constitute the jurisdiction of the family care  
18 district.

19 (b) 1. The family care district board appointed under par. (a) 1. shall consist  
20 of 15 persons who are residents of the area of jurisdiction of the family care district.  
21 At least one-fourth of the members shall be representative of the client group or  
22 groups whom it is the family care district's primary purpose to serve or those clients'  
23 family members, guardians or other advocates.

24 2. The family care district board appointed under par. (a) 2. shall consist of 15  
25 persons, plus one additional member for each county in excess of 2, all of whom are



1 residents of the area of jurisdiction of the family care district. At least one-fourth  
2 of the members shall be representative of the client group or groups whom it is the  
3 family care district's primary purpose to serve or those clients' family members,  
4 guardians or other advocates.

5 3. Membership of the family care district board under subd. 1. or 2. shall reflect  
6 the ethnic and economic diversity of the area of jurisdiction of the family care district.  
7 No member of the board may be an elected or appointed official or an employe of the  
8 county or counties that created the family care district. No member of the board may  
9 have a private financial interest in or profit directly or indirectly from any contract  
10 or other business of the family care district.

11 (c) The members of the family care district board appointed under par. (a) shall  
12 serve 3-year terms. No member may serve more than 2 consecutive terms. Of the  
13 members first appointed, 5 shall be appointed for 3 years; 5 shall be appointed for  
14 4 years; and 5 or, in the case of a board appointed under par. (b) 2., the remainder,  
15 shall be appointed for 5 years. A member shall serve until his or her successor is  
16 appointed.

17 (d) As soon as possible after the appointment of the initial members of the  
18 family care district board, the board shall organize for the transaction of business  
19 and elect a chairperson and other necessary officers. Each chairperson shall be  
20 elected by the board from time to time for the term of that chairperson's office as a  
21 member of the board or for the term of 3 years, whichever is shorter, and shall be  
22 eligible for reelection. A majority of the board shall constitute a quorum. The board  
23 may act based on the affirmative vote of a majority of a quorum.

24 (4) POWERS. Subject to sub. (1)(a) 1. b., a family care district has all the powers  
25 necessary or convenient to carry out the purposes and provisions of ss. 46.2805 to

1 46.2895. In addition to all these powers, a family care district may do all of the  
2 following:

3 (a) Adopt and alter, at pleasure, an official seal.

4 (b) Adopt bylaws and policies and procedures for the regulation of its affairs  
5 and the conduct of its business. The bylaws, policies and procedures shall be  
6 consistent with ss. 46.2085 to 46.2895 and, if the family care district contracts with  
7 the department under par. (d), with the terms of that contract.

8 (c) Sue and be sued.

9 (d) Negotiate and enter into leases or contracts, including a contract with the  
10 department to operate either a resource center under s. 46.283 or a care management  
11 organization under s. 46.284, but not both.

12 (e) Provide services related to services available under the family care benefit,  
13 to older persons and persons with disabilities, in addition to the services funded  
14 under the contract with the department that is specified under par. (d).

15 (f) Acquire, construct, equip, maintain, improve or manage a resource center  
16 under s. 46.283 or a care management organization under s. 46.284, but not both.

17 (g) Subject to sub. (8), employ any agent, employe or special adviser that the  
18 family care district finds necessary, fix and regulate his or her compensation and  
19 provide, either directly or subject to an agreement under s. 66.30 as a participant in  
20 a benefit plan of another governmental entity, any employe benefits, including an  
21 employe pension plan.

22 (h) Mortgage, pledge or otherwise encumber the family care district's property  
23 or funds.

24 (i) Buy, sell or lease property, including real estate, and maintain or dispose of  
25 the property.

1           (j) Invest any funds not required for immediate disbursement in any of the  
2 following:

3           1. An interest-bearing escrow account with a financial institution, as defined  
4 in s. 69.30 (1) (b).

5           2. Time deposits in any financial institution, as defined in s. 69.30 (1) (b), if the  
6 time deposits mature in not more than 2 years.

7           3. Bonds or securities issued or guaranteed as to principal and interest by the  
8 federal government or by a commission, board or other instrumentality of the federal  
9 government.

10           (k) Create a risk reserve or other special reserve as the family care district  
11 board desires or as the department requires under the contract with the department  
12 that is specified under par. (d).

13           (L) Accept aid, including loans, to accomplish the purpose of the family care  
14 district from any local, state or federal governmental agency or accept gifts, loans,  
15 grants or bequests from individuals or entities, if the conditions under which the aid,  
16 loan, gift, grant or bequest is furnished are not in conflict with this section.

17           (m) Make and execute other instruments necessary or convenient to exercise  
18 the powers of the family care district.

19           (5) LIMITATION ON POWERS. A family care district may not issue bonds or levy  
20 a tax or assessment.

21           (6) DUTIES. The family care district board shall do all of the following:

22           (a) Appoint a director, who shall hold office at the pleasure of the board.

23           (b) Subject to sub. (8), develop and implement a personnel structure and other  
24 employment policies for employes of the family care district.

1 (c) Assure compliance with the terms of any contract with the department  
2 under sub. (4) (d).

3 (d) Establish a fiscal operating year and annually adopt a budget for the family  
4 care district.

5 (e) Contract for any legal services required for the family care district.

6 (f) Subject to sub. (8), procure liability insurance covering its officers, employees  
7 and agents, insurance against any loss in connection with its property and other  
8 assets and other necessary insurance; establish and administer a plan of  
9 self-insurance; or, subject to an agreement under s. 66.30, participate in a  
10 governmental plan of insurance or self-insurance.

11 (7) DIRECTOR; DUTIES. The director appointed under sub. (6) (a) shall do all of  
12 the following:

13 (a) Manage the property and business of the family care district and manage  
14 the employes of the district, subject to the general control of the family care district  
15 board.

16 (b) Comply with the bylaws and direct enforcement of all policies and  
17 procedures adopted by the family care district board.

18 (c) Perform duties in addition to those specified in pars. (a) and (b) as are  
19 prescribed by the family care district board.

20 (8) EMPLOYMENT AND EMPLOYEE BENEFITS OF CERTAIN EMPLOYEES. (a) A family care  
21 district board shall do all of the following:

22 1. If the family care district offers employment to any individual who was  
23 previously employed by the county, who while employed by the county performed  
24 duties relating to the same or a substantially similar function for which the  
25 individual is offered employment by the district and whose wages, hours and

1 conditions of employment were established in a collective bargaining agreement  
2 with the county under subch. IV of ch. 111 that is in effect on the date that the  
3 individual commences employment with the district, with respect to that individual,  
4 abide by the terms of the collective bargaining agreement concerning the individual's  
5 compensation and benefits until the time of the expiration of that collective  
6 bargaining agreement or adoption of a collective bargaining agreement with the  
7 district under subch. IV of ch. 111 covering the individual as an employe of the  
8 district, whichever occurs first.

9       2. If the family care district offers employment to any individual who was  
10 previously employed by the county and who while employed by the county performed  
11 duties relating to the same or a substantially similar function for which the  
12 individual is offered employment by the district, but whose wages, hours and  
13 conditions of employment were not established in a collective bargaining agreement  
14 with the county under subch. IV of ch. 111 that is in effect on the date the individual  
15 commences employment with the district, with respect to that individual, initially  
16 provide that individual the same compensation and benefits that he or she received  
17 while employed by the county.

18       3. If the family care district offers employment to any individual who was  
19 previously employed by the county and who while employed by the county performed  
20 duties relating to the same or a substantially similar function for which the  
21 individual is offered employment by the district, with respect to that individual,  
22 recognize all years of service with the county for any benefit provided or program  
23 operated by the district for which an employe's years of service may affect the  
24 provision of the benefit or the operation of the program.

1           4. If the county has not established its own retirement system for county  
2 employes, adopt a resolution that the family care district be included within the  
3 provisions of the Wisconsin retirement system under s. 40.21 (1). In this resolution,  
4 the family care district shall agree to recognize 100% of the prior creditable service  
5 of its employes earned by the employes while employed by the district.

6           (b) The county board of supervisors of the area of jurisdiction of the family care  
7 district shall do all of the following:

8           1. If the county has established its own retirement system for county employes,  
9 provide that family care district employes are eligible to participate in the county  
10 retirement system.

11           2. Provide that, subject to the terms of any applicable collective bargaining  
12 agreement as provided in par. (a) 1., family care district employes are eligible to  
13 receive health care coverage under any county health insurance plan that is offered  
14 to county employes.

15           3. Provide that, subject to the terms of any applicable collective bargaining  
16 agreement as provided in par. (a) 1., family care district employes are eligible to  
17 participate in any deferred compensation or other benefit plan offered by the county  
18 to county employes, including disability and long-term care insurance coverage and  
19 income continuation insurance coverage.

20           (9) CONFIDENTIALITY OF RECORDS. No record, as defined in s. 19.32 (2), of a family  
21 care district that contains personally identifiable information, as defined in s. 19.62  
22 (5), concerning an individual who receives services from the family care district may  
23 be disclosed by the family care district without the individual's informed consent,  
24 except as required to comply with s. 16.009 (2) (p) or 49.45 (4).

1           **(10) EXCHANGE OF INFORMATION.** Notwithstanding sub. (9) and ss. 48.78 (2) (a),  
2           49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c)  
3           and 938.78 (2) (a), a family care district acting under this section may exchange  
4           confidential information about a client, as defined in s. 46.287 (1), without the  
5           informed consent of the client, under ss. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm),  
6           46.23 (3) (e), 46.283 (7), 46.284 (7), 51.42 (3) (e) or 51.437 (4r) (b) in the jurisdiction  
7           of the family care district, if necessary to enable the family care district to perform  
8           its duties or to coordinate the delivery of services to the client.

9           **(11) OBLIGATIONS AND DEBTS NOT THOSE OF COUNTY.** The obligations and debts  
10          of the family care district are not the obligations or debts of the county that created  
11          the family care district.

12          **(12) ASSISTANCE TO FAMILY CARE DISTRICT.** From moneys in the county treasury  
13          that are not appropriated to some other purpose, the county board of supervisors  
14          under sub. (1) (a) or the county boards of supervisors under sub. (1) (b) may  
15          appropriate moneys to the family care district as a gift or may lend moneys to the  
16          family care district.

17          **(13) DISSOLUTION.** Subject to the performance of the contractual obligations of  
18          a family care district and if first approved by the secretary of the department, the  
19          family care district may be dissolved by the joint action of the family care district  
20          board and county board of supervisors under sub. (1) (a) or the county boards of  
21          supervisors under sub. (1) (b) that created the family care district. If the family care  
22          district is dissolved, the property of the district shall be transferred to the county  
23          board of supervisors that created the family care district except as follows:

1 (a) If the family care district was created under sub. (1) (b), the county boards  
2 of supervisors shall agree on the apportioning of the family care district's property  
3 before the district may be dissolved.

4 (b) If the family care district operates a care management organization under  
5 s. 46.284, disposition of any remaining funds in the risk reserve under s. 46.284 (5)  
6 (e) shall be made under the terms of the district's contract with the department.

7 **SECTION 69.** 46.82 (3) (a) 19. of the statutes is created to read:

8 46.82 (3) (a) 19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized  
9 under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under  
10 s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate  
11 the resource center.

12 **SECTION 70.** 46.82 (3) (a) 20. of the statutes is created to read:

13 46.82 (3) (a) 20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized  
14 under s. 46.284 (1) (a) 1., apply to the department to operate a care management  
15 organization under s. 46.284 and, if the department contracts with the county under  
16 s. 46.284 (2), operate the care management organization and, if appropriate, place  
17 funds in a risk reserve.

18 **SECTION 71.** 49.45 (3) (ag) of the statutes is amended to read:

19 49.45 (3) (ag) Reimbursement shall be made to each entity contracted with  
20 under s. ~~46.271 (2m)~~ 46.281 (1) (d) for ~~assessments completed~~ functional screens  
21 performed under s. ~~46.271 (2m) (a) 2.~~ 46.281 (1) (d).

22 **SECTION 72.** 49.45 (6m) (c) 5. of the statutes is amended to read:

23 49.45 (6m) (c) 5. Admit only patients assessed or who waive or are exempt from  
24 the requirement of assessment under s. 46.27 (6) (a) or, if required under s. 50.035  
25 (4n) or 50.04 (2h), who have been referred to a resource center.



1           **SECTION 73.** 49.46 (2) (b) 8. of the statutes is amended to read:

2           49.46 (2) (b) 8. Home or community–based services, if provided under s. 46.27  
3 (11), 46.275, 46.277 or 46.278 or under the family care benefit if a waiver is in effect  
4 under s. 46.281 (1) (c).

5           **SECTION 74.** 49.47 (4) (as) 1. of the statutes is amended to read:

6           49.47 (4) (as) 1. The person would meet the financial and other eligibility  
7 requirements for home or community–based services under s. 46.27 (11) or 46.277  
8 or under the family care benefit if a waiver is in effect under s. 46.281 (1) (c) but for  
9 the fact that the person engages in substantial gainful activity under 42 USC 1382c  
10 (a) (3).

11           **SECTION 75.** 49.47 (4) (as) 3. of the statutes is amended to read:

12           49.47 (4) (as) 3. Funding is available for the person under s. 46.27 (11) or 46.277  
13 or under the family care benefit if a waiver is in effect under s. 46.281 (1) (c).

14           **SECTION 76.** 50.01 (6h) of the statutes is created to read:

15           50.01 (6h) “Secretary” means the secretary of health and family services.

16           **SECTION 77.** 50.02 (2) (d) of the statutes is created to read:

17           50.02 (2) (d) The department shall promulgate rules that prescribe the time  
18 periods and the methods of providing information specified in ss. 50.033 (2r) and (2s),  
19 50.034 (5m) and (5n), 50.035 (4m) and (4n) and 50.04 (2g) (a) and (2h) (a).

20           **SECTION 78.** 50.033 (2r) of the statutes is created to read:

21           50.033 (2r) PROVISION OF INFORMATION REQUIRED. Subject to sub. (2t), an adult  
22 family home shall, within the time period after inquiry by a prospective resident that  
23 is prescribed by the department by rule, inform the prospective resident of the  
24 services of a resource center under s. 46.283, the family care benefit under s. 46.286

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

3 **SECTION 79.** 50.033 (2s) of the statutes is created to read:

4 50.033 (2s) REQUIRED REFERRAL. Subject to sub. (2t), an adult family home shall,  
5 within the time period prescribed by the department by rule, refer to a resource  
6 center under s. 46.283 a person who is seeking admission, who is at least 65 years  
7 of age or has a physical disability and whose disability or condition is expected to last  
8 at least 90 days, unless any of the following applies:

9 (a) The person has received a screen for functional eligibility under s. 46.286  
10 (1) (a) within the previous 6 months.

11 (b) The person is entering the adult family home only for respite care.

12 (c) The person is an enrollee of a care management organization.

13 **SECTION 80.** 50.033 (2t) of the statutes is created to read:

14 50.033 (2t) APPLICABILITY. Subsections (2r) and (2s) apply only if the secretary  
15 has certified under s. 46.281 (3) that a resource center is available for the adult family  
16 home and for specified groups of eligible individuals that include those persons  
17 seeking admission to or the residents of the adult family home.

18 **SECTION 81.** 50.034 (5m) of the statutes is created to read:

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

1           **SECTION 82.** 50.034 (5n) of the statutes is created to read:

2           **50.034 (5n) REQUIRED REFERRAL.** Subject to sub. (5p), a residential care  
3 apartment complex shall, within the time period prescribed by the department by  
4 rule, refer to a resource center under s. 46.283 a person who is seeking admission,  
5 who is at least 65 years of age or has a physical disability and whose disability or  
6 condition is expected to last at least 90 days, unless any of the following applies:

7           (a) The person has received a screen for functional eligibility under s. 46.286  
8 (1) (a) within the previous 6 months.

9           (b) The person is entering the residential care apartment complex only for  
10 respite care.

11           (c) The person is an enrollee of a care management organization.

12           **SECTION 83.** 50.034 (5p) of the statutes is created to read:

13           **50.034 (5p) APPLICABILITY.** Subsections (5m) and (5n) apply only if the secretary  
14 has certified under s. 46.281 (3) that a resource center is available for the residential  
15 care apartment complex and for specified groups of eligible individuals that include  
16 those person seeking admission to or the residents of the residential care apartment  
17 complex.

18           **SECTION 84.** 50.034 (8) of the statutes is created to read:

19           **50.034 (8) FORFEITURES.** (a) Whoever violates sub. (5m) or (5n) or rules  
20 promulgated under sub. (5m) or (5n) may be required to forfeit not more than \$500  
21 for each violation.

22           (b) The department may directly assess forfeitures provided for under par. (a).  
23 If the department determines that a forfeiture should be assessed for a particular  
24 violation, it shall send a notice of assessment to the residential care apartment  
25 complex. The notice shall specify the amount of the forfeiture assessed, the violation

1 and the statute or rule alleged to have been violated, and shall inform the residential  
2 care apartment complex of the right to a hearing under par. (c).

3 (c) A residential care apartment complex may contest an assessment of a  
4 forfeiture by sending, within 10 days after receipt of notice under par. (b), a written  
5 request for a hearing under s. 227.44 to the division of hearings and appeals created  
6 under s. 15.103 (1). The administrator of the division may designate a hearing  
7 examiner to preside over the case and recommend a decision to the administrator  
8 under s. 227.46. The decision of the administrator of the division shall be the final  
9 administrative decision. The division shall commence the hearing within 30 days  
10 after receipt of the request for a hearing and shall issue a final decision within 15  
11 days after the close of the hearing. Proceedings before the division are governed by  
12 ch. 227. In any petition for judicial review of a decision by the division, the party,  
13 other than the petitioner, who was in the proceeding before the division shall be the  
14 named respondent.

15 (d) All forfeitures shall be paid to the department within 10 days after receipt  
16 of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days  
17 after receipt of the final decision after exhaustion of administrative review, unless  
18 the final decision is appealed and the order is stayed by court order. The department  
19 shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

20 (e) The attorney general may bring an action in the name of the state to collect  
21 any forfeiture imposed under this section if the forfeiture has not been paid following  
22 the exhaustion of all administrative and judicial reviews. The only issue to be  
23 contested in any such action shall be whether the forfeiture has been paid.

24 **SECTION 85.** 50.035 (4m) of the statutes is created to read:

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

8           **SECTION 86.** 50.035 (4n) of the statutes is created to read:

9           50.035 (4n) REQUIRED REFERRAL. Subject to sub. (4p), a community-based  
10 residential facility shall, within the time period prescribed by the department by  
11 rule, refer to a resource center under s. 46.283 a person who is seeking admission,  
12 who is at least 65 years of age or has a physical disability and whose disability or  
13 condition is expected to last at least 90 days, unless any of the following applies:

14           (a) The person has received a screen for functional eligibility under s. 46.286  
15 (1) (a) within the previous 6 months.

16           (b) The person is entering the community-based residential facility only for  
17 respite care.

18           (c) The person is an enrollee of a care management organization.

19           **SECTION 87.** 50.035 (4p) of the statutes is created to read:

20           50.035 (4p) APPLICABILITY. Subsections (4m) and (4n) apply only if the secretary  
21 has certified under s. 46.281 (3) that a resource center is available for the  
22 community-based residential facility and for specified groups of eligible individuals  
23 that include those persons seeking admission to or the residents of the  
24 community-based residential facility.

25           **SECTION 88.** 50.035 (8) of the statutes is repealed.

1           **SECTION 89.** 50.035 (11) of the statutes is created to read:

2           **50.035 (11) FORFEITURES.** (a) Whoever violates sub. (4m) or (4n) or rules  
3 promulgated under sub. (4m) or (4n) may be required to forfeit not more than \$500  
4 for each violation.

5           (b) The department may directly assess forfeitures provided for under par. (a).  
6 If the department determines that a forfeiture should be assessed for a particular  
7 violation, it shall send a notice of assessment to the community-based residential  
8 facility. The notice shall specify the amount of the forfeiture assessed, the violation  
9 and the statute or rule alleged to have been violated, and shall inform the licensee  
10 of the right to a hearing under par. (c).

11           (c) A community-based residential facility may contest an assessment of a  
12 forfeiture by sending, within 10 days after receipt of notice under par. (b), a written  
13 request for a hearing under s. 227.44 to the division of hearings and appeals created  
14 under s. 15.103 (1). The administrator of the division may designate a hearing  
15 examiner to preside over the case and recommend a decision to the administrator  
16 under s. 227.46. The decision of the administrator of the division shall be the final  
17 administrative decision. The division shall commence the hearing within 30 days  
18 after receipt of the request for a hearing and shall issue a final decision within 15  
19 days after the close of the hearing. Proceedings before the division are governed by  
20 ch. 227. In any petition for judicial review of a decision by the division, the party,  
21 other than the petitioner, who was in the proceeding before the division shall be the  
22 named respondent.

23           (d) All forfeitures shall be paid to the department within 10 days after receipt  
24 of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days  
25 after receipt of the final decision after exhaustion of administrative review, unless

1 the final decision is appealed and the order is stayed by court order. The department  
2 shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

3 (e) The attorney general may bring an action in the name of the state to collect  
4 any forfeiture imposed under this section if the forfeiture has not been paid following  
5 the exhaustion of all administrative and judicial reviews. The only issue to be  
6 contested in any such action shall be whether the forfeiture has been paid.

7 **SECTION 90.** 50.04 (2g) of the statutes is created to read:

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

14 (b) Failure to comply with this subsection is a class "C" violation under sub. (4)

15 (b) 3.

16 **SECTION 91.** 50.04 (2h) of the statutes is created to read:

17 50.04 (2h) REQUIRED REFERRAL. (a) Subject to sub. (2i), a nursing home shall,  
18 within the time period prescribed by the department by rule, refer to a resource  
19 center under s. 46.283 a person who is seeking admission, who is at least 65 years  
20 of age or has developmental disability or physical disability and whose disability or  
21 condition is expected to last at least 90 days, unless any of the following applies:

22 1. The person has received a screen for functional eligibility under s. 46.286 (1)

23 (a) within the previous 6 months.

24 2. The person is seeking admission to the nursing home only for respite care.

25 3. The person is an enrollee of a care management organization.

1 (b) Failure to comply with this subsection is a class “C” violation under sub. (4)

2 (b) 3.

3 **SECTION 92.** 50.04 (2i) of the statutes is created to read:

4 50.04 (2i) APPLICABILITY. Subsections (2g) and (2h) apply only if the secretary  
5 has certified under s. 46.281 (3) that a resource center is available for the nursing  
6 home and for specified groups of eligible individuals that include those persons  
7 seeking admission to or the residents of the nursing home.

8 **SECTION 93.** 50.04 (2m) of the statutes is renumbered 50.04 (2m) (a) and  
9 amended to read:

10 50.04 (2m) (a) No Except as provided in par. (b), no nursing home may admit  
11 any patient until a physician has completed a plan of care for the patient and the  
12 patient is assessed or the patient is exempt from or waives assessment under s. 46.27  
13 (6) (a) or 46.271 (2m) (a) 2. Failure to comply with this subsection is a class “C”  
14 violation under sub. (4) (b) 3.

15 **SECTION 94.** 50.04 (2m) (b) of the statutes is created to read:

16 50.04 (2m) (b) Paragraph (a) does not apply to those residents for whom the  
17 secretary has certified under s. 46.281 (3) that a resource center is available.

18 **SECTION 95.** 50.06 (7) of the statutes is amended to read:

19 50.06 (7) (a) An individual who consents to an admission under this section  
20 may request that an assessment be conducted for the incapacitated individual under  
21 the long-term support community options program under s. 46.27 (6) or, if the  
22 secretary has certified under s. 46.281 (3) that a resource center is available for the  
23 individual, a functional and financial screen to determine eligibility for the family  
24 care benefit under s. 46.286 (1).

25 **SECTION 96.** 50.36 (2) (c) of the statutes is created to read:



1           50.36 (2) (c) The department shall promulgate rules that require that a  
2 hospital, before discharging a patient who is aged 65 or older or who has  
3 developmental disability or physical disability and whose disability or condition  
4 requires long-term care that is expected to last at least 90 days, refer the patient to  
5 the resource center under s. 46.283. The rules shall specify that this requirement  
6 applies only if the secretary has certified under s. 46.281 (3) that a resource center  
7 is available for the hospital and for specified groups of eligible individuals that  
8 include persons seeking admission to or patients of the hospital.

9           **SECTION 97.** 50.38 of the statutes is created to read:

10           **50.38 Forfeitures.** (1) Whoever violates rules promulgated under s. 50.36 (2)  
11 (c) may be required to forfeit not more than \$500 for each violation.

12           (2) The department may directly assess forfeitures provided for under sub. (1).  
13 If the department determines that a forfeiture should be assessed for a particular  
14 violation, the department shall send a notice of assessment to the hospital. The  
15 notice shall specify the amount of the forfeiture assessed, the violation and the  
16 statute or rule alleged to have been violated, and shall inform the hospital of the right  
17 to a hearing under sub. (3).

18           (3) A hospital may contest an assessment of a forfeiture by sending, within 10  
19 days after receipt of notice under sub. (2), a written request for a hearing under s.  
20 227.44 to the division of hearings and appeals created under s. 15.103 (1). The  
21 administrator of the division may designate a hearing examiner to preside over the  
22 case and recommend a decision to the administrator under s. 227.46. The decision  
23 of the administrator of the division shall be the final administrative decision. The  
24 division shall commence the hearing within 30 days after receipt of the request for  
25 a hearing and shall issue a final decision within 15 days after the close of the hearing.

1 Proceedings before the division are governed by ch. 227. In any petition for judicial  
2 review of a decision by the division, the party, other than the petitioner, who was in  
3 the proceeding before the division shall be the named respondent.

4 (4) All forfeitures shall be paid to the department within 10 days after receipt  
5 of notice of assessment or, if the forfeiture is contested under sub. (3), within 10 days  
6 after receipt of the final decision after exhaustion of administrative review, unless  
7 the final decision is appealed and the order is stayed by court order. The department  
8 shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

9 (5) The attorney general may bring an action in the name of the state to collect  
10 any forfeiture imposed under this section if the forfeiture has not been paid following  
11 the exhaustion of all administrative and judicial reviews. The only issue to be  
12 contested in any such action shall be whether the forfeiture has been paid.

13 **SECTION 98.** 50.49 (4) of the statutes is amended to read:

14 50.49 (4) LICENSING, INSPECTION AND REGULATION. ~~The Except as provided in sub.~~  
15 ~~(6m), the~~ department may register, license, inspect and regulate home health  
16 agencies as provided in this section. The department shall ensure, in its inspections  
17 of home health agencies, that a sampling of records from private pay patients are  
18 reviewed. The department shall select the patients who shall receive home visits as  
19 a part of the inspection. Results of the inspections shall be made available to the  
20 public at each of the regional offices of the department.

21 **SECTION 99.** 50.49 (6m) of the statutes is created to read:

22 50.49 (6m) EXCEPTIONS. None of the following is required to be licensed as a  
23 home health agency under sub. (4), regardless of whether any of the following  
24 provides services that are similar to services provided by a home health agency:

25 (a) A care management organization, as defined in s. 46.2805 (1).

1 (b) A program specified in s. 46.2805 (1) (a).

2 (c) A demonstration program specified in s. 46.2805 (1) (b).

3 **SECTION 100.** 51.42 (3) (ar) 17. of the statutes is created to read:

4 51.42 (3) (ar) 17. If authorized under s. 46.283 (1) (a) 1., apply to the department  
5 of health and family services to operate a resource center under s. 46.283 and, if the  
6 department contracts with the county under s. 46.283 (2), operate the resource  
7 center.

8 **SECTION 101.** 51.42 (3) (ar) 18. of the statutes is created to read:

9 51.42 (3) (ar) 18. If authorized under s. 46.284 (1) (a) 1., apply to the department  
10 of health and family services to operate a care management organization under s.  
11 46.284 and, if the department contracts with the county under s. 46.284 (2), operate  
12 the care management organization and, if appropriate, place funds in a risk reserve.

13 **SECTION 102.** 51.42 (3) (e) of the statutes is amended to read:

14 51.42 (3) (e) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78  
15 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07  
16 (3) (c) and 938.78 (2) (a), any subunit of a county department of community programs  
17 acting under this section may exchange confidential information about a client,  
18 without the informed consent of the client, with any other subunit of the same county  
19 department of community programs, with a resource center, care management  
20 organization or family care district, or with any person providing services to the  
21 client under a purchase of services contract with the county department of  
22 community programs or with a resource center, care management organization or  
23 family care district, if necessary to enable an employe or service provider to perform  
24 his or her duties, or to enable the county department of community programs to  
25 coordinate the delivery of services to the client.

1           **SECTION 103.** 51.437 (4m) (n) of the statutes is created to read:

2           51.437 (4m) (n) If authorized under s. 46.283 (1) (a) 1., apply to the department  
3 of health and family services to operate a resource center under s. 46.283 and, if the  
4 department contracts with the county under s. 46.283 (2), operate the resource  
5 center.

6           **SECTION 104.** 51.437 (4m) (p) of the statutes is created to read:

7           51.437 (4m) (p) If authorized under s. 46.284 (1) (a) 1., apply to the department  
8 of health and family services to operate a care management organization under s.  
9 46.284 and, if the department contracts with the county under s. 46.284 (2), operate  
10 the care management organization and, if appropriate, place funds in a risk reserve.

11           **SECTION 105.** 51.437 (4r) (b) of the statutes is amended to read:

12           51.437 (4r) (b) Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83,  
13 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a),  
14 any subunit of the county department of developmental disabilities services acting  
15 under this section may exchange confidential information about a client, without the  
16 informed consent of the client, with any other subunit of the same county department  
17 of developmental disabilities services, with a resource center, care management  
18 organization or family care district, or with any person providing services to the  
19 client under a purchase of services contract with the county department of  
20 developmental disabilities services or with a resource center, care management  
21 organization or family care district, if necessary to enable an employe or service  
22 provider to perform his or her duties, or to enable the county department of  
23 developmental disabilities services to coordinate the delivery of services to the client.

24           **SECTION 106.** 66.04 (1m) (a) of the statutes is amended to read:

1           **66.04 (1m)** (a) No city, village ~~or~~, town, family care district under s. 46.2895 or  
2 agency or subdivision of a city, village or town may authorize funds for or pay to a  
3 physician or surgeon or a hospital, clinic or other medical facility for the performance  
4 of an abortion except those permitted under and which are performed in accordance  
5 with s. 20.927.

6           **SECTION 107.** 66.04 (1m) (b) of the statutes is amended to read:

7           **66.04 (1m)** (b) No city, village ~~or~~, town, family care district under s. 46.2895 or  
8 agency or subdivision of a city, village or town may authorize payment of funds for  
9 a grant, subsidy or other funding involving a pregnancy program, project or service  
10 if s. 20.9275 (2) applies to the pregnancy program, project or service.

11           **SECTION 108.** 66.30 (1) (a) of the statutes is amended to read:

12           **66.30 (1) (a)** In this section “municipality” means the state or any department  
13 or agency thereof, or any city, village, town, county, school district, public library  
14 system, public inland lake protection and rehabilitation district, sanitary district,  
15 farm drainage district, metropolitan sewerage district, sewer utility district, solid  
16 waste management system created under s. 59.70 (2), local exposition district  
17 created under subch. II of ch. 229, local professional baseball park district created  
18 under subch. III of ch. 229, family care district under s. 46.2895, water utility district,  
19 mosquito control district, municipal electric company, county or city transit  
20 commission, commission created by contract under this section, taxation district or  
21 regional planning commission.

22           **SECTION 109.** 69.30 (1) (am) of the statutes is created to read:

23           **69.30 (1) (am)** “Family care district” has the meaning given in s. 46.2805 (5).

24           **SECTION 110.** 69.30 (2) of the statutes is amended to read:

1           69.30 (2) A financial institution, state agency, county department, Wisconsin  
2 works agency ~~or~~, service office or family care district or an employe of a financial  
3 institution, state agency, county department, Wisconsin works agency ~~or~~, service  
4 office or family care district is not subject to s. 69.24 (1) (a) for copying a certified copy  
5 of a vital record for use by the financial institution, state agency, county department,  
6 Wisconsin works agency ~~or~~, service office or family care district, including use under  
7 s. 45.36 (4m), if the copy is marked “FOR ADMINISTRATIVE USE”.

8           **SECTION 111.** 70.11 (2) of the statutes is amended to read:

9           70.11 (2) MUNICIPAL PROPERTY AND PROPERTY OF CERTAIN DISTRICTS, EXCEPTION.  
10 Property owned by any county, city, village, town, school district, technical college  
11 district, public inland lake protection and rehabilitation district, metropolitan  
12 sewerage district, municipal water district created under s. 198.22, joint local water  
13 authority created under s. 66.0735, family care district under s. 46.2895 or town  
14 sanitary district; lands belonging to cities of any other state used for public parks;  
15 land tax-deeded to any county or city before January 2; but any residence located  
16 upon property owned by the county for park purposes which is rented out by the  
17 county for a nonpark purpose shall not be exempt from taxation. Except as to land  
18 acquired under s. 59.84 (2) (d), this exemption shall not apply to land conveyed after  
19 August 17, 1961, to any such governmental unit or for its benefit while the grantor  
20 or others for his or her benefit are permitted to occupy the land or part thereof in  
21 consideration for the conveyance. Leasing the property exempt under this  
22 subsection, regardless of the lessee and the use of the leasehold income, does not  
23 render that property taxable.

24           **SECTION 112.** 71.26 (1) (b) of the statutes is amended to read:

1           71.26 (1) (b) *Political units*. Income received by the United States, the state  
2 and all counties, cities, villages, towns, school districts, technical college districts,  
3 joint local water authorities created under s. 66.0735, family care districts under s.  
4 46.2895 or other political units of this state.

5           **SECTION 113.** 101.01 (4) of the statutes is amended to read:

6           101.01 (4) “Employer” means any person, firm, corporation, state, county,  
7 town, city, village, school district, sewer district, drainage district, family care  
8 district and other public or quasi–public corporations as well as any agent, manager,  
9 representative or other person having control or custody of any employment, place  
10 of employment or of any employe.

11           **SECTION 114.** 102.01 (2) (d) of the statutes is amended to read:

12           102.01 (2) (d) “Municipality” includes a county, city, town, village, school  
13 district, sewer district, drainage district and family care district and other public or  
14 quasi–public corporations.

15           **SECTION 115.** 102.04 (1) (a) of the statutes is amended to read:

16           102.04 (1) (a) The state, each county, city, town, village, school district, sewer  
17 district, drainage district, family care district and other public or quasi–public  
18 corporations therein.

19           **SECTION 116.** 103.001 (6) of the statutes is amended to read:

20           103.001 (6) “Employer” means any person, firm, corporation, state, county,  
21 town, city, village, school district, sewer district, drainage district, family care  
22 district and other public or quasi–public corporations as well as any agent, manager,  
23 representative or other person having control or custody of any employment, place  
24 of employment or of any employe.

25           **SECTION 117.** 111.70 (1) (j) of the statutes is amended to read:

1           111.70 (1) (j) “Municipal employer” means any city, county, village, town,  
2 metropolitan sewerage district, school district, family care district or any other  
3 political subdivision of the state ~~which~~ that engages the services of an employe and  
4 includes any person acting on behalf of a municipal employer within the scope of the  
5 person’s authority, express or implied.

6           **SECTION 118.** 600.01 (1) (b) 10. of the statutes is created to read:

7           600.01 (1) (b) 10. a. Except as provided in subd. 10. b., long-term care services  
8 funded by the family care benefit, as defined in s. 46.2805 (4), that are provided by  
9 a care management organization that contracts with the department of health and  
10 family services under s. 46.284 and enrolls only individuals who are eligible under  
11 s. 46.286.

12           b. The exemption under subd. 10. a. does not apply if the services offered by the  
13 care management organization include hospital, physician or other acute health care  
14 services.

15           **SECTION 119.** 632.745 (6) (a) 2m. of the statutes is created to read:

16           632.745 (6) (a) 2m. A family care district under s. 46.2895.

17           **SECTION 120.** 700.24 of the statutes is amended to read:

18           **700.24 Death of a joint tenant; effect of liens.** A real estate mortgage, a  
19 security interest under ch. 409, or a lien under s. 72.86 (2), 1985 stats., or s. 71.91 (5)  
20 (b), ch. 49 or 779 or rules promulgated under s. 46.286 (7) on or against the interest  
21 of a joint tenant does not defeat the right of survivorship in the event of the death  
22 of such joint tenant, but the surviving joint tenant or tenants take the interest such  
23 deceased joint tenant could have transferred prior to death subject to such mortgage,  
24 security interest or statutory lien.

25           **SECTION 121.** 701.065 (1) (b) 1. of the statutes is amended to read:



SECTION 121

*or rules promulgated under  
s. 46.286(7)*

1           701.065 (1) (b) 1. The claim is a claim based on tort, on a marital property  
 2 agreement that is subject to the time limitations under s. 766.58 (13) (b) or (c), on  
 3 Wisconsin income, franchise, sales, withholding, gift or death taxes, or on  
 4 unemployment compensation contributions due or benefits overpaid, a claim for  
 5 funeral or administrative expenses, a claim of this state under s. 46.27 (7g), ~~rules~~  
 6 ~~promulgated under s. 46.286(7)~~, 49.496 or 49.682 or a claim of the United States.

SECTION 122. 705.04 (2g) of the statutes is amended to read:

8           705.04 (2g) Notwithstanding subs. (1) and (2), the department of health and  
 9 family services may collect, from funds of a decedent that are held by the decedent  
 10 immediately before death in a joint account or a P.O.D. account, an amount equal to  
 11 the medical assistance that is recoverable under s. 49.496 (3) (a), an amount equal  
 12 to aid under 49.68, 49.683 or 49.685 that is recoverable under s. 49.682 (2) (a) or, an  
 13 amount equal to long-term community support services under s. 46.27 that is  
 14 recoverable under s. 46.27 (7g) (c) 1. and that was paid on behalf of the decedent or  
 15 the decedent's spouse or an amount equal to the family care benefit under s. 46.286  
 16 that is recoverable under rules promulgated under s. 46.286 (7) and that was paid  
 17 on behalf of the decedent or the decedent's spouse.

SECTION 123. 859.02 (2) (a) of the statutes is amended to read:

18           859.02 (2) (a) It is a claim based on tort, on a marital property agreement that  
 19 is subject to the time limitations under s. 766.58 (13) (b) or (c), on Wisconsin income,  
 20 franchise, sales, withholding, gift or death taxes, or on unemployment insurance  
 21 contributions due or benefits overpaid, a claim for funeral or administrative  
 22 expenses, a claim of this state under s. 46.27 (7g), ~~rules promulgated under s. 46.286~~  
 23 ~~or~~ 49.496 or 49.682 or a claim of the United States; or

SECTION 124. 859.07 (2) of the statutes is amended to read:

1           859.07 (2) If the decedent was at the time of death or at any time prior thereto  
2 a patient or inmate of any state or county hospital or institution or any person  
3 responsible for any obligation owing to the state or county under s. 46.03 (18), 46.10,  
4 48.36, 301.03 (18), 301.12 or 938.36 or if the decedent or the spouse of the decedent  
5 ever received the family care benefit under s. 46.286, medical assistance under  
6 subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7)  
7 or aid under s. 49.68, 49.683 or 49.685, the personal representative shall send notice  
8 in writing of the date set under s. 859.01 by registered or certified mail to the  
9 department of health and family services or the department of corrections, as  
10 applicable, and the county clerk of the applicable county not less than 30 days before  
11 the date set under s. 859.01, upon such blanks and containing such information as  
12 the applicable department or county clerk may provide. The applicable county is the  
13 county of residence, as defined in s. 49.001 (6).

14           **SECTION 125.** 867.01 (3) (a) 4. of the statutes is amended to read:

15           867.01 (3) (a) 4. Whether the decedent or the decedent's spouse received the  
16 family care benefit under s. 46.286, medical assistance under subch. IV of ch. 49,  
17 long-term community support services funded under s. 46.27 (7) or aid under s.  
18 49.68, 49.683 or 49.685.

19           **SECTION 126.** 867.01 (3) (d) of the statutes is amended to read:

20           867.01 (3) (d) *Notice.* The court may hear the matter without notice or order  
21 notice to be given under s. 879.03. If the decedent or the decedent's spouse received  
22 the family care benefit under s. 46.286, medical assistance under subch. IV of ch. 49,  
23 long-term community support services funded under s. 46.27 (7) or aid under s.  
24 49.68, 49.683 or 49.685, the petitioner shall give notice by certified mail to the

1 department of health and family services as soon as practicable after filing the  
2 petition with the court.

3 **SECTION 127.** 867.02 (2) (a) 6. of the statutes is amended to read:

4 867.02 (2) (a) 6. Whether the decedent or the decedent's spouse received the  
5 family care benefit under s. 46.286, medical assistance under subch. IV of ch. 49,  
6 long-term community support services funded under s. 46.27 (7) or aid under s.  
7 49.68, 49.683 or 49.685.

8 **SECTION 128.** 867.03 (1g) (c) of the statutes is amended to read:

9 867.03 (1g) (c) Whether the decedent or the decedent's spouse ever received the  
10 family care benefit under s. 46.286, medical assistance under subch. IV of ch. 49,  
11 long-term community support services funded under s. 46.27 (7) or aid under s.  
12 49.68, 49.683 or 49.685.

13 **SECTION 129.** 867.03 (1m) (a) of the statutes is amended to read:

14 867.03 (1m) (a) Whenever an heir or person who was guardian of the decedent  
15 at the time of the decedent's death intends to transfer a decedent's property by  
16 affidavit under sub. (1g) and the decedent or the decedent's spouse ever received the  
17 family care benefit under s. 46.286, medical assistance under subch. IV of ch. 49,  
18 long-term community support services funded under s. 46.27 (7) or aid under s.  
19 49.68, 49.683 or 49.685, the heir or person who was guardian of the decedent at the  
20 time of the decedent's death shall give notice to the department of health and family  
21 services of his or her intent. The notice shall include the information in the affidavit  
22 under sub. (1g) and the heir or person who was guardian of the decedent at the time  
23 of the decedent's death shall give the notice by certified mail, return receipt  
24 requested.

25 **SECTION 130.** 867.03 (1m) (b) of the statutes is amended to read:

1           867.03 (1m) (b) An heir or person who was guardian of the decedent at the time  
2 of the decedent's death who files an affidavit under sub. (1g) that states that the  
3 decedent or the decedent's spouse received the family care benefit under s. 46.286,  
4 medical assistance under subch. IV of ch. 49, long-term community support services  
5 funded under s. 46.27 (7) or aid under s. 49.68, 49.683 or 49.685 shall attach to the  
6 affidavit the proof of mail delivery of the notice required under par. (a) showing a  
7 delivery date that is not less than 10 days before the day on which the heir or person  
8 who was guardian of the decedent at the time of the decedent's death files the  
9 affidavit.

10           **SECTION 131.** 867.035 (1) (a) (intro.) of the statutes is amended to read:

11           867.035 (1) (a) (intro.) Except as provided in par. (bm), the department of  
12 health and family services may collect from the property of a decedent, including  
13 funds of a decedent that are held by the decedent immediately before death in a joint  
14 account or a P.O.D. account, by affidavit under this section an amount equal to the  
15 medical assistance that is recoverable under s. 49.496 (3) (a), the long-term  
16 community support services under s. 46.27 that is recoverable under s. 46.27 (7g) (c)  
17 1., the family care benefit that is recoverable under rules promulgated under s.  
18 46.286 (7) or the aid under s. 49.68, 49.683 or 49.685 that is recoverable under s.  
19 49.682 (2) (a) and that was paid on behalf of the decedent or the decedent's spouse,  
20 if all of the following conditions are satisfied:

21           **SECTION 132.** 985.01 (1) of the statutes is renumbered 985.01 (1m).

22           **SECTION 133.** 985.01 (1g) of the statutes is created to read:

23           985.01 (1g) "Governing body" has the meaning given in s. 345.05 (1) (b) and  
24 includes a family care district board under s. 46.2895.

25           **SECTION 134.** 985.01 (3) of the statutes is amended to read:

1           985.01 (3) "Municipality" has the meaning in s. 345.05 (1) (c) and "governing  
2           body" ~~the meaning in s. 345.05 (1) (b) with reference to such municipality includes~~  
3           a family care district under s. 46.2895.

4           **SECTION 135.** 1997 Wisconsin Act 237, section 9122 (4) is repealed and  
5           recreated to read:

6           [1997 Wisconsin Act 237] Section 9122 (4) PILOT PROJECT FOR COUNTY OR TRIBAL  
7           MANAGEMENT OF LONG-TERM CARE PROGRAMS.

8           (a) The department of health and family services shall contract with counties  
9           or tribes under a pilot project to demonstrate the ability of counties or tribes to  
10          manage all long-term care programs under a long-term care management  
11          organization.

12          (b) Notwithstanding the exclusion in section 46.286 (1) (a) (intro.) of the  
13          statutes, as created by 1999 Wisconsin Act .... (this act), from functional eligibility  
14          of a person whose primary disabling condition is developmental disability, such a  
15          person is functionally eligible for the family care benefit if the person is a resident  
16          of a county or is a member of a tribe operating a care management organization under  
17          this subsection.

        \*\*\*\*NOTE: Is it correct, in par. (b) to refer to "a member of a tribe"? If the intent is  
        to provide funding for the entire 2-year period of the budget, i.e., 1999-2001, this  
        nonstatutory provision should probably be renumbered into the statutes. Moreover,  
        these provisions are very confusing. From what appropriation are they funded? It may  
        be inaccurate to refer to the family care benefit, because the pilot projects do not fulfill  
        all of the requirements under ss. 46.2805 to 46.2895. Please review.

18          **SECTION 9103. Nonstatutory provisions; aging and long-term care**  
19          **board.**

20          (1) LENGTH OF INITIAL TERMS OF MEMBERS OF BOARD ON AGING AND LONG-TERM CARE.  
21          Notwithstanding the length of terms specified for members of the board on aging and  
22          long-term care appointed under section 15.105 (10) of the statutes, as affected by this

1 act, one of the 2 additional initial members appointed under that subsection shall be  
2 appointed for a term expiring on May 1, 2005, and the other of the 2 additional initial  
3 members appointed under that subsection shall be appointed for a term expiring on  
4 May 1, 2006.

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

6 (1) RULES FOR FAMILY CARE BENEFIT. Using the procedure under section 227.24  
7 of the statutes, the department of health and family services shall promulgate the  
8 rules required under sections 46.288 (1) to (4) and 50.02 (2) (d) of the statutes, as  
9 created by this act, for the period before the effective date of the permanent rules  
10 promulgated under sections 46.288 (1) to (4) and 50.02 (2) (d) of the statutes, as  
11 created by this act, but not to exceed the period authorized under section 227.24 (1)  
12 (c) and (2) of the statutes. Notwithstanding section 227.24 (1) (a), (2) (b) and (3) of  
13 the statutes, the department is not required to provide evidence that promulgating  
14 a rule under this subsection as an emergency rule is necessary for the preservation  
15 of the public peace, health, safety or welfare and is not required to provide a finding  
16 of emergency for a rule promulgated under this subsection.

17 **SECTION 9423. Effective dates; health and family services.**

18 (1) ELIMINATION OF COUNCIL ON LONG-TERM CARE. The repeal of sections 15.07 (2)  
19 (k), 15.197 (5), 46.281 (1) (a) and (b) and 46.282 of the statutes and the amendment  
20 of section 46.284 (2) (d) of the statutes take effect on July 1, 2001, on the day after  
21 publication of the 2001–03 biennial budget act, whichever is later.

22 (END)

D-NOTE

46.288 (4) to (7), ✓

**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

P4dn  
LRB-0030/221  
DAK:kmg:ijs&lp

January 30, 1999

To Gretchen Fossum:

*Deletes treatment of*

1. Why is the revival of 1997 Wisconsin Act 237, section 9122 (4) ~~necessary~~, <sup>Because</sup> of the disability language? ~~That could be put in s. 46.287 (1)(d)~~ <sup>STET period</sup>

2. For s. 46.286 (4) (b) 2., Lorraine had proposed "The department may transfer funds within or among appropriations for this purpose." I did not include this language, but do you want appropriations amended?

3. Should s. 49.45 (7) (a) stats., be amended to provide for *family care* divestment?

4. With respect to the January 27, 1999, E-mail: on the piece regarding promulgation of rules, the reference to s. 46.287 (4) is incorrect. The section that deals with eligibility should be referenced.

~~Section 20.435 (7) (im) in the bill no longer has a created source of money, since s. 46.286 (2) was deleted.~~ <sup>#2. Creates a source of money in s.</sup>

5. Should I ~~expand~~ <sup>3. Expands</sup> mandatory rules promulgation (and emergency rules) for all rules mentioned in the bill?

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

This redraft reflects several editorial corrections, the most important of which required a renumbering of s. 46.286 (1) (c) to be s. 46.286 (1m), in order to fit with the language of s. 46.286 (1) (intro.). Further, the redraft:

**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-0030/P4dn  
DAK:kmg:hmh

Monday, February 1, 1999

To Gretchen Fossum:

This redraft reflects several editorial corrections, the most important of which required a renumbering of s. 46.286 (1) (c) to be s. 46.286 (1m), in order to fit with the language of s. 46.286 (1) (intro.). Further, the redraft:

1. Deletes treatment of 1997 Wisconsin Act 237, section 9122 (4).
2. Creates a source of money in s. 20.435 (7) (im).
3. Expands mandatory rules promulgation (and emergency rules) for all rules mentioned in the bill.

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