1	* -0466/3.1 * S ECTION 940. 40.	.08(6)(e) of the statutes is repealed an	nd recreated
2	to read:		

40.08 (6) (e) Pursuant to rules promulgated by the department and at a rate of interest established by rule, the department may credit interest on moneys refunded or credited under this subsection.

-0466/3.2 Section 941. 40.08 (7) (c) of the statutes is amended to read:

40.08 (7) (c) If <u>Pursuant to rules promulgated by the department and at a rate of interest established by rule, if an annuity underpayment exceeding exceeds the limits in par. (a) has not been corrected for at least 12 months, the payment to the annuitant to correct the underpayment shall include 0.4% interest on the amount of the underpayment for each full month during the period beginning on the date on which the underpayment occurred and ending on the date on which the underpayment is corrected.</u>

-0469/1.1 Section 942. 40.24 (1) (e) of the statutes is amended to read:

40.24 (1) (e) A reduced annuity payable in the normal form or any of the optional life forms provided under this section, plus a temporary annuity payable monthly but terminating with the payment payable in the month following the month in which the annuitant attains age 62 or, if earlier, on the death of the annuitant the annuitant dies before attaining age 62, in the month in which the annuitant would have attained age 62. It is the intent of this option that so far as is practicable the amounts of the life annuity and temporary annuity shall be determined so that the annuitant's total anticipated benefits from the fund and from his or her primary OASDHI benefit will be the same each month both before and after attainment of age 62.

-0467/1.1 Section 943. 40.25 (6) (a) 2. of the statutes is amended to read:

40.25 (6) (a) 2. Applications A participating employe may submit one or more applications for reestablishment of creditable service must include all creditable service that has been forfeited except that the, except that a participating employe may not submit more than 2 applications in each calendar year. A participating employe may apply for all or part of the creditable service that he or she has forfeited, subject to rules promulgated by the department. The total number of years which may be reestablished under this subsection may not be greater than the creditable service of the participating employe at the date of application, or 10 years, whichever is smaller. The department must receive an application for reestablishment of creditable service under this subsection and the required payment no later than the date the participating employe terminates employment with a participating employer.

-0467/1.2 Section 944. 40.25 (6) (a) 3. of the statutes is amended to read:

40.25 (6) (a) 3. The participating employe applying for forfeited creditable service under this subsection shall pay to the fund an amount equal to the employe's statutory contribution on earnings under s. 40.05 (1) (a) for each year of forfeited service to be reestablished, based upon the participating employe's final average earnings, determined as if the employe retired on the date the department receives the application. The department must receive the application and the amount payable under this subdivision shall be paid in a lump sum payment, except that the department may, by rule, permit a participating employe to reestablish creditable service by making payments over a period of more than one year no later than the date the participating employe terminates employment with a participating employer. No employer may pay any amount payable under this subdivision on behalf of any participating employe.

ALL:all:all SECTION 945

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-0513/1.1 Section 945.	11 11 (1m)	of the statutes is	created to read.
~-U513/1.1* SECTION 940.	41.11 (4III)	or the statutes is	s created to read.

41.11 (4m) Access to customer information: FEES. Notwithstanding s. 19.35, the department may refuse to reveal names, addresses and related demographic information maintained on any list that the department has compiled of persons who have requested information about travel opportunities in the state. Notwithstanding s. 19.71, if the department provides information from a list of persons requesting travel information, the department may charge the person requesting the information a fee to recover the department's actual costs of compiling and providing the information. The department may reduce or waive the fee under this subsection if the department determines that the reduction or waiver is in the public interest.

-1290/4.6 Section 946. 44.20 (1) of the statutes is amended to read:

44.20 (1) The historical society shall operate and maintain the historic sites known as Stonefield Village, Pendarvis, Villa Louis, Old Wade House, Madeline Island, Old World Wisconsin, Northern Great Lakes Center and, if the First Capitol state park has been transferred to the historical society under 1993 Wisconsin Act 16, section 9142 (1e), First Capitol.

-1290/4.7 Section 947. 44.53 (1) (fm) of the statutes is created to read:

44.53 (1) (fm) Conduct a program identical to that described in par. (f), but only for American Indian individuals and groups. The program shall be funded from the appropriation under s. 20.215 (1) (km).

-1290/4.8 Section 948. 44.53 (2) (am) of the statutes is created to read:

44.53 (2) (am) Enter into contracts with American Indian individuals, organizations and institutions and American Indian tribal governments for services furthering the development of the arts and humanities.

equipment from the board.

1999 – 2000 Legislature

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SECTION	949

-0250/4.6 Section 949. 44.70 (2g) of the statutes is created to read:
44.70 (2g) "Educational agency" means a school district, private school,
cooperative educational service agency, technical college district, private college,
public library system, public library board, the Wisconsin School for the Visually
Handicapped or the Wisconsin School for the Deaf.
-0250/4.7 Section 950. 44.70 (3e) of the statutes is created to read:
44.70 (3e) "Political subdivision" means any city, village, town or county.
_0250/4.8 Section 951. 44.70 (3m) of the statutes is created to read:
44.70 (3m) "Public library system" has the meaning given in s. 43.01 (5).
-0250/4.9 Section 952. 44.70 (5) of the statutes is created to read:
44.70 (5) "Universal service fund" means the trust fund established under s.
25.95.
-0251/2.3 Section 953. 44.71 (2) of the statutes is renumbered 44.71 (2) (a),
and 44.71 (2) (a) 5. and 8., as renumbered, are amended to read:
44.71 (2) (a) 5. Subject to s. 196.218 (4r) (f) 44.73 (5), in cooperation with the
department and the public service commission, provide telecommunications access
to school districts, private schools, cooperative educational service agencies,
technical college districts, private colleges and public library boards educational
agencies under the program established under s. 196.218 (4r) 44.73.
8. Purchase educational technology equipment for use by school districts,
cooperative educational service agencies and public educational institutions in this
state and permit the districts, agencies and institutions to purchase or lease the

equipment, with an option to purchase the equipment at a later date. This paragraph

subdivision does not require the purchase or lease of any educational technology

1	* -0251/2.4* Section 954. 44.71 (2) (bm) of the statutes is created to read:
2	44.71 (2) (bm) The board may contract with the Wisconsin advanced
3	telecommunications foundation to provide administrative services to the foundation.
4	*-1561/1.1* Section 955. 44.72 (1) (a) of the statutes is amended to read:
5	44.72 (1) (a) Award grants to applicants on a competitive basis through one
6	funding cycle annually, except that the board shall ensure that at least one grant is
7	awarded annually to an applicant located in the territory of each cooperative
8	educational service agency.
9	*-0248/2.2* Section 956. 44.72 (2) (b) 3. of the statutes is repealed.
10	*-0248/2.3* Section 957. 44.72 (2) (e) of the statutes is amended to read:
11	44.72 (2) (e) The board shall distribute the grants under par. (b) 2. and 3.
12	annually on the first Monday in February.
13	*-0249/1.7* Section 958. 44.72 (4) (title) of the statutes is amended to read:
14	44.72 (4) (title) Subsidized Educational Educational Technology
15	INFRASTRUCTURE LOANS <u>FINANCIAL ASSISTANCE</u> .
16	*-0249/1.8* Section 959. 44.72 (4) (a) of the statutes is amended to read:
17	44.72 (4) (a) Subsidized loans Financial assistance authorized. The board may
18	make subsidized loans provide financial assistance under this subsection to school
19	districts from the proceeds of public debt contracted under s. 20.866 (2) (zc) and to
20	public library boards from the proceeds of public debt contracted under s. 20.866 (2)
21	(zcm). Subsidized loans Financial assistance under this subsection may be used only
22	for the purpose of upgrading the electrical wiring of school and library buildings in
23	existence on October 14, 1997, and installing and upgrading computer network
24	wiring.
25	*-0249/1.9* Section 960. 44.72 (4) (b) of the statutes is amended to read:

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SECTION 960

44.72 (4) (b) Subsidized loan Financial assistance applications, terms and conditions. The board shall establish application procedures for, and the terms and conditions of, subsidized loans financial assistance under this subsection. The board shall make a loan to a school district or public library board in an amount equal to 50% of the total amount of financial assistance for which the board determines the school district or public library board is eligible and provide a grant to the school district or public library board for the remainder of the total. The terms of any financial assistance under this subsection may include provision of professional building construction services under s. 16.85 (15). The board shall determine the interest rate on these loans under this subsection. The interest rate shall be as low as possible but shall be sufficient to fully pay all interest expenses incurred by the state in making the loans and to provide reserves that are reasonably expected to be required in the judgment of the board to ensure against losses arising from delinquency and default in the repayment of subsidized the loans. The term of a subsidized loan under this subsection may not exceed 10 years.

-0249/1.10 Section 961. 44.72 (4) (c) of the statutes is amended to read:

44.72 (4) (c) Repayment of subsidized loans. A school district's or public library board's total payments on a loan made under this subsection shall be equal to 50% of the total debt service on the loan, as determined by the board. A school district or public library board is not obligated to pay the remaining 50% of the debt service on the loan. The board shall credit all moneys received from school districts under this paragraph for repayment of loans under this subsection to the appropriation account under s. 20.275 (1) (h). The board shall credit all moneys received from public library boards under this paragraph for repayment of loans under this subsection to the appropriation account under s. 20.275 (1) (hb).

1	*-0249/1.11* Section 962. 44.72 (4) (d) of the statutes is amended to read:
2	44.72 (4) (d) Funding for subsidized loans financial assistance. The board, with
3	the approval of the governor and subject to the limits of s. 20.866 (2) (zc) and (zcm),
4	may request that the building commission contract public debt in accordance with
5	ch. 18 to fund loans financial assistance under this subsection.
6	*-1769/2.2* Section 963. 44.72 (5) of the statutes is created to read:
7	44.72 (5) Foreign language instruction grants. (a) Beginning in the $2000-01$
8	fiscal year, the board shall award at least one grant in each fiscal year, on a
9	competitive basis, to an educational organization or consortium of educational
10	organizations for the development and implementation of a foreign language
11	instruction program in a public school in grades kindergarten to 6.
12	(b) The board shall award grants under par. (a) from the appropriation under
13	s. $20.275(1)(b)$. The board may not award a grant to an organization or consortium
14	of organizations unless the foreign language instruction is provided to pupils using
15	data lines or video links for which access is provided under s. 44.73 (1) or for which
16	a grant is awarded under s. 44.73 (6).
17	(c) The board shall promulgate rules defining "educational organization" for
18	the purposes of this subsection.
19	*-1508/2.1* SECTION 964. 44.73 (2g) of the statutes is created to read:
20	44.73 (2g) An educational agency that is provided access to a data line under
21	the program established under sub. (1) may not do any of the following:
22	1. Provide access to the data line to any business entity, as defined in s. 13.62
23	(5).

2. Request access to an additional data line for purposes of providing access to
bandwidth to a political subdivision under a shared service agreement under sub
(2r) (a).

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-1508/2.2 Section 965. 44.73 (2r) of the statutes is created to read:

- 44.73 (2r) (a) An educational agency that is provided access to a data line under the program established under sub. (1) may enter into a shared service agreement with a political subdivision that provides the political subdivision with access to any excess bandwidth on the data line that is not used by the educational agency. A shared service agreement under this subdivision is not valid unless the agreement allows an educational agency to cancel the agreement at any time after providing notice to the political subdivision.
- (b) A political subdivision that obtains access to bandwidth under a shared service agreement under par. (a) may not receive compensation for providing any other person with access to the bandwidth.
- (c) An educational agency shall provide the board with written notice within 30 days after entering into or modifying a shared service agreement under par. (a).

-0731/1.1 Section 966. 45.01 of the statutes is amended to read:

45.01 Wisconsin veterans museum; space for the department of administration shall provide suitable space for the purpose of a memorial hall, designated as the Wisconsin veterans museum, dedicated to the men and women of Wisconsin who served in the armed forces of the United States in the civil war of 1861 to 1865 or who meets meet one of the conditions listed in s. 45.35 (5) (a) 1. a. to d., and the department of veterans affairs shall operate and conduct the Wisconsin veterans museum. The mission of the Wisconsin veterans museum is to acknowledge, commemorate and affirm the role of Wisconsin veterans in the United

States of Ame	rica's	military	past	by	means	of	instructive	exhibits	and	other
educational pro	grams	<u>s.</u>								
-0722/4.]	1 SEC	TION 967	45.	25 (1) of the	sta	atutes is am	ended to	read:	

45.25 (1) ADMINISTRATION. The department of veterans affairs shall administer a tuition and fee reimbursement program for eligible veterans enrolling as undergraduates in any institution within the university of Wisconsin system, enrolling in any technical college under ch. 38 of higher education, as defined in s. 45.396 (1)(a), in this state or receiving a waiver of nonresident tuition under s. 39.47.

-1263/2.1 Section 968. 45.25 (2) (d) of the statutes is amended to read:

45.25 (2) (d) The individual is a resident at the time of application for the tuition and fee reimbursement program and was a Wisconsin resident at the time of entry or reentry into service or was a resident for any consecutive 5—year period after completing entry or reentry into service on active duty and before the time date of his or her application. If a person applying for a benefit under this section meets that 5—consecutive—year residency requirement, the department may not require the person to reestablish that he or she meets the 5—consecutive—year residency requirement when he or she later applies for any other benefit under this chapter that requires a 5—consecutive—year residency.

-0722/4.2 Section 969. 45.25 (2) (e) of the statutes is created to read:

45.25 (2) (e) The individual is enrolled for at least 12 credits during the semester for which reimbursement is sought.

-0722/4.3 Section 970. 45.25 (3) (a) of the statutes is amended to read:

45.25 (3) (a) Except as provided in par. (am), an individual who meets the requirements under sub. (2), upon satisfactory completion of an a full-time undergraduate semester in any institution within the university of Wisconsin

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system or a semester at any technical college district school under ch. 38 of higher education, as defined in s. 45.396 (1) (a), in this state or any institution from which the individual receives a waiver of nonresident tuition under s. 39.47, may be reimbursed for up to 50% 65% of the individual's tuition and fees, but that. The reimbursement under this paragraph is limited to a maximum of 50% 65% of the standard cost for a state resident for an equivalent undergraduate course at the University of Wisconsin-Madison per course or the difference between the individual's tuition and fees and the grants or scholarships, including those made under s. 21.49, that the individual receives specifically for the payment of the tuition or fees, whichever is less. Reimbursement is available only for tuition and fees that are part of a curriculum that is relevant to a degree in a particular course of study at the institution or school.

-0722/4.4 Section 971. 45.25 (3) (am) of the statutes is amended to read:

45.25 (3) (am) A disabled individual who meets the requirements under sub. (2) and whose disability is rated at 30% or more under 38 USC 1114 or 1134, upon satisfactory completion of an undergraduate semester in any institution within the university of Wisconsin system or a semester at any technical college district school under ch. 38 of higher education, as defined in s. 45.396 (1) (a), in this state or any institution from which the individual receives a waiver of nonresident tuition under s. 39.47, may be reimbursed for up to 100% of the individual's tuition and fees, but that. The reimbursement under this paragraph is limited to 100% of the standard cost for a state resident for an equivalent undergraduate course at the University of Wisconsin-Madison per course, or the difference between the individual's tuition and fees and the grants or scholarships, including those made under s. 21.49, that the individual receives specifically for the payment of the tuition or fees, whichever

is less. Reimbursement is available only for tuition and fees that are part of a
curriculum that is relevant to a degree in a particular course of study at the
institution er school.
-0722/4.5 Section 972. 45.25 (4) (a) of the statutes is amended to read:

45.25 (4) (a) An individual is not eligible for reimbursement under sub. (2) for

more than 120 credits of part—time study or 8 full semesters of full—time study at any institution within the university of Wisconsin system of higher education, as defined in s. 45.396 (1) (a), in this state, 60 credits of part—time study or 4 full semesters of full—time study at a technical college under ch. 38 any institution of higher education, as defined in s. 45.396 (1) (a), in this state that offers a degree upon completion of 60 credits, or an equivalent amount of credits at an institution where he or she is receiving a waiver of nonresident tuition under s. 39.47.

***-0589/2.10* Section 973.** 45.25 (4) (b) (intro.) of the statutes is amended to read:

45.25 (4) (b) (intro.) The department may provide reimbursement under sub. (2) to an individual who is delinquent in child support or maintenance payments or who owes past support, medical expenses or birth expenses, as established by the receipt by the department of a certification under s. 49.855 appearance of the individual's name on the statewide support lien docket under s. 49.854 (2) (b), only if the individual provides the department with one of the following:

-0589/2.11 Section 974. 45.25 (4) (b) 2. of the statutes is amended to read: 45.25 (4) (b) 2. A statement that the individual is not delinquent in child support or maintenance payments and does not owe past support, medical expenses or birth expenses, signed by the elerk of circuit court department of workforce development or its designee within 7 working days before the date of the application.

SECTION 975

1	*-1263/2.2* Section 975. 45.35 (5) (a) 2. c. of the statutes is amended to read:			
2	45.35 (5) (a) 2. c. Has been a resident of this state for any consecutive 5-year			
3	period after completing entry or reentry into service on active duty and before the			
4	date of his or her application or death. If a person applying for a benefit under this			
5	subchapter meets that 5-consecutive-year residency requirement, the department			
6	may not require the person to reestablish that he or she meets the			
7	5-consecutive-year residency requirement when he or she later applies for any other			
8	benefit under this chapter that requires a 5-consecutive-year residency.			
9	*-1629/3.5* SECTION 976. 45.35 (14) (h) of the statutes is created to read:			
10	45.35 (14) (h) To provide grants to the governing bodies of federally recognized			
11	American Indian tribes and bands from the appropriation under s. 20.485 (2) (km			
12	for the creation of a model program that helps American Indians overcome barriers			
13	to the receipt of federal and state veterans benefits.			
14	*-0722/4.6* Section 977. 45.35 (15) of the statutes is amended to read:			
15	45.35 (15) LIBERAL CONSTRUCTION INTENDED. This section, ss. 45.25, 45.351,			
16	45.356 and 45.37 and subch. II shall be construed as liberally as the language			
17	permits in favor of applicants.			
18	*-0724/1.1* Section 978. 45.351 (4) of the statutes is created to read:			
19	45.351 (4) Annual expenditure. The total of grants made under sub. (1j) may			
20	not exceed \$1,200,000 in any fiscal year.			
21	*-0589/2.12* Section 979. 45.356 (6) (intro.) of the statutes is amended to			
22	read:			
23	45.356 (6) (intro.) The department may provide a loan under this section after			
24	the department receives a certification under s. 49.855 (7) that the applicant is			
25	delinquent in child support or maintenance payments or owes past support, medica			

1	expenses or birth expenses to an applicant whose name appears on the statewide
2	support lien docket under s. 49.854 (2) (b) only if the applicant does one of the
3	following:
4	*-0589/2.13* Section 980. 45.356 (6) (b) of the statutes is amended to read:
5	45.356 (6) (b) Provides to the department a statement that the applicant is not
6	delinquent in child support or maintenance payments and does not owe past support,
7	medical expenses or birth expenses, signed by the clerk of circuit court department
8	of workforce development or its designee within 7 working days before the date of the
9	application.
10	*-0725/4.1* SECTION 981. 45.356 (9) (a) of the statutes is amended to read:
11	45.356 (9) (a) The department may borrow from the veterans mortgage loan
12	repayment fund under s. $45.79(7)(a)$ and shall pledge to obtain money to make loans
13	made under this section as collateral for the borrowing.
14	*-0725/4.2* Section 982. 45.356 (9) (b) of the statutes is amended to read:
15	45.356 (9) (b) The department may enter into transactions with the state
16	investment board to obtain money to make loans under this section. Transactions
17	authorized under this paragraph may include the sale of loans.
18	*-1263/2.3* Section 983. 45.37 (3) (b) (title) of the statutes is repealed.
19	*-1263/2.4* Section 984. 45.37 (3) (b) of the statutes is renumbered 45.37 (3)
20	and amended to read:
21	45.37 (3) Nonresident. A veteran who was not a resident of this state at the
22	time of enlistment or induction into service but who is otherwise qualified for
23	membership may be admitted if the veteran has been a resident of this state for any
24	consecutive 5-year period after completing enlistment or induction into service or
25	active duty and before the date of his or her application. If a person applying for a

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benefit under this subchapter meets that 5-consecut requirement, the department may not require the person to rees meets the 5-consecutive-year residency requirement when he or she later applies for any other benefit under this chapter that requires a 5-consecutive-year residency.

-0722/4.7 Section 985. 45.396 (1) (a) of the statutes is amended to read:

"Institution of higher education" means an educational 45.396 (1) (a) institution meeting the requirements of P.L. 89-329 for institutions covered therein and of P.L. 89-287 for business, trade, technical or vocational schools and full-time post-high school technical colleges has the meaning given in 20 USC 1088 (a).

-0726/2.1 Section 986. 45.396 (5) of the statutes is amended to read:

45.396 (5) Except as provided in sub. (9), the reimbursement may not exceed 50% of the cost of tuition and fees and shall also be limited to a maximum of 50%65% of the standard cost for a state resident for tuition and fees for an equivalent undergraduate course at the University of Wisconsin-Madison per course and may not be provided to an individual more than 4 times during any consecutive 12-month period.

-0589/2.14 Section 987. 45.396 (6) (intro.) of the statutes is amended to read:

45.396 (6) (intro.) The department may make a grant to an applicant under this section after the department receives a certification under s. 49.855 (7) that the applicant is delinquent in child support or maintenance payments or owes past support, medical expenses or birth expenses to an applicant whose name appears on the statewide support lien docket under s. 49.854(2)(b) only if the applicant provides the department with one of the following:

-0589/2.15 Section 988. 45.396 (6) (b) of the statutes is amended to read:
45.396 (6) (b) A statement that the applicant is not delinquent in child support
or maintenance payments and does not owe past support, medical expenses or birth
expenses, signed by the clerk of circuit court department of workforce development
or its designee within 7 working days before the date of the application.
-0727/3.1 Section 989. 45.397 (4) of the statutes is amended to read:
45.397 (4) Annual expenditure. The total amount of grants made under this
section may not exceed \$500,000 in fiscal year 1993-94 and \$500,000 in any fiscal
year 1994–95 .
-1263/2.5 Section 990. 45.71 (16) (a) 2m. a. of the statutes is amended to
read:
45.71 (16) (a) 2m. a. Has been a resident of this state for any consecutive 5-year
period after completing enlistment or induction into service on active duty and before
the date of his or her application or death. If a person applying for a benefit under
this subchapter meets that 5-consecutive-year residency requirement, the
department may not require the person to reestablish that he or she meets the
5-consecutive-year residency requirement when he or she applies for any other
benefit under this chapter that requires a 5-consecutive-year residency.
-0589/2.16 Section 991. 45.74 (6) (intro.) of the statutes is amended to read
45.74 (6) DELINQUENT SUPPORT PAYMENTS. (intro.) The person is delinquent in
child support or maintenance payments or owes past support, medical expenses or
birth expenses, as evidenced by a certification under s. 49.855 (7) the appearance of
the person's name on the statewide support lien docket under s. 49.854(2)(b), unless
the person provides the department or authorized lender with one of the following
-0589/2.17 Section 992. 45.74 (6) (b) of the statutes is amended to read:

45.74 (6) (b) A statement that the person is not delinquent in child support or
maintenance payments and does not owe past support, medical expenses or birth
expenses, signed by the clerk of circuit court department of workforce development
or its designee within 7 working days before the date of the application.

-0729/2.1 SECTION 993. 45.76 (1) (c) of the statutes is amended to read:

45.76 (1) (c) *Home improvements*. A loan of not more than \$15,000 \$25,000 to improve a home, including construction of a garage.

-1432/7.46 Section 994. 45.79 (9) (a) of the statutes is amended to read:

45.79 (9) (a) All moneys received from any source for repayment of loans, mortgages or mortgage loan notes funded with proceeds of revenue obligations issued under sub. (6) (c) shall be deposited into one or more separate nonlapsible trust funds in the state treasury or with a trustee as provided in s. 18.56 18.561 (9) (j) or 18.562 (5) (e). The board may pledge revenues received by the funds to secure revenue obligations issued under sub. (6) (c) and shall have all other powers necessary and convenient to distribute the proceeds of the revenue obligations and loan repayments in accordance with subch. II of ch. 18. Unrestricted balances in the funds may be used to fund additional loans issued under sub. (6) (c) and pay the balances owing on loans after the assumptions of the loans or the closings of the sales of residences under sub. (10) (c).

-0284/3.3 Section 995. 46.03 (1) of the statutes is amended to read:

46.03 (1) Institutions governed. Maintain and govern the Mendota and the Winnebago mental health institutes; the secure mental health facility established under s. 46.055; and the centers for the developmentally disabled.

-0274/2.1 Section 996. 46.03 (7) (g) of the statutes is created to read:

46.03 (7) (g) Before July 1, 2006, establish a statewide automated child welfare information system.

-1732/1.2 Section 997. 46.03 (22) (a) of the statutes is amended to read:

46.03 (22) (a) "Community living arrangement" means any of the following facilities licensed or operated, or permitted under the authority of the department: child welfare agencies under s. 48.60, group homes for children under s. 48.02 (7) and community—based residential facilities under s. 50.01; but does not include adult family homes, as defined in s. 50.01, day care centers, nursing homes, general hospitals, special hospitals, prisons and jails. "Community living arrangement" also includes a youth village program as described in s. 118.42.

-0271/4.1 Section 998. 46.034 (3) of the statutes is amended to read:

46.034 (3) With the agreement of the affected county board of supervisors in a county with a single–county department or boards of supervisors in counties with a multicounty department, effective for the contract period beginning January 1, 1980, the department may approve a county with a single–county department or counties participating in a multicounty department to administer a single consolidated aid consisting of the state and federal financial aid available to that county or those counties from appropriations under s. 20.435 (3) (o) and (7) (b), (kw), (kz) and (o) for services provided and purchased by county departments under ss. 46.215, 46.22, 46.23, 51.42 and 51.437. Under such an agreement, in the interest of improved service coordination and effectiveness, the county board of supervisors in a county with a single–county department or county boards of supervisors in counties with a multicounty department may reallocate among county departments under ss. 46.215, 46.22, 46.23, 51.42 and 51.437 funds that otherwise would be specified for use by a single county department. The budget under s. 46.031 (1) shall

be the vehicle for expressing the proposed use of the single consolidated fund by the county board of supervisors in a county with a single-county department or county boards of supervisors in counties with a multicounty department. Approval by the department of this use of the fund shall be in the contract under s. 46.031 (2g). Counties that were selected by the department to pilot test consolidated aids for contract periods beginning January 1, 1978, may continue or terminate consolidation with the agreement of the affected county board of supervisors in a county with a single-county department or county boards of supervisors in counties with a multicounty department.

-2105/1.4 Section 999. 46.036 (4) (a) of the statutes is amended to read:

46.036 (4) (a) Except as provided in this paragraph, maintain a uniform double entry accounting system and a management information system which are compatible with cost accounting and control systems prescribed by the department. The department shall establish a simplified double entry bookkeeping system for use by family-operated group homes. Each purchaser shall determine whether a family-operated group home from which it purchases services shall use the double entry accounting system or the simplified system and shall include this determination in the purchase of service contract. In this paragraph, "family-operated group home" means a group home licensed under s. 48.66 (1) (a) for which the licensee is one or more individuals who operate not more than one group home.

-0023/4.2 Section 1000. 46.043 of the statutes is created to read:

46.043 Additional services of mental health institutes. (1) In addition to inpatient and outpatient services provided at mental health institutes under ss. 51.05 and 51.07, the department may authorize mental health institutes to offer

services other than inpatient mental health services when the department determines that community services need to be supplemented. Services that may be offered under this section include mental health outpatient treatment and services, day programming, consultation and services in residential facilities, including group homes, child caring institutions and community—based residential facilities.

- (2) Services under this section may be provided only under contract between the department and a county department under s. 46. 215, 46.22 or 46.23, a school district or another public or private entity within the state to persons referred from those entities, at the discretion of the department. The department shall charge the referring entity all costs associated with providing the services. Unless a referral is made, the department may not offer services under this section to the person who is to receive the services or his or her family. The department may not impose a charge for services under this section upon the person receiving the services or his or her family. The department shall credit any revenues received under this section to the appropriation account under s. 20.435 (2) (gk).
- (3) (a) Except as provided in pars. (b) and (c), services under this section are governed by all of the following:
 - 1. The terms of the contract between the department and the referring entity.
- 2. Subchapter XVI of ch. 48 and ss. 50.03, 50.032, 50.033, 50.034 (1) to (3), 50.035, 50.04, 50.09, 51.04, 51.42 (7) (b) and 51.61. In applying these statutes, the services shall be considered to be provided by a private entity.
 - 3. Rules promulgated under the statutes specified in subd. 2.
- (b) In the event of a conflict between par. (a) 1. and 2. or 3., the services shall comply with the contractual, statutory or rules provision that is most protective of

he service recipient's health, safety, welfare or rights, as determined by the menta
nealth institute.

- (c) Sections 46.03 (18), 46.10, 51.15 (2), 51.20 (13) (c) 1. and 51.42 (3) (as) and zoning or other ordinances or regulations of the county, city, town or village in which the services are provided or the facility is located do not apply to the services under this section.
- (d) The department may not be required, by court order or otherwise, to offer services under this section.
- (4) Services in a residential facility that are authorized by the department under this section shall be provided only in a facility that is situated on the grounds of a mental health institute. The facility may not be considered to be a hospital, as defined in s. 50.33 (2), an inpatient facility, as defined in s. 51.01 (10), a state treatment facility, as defined in s. 51.01 (15), or a treatment facility, as defined in s. 51.01 (19).

-0284/3.4 Section 1001. 46.055 of the statutes is created to read:

46.055 Secure mental health facility for sexually violent persons. The department shall establish and operate a secure mental health facility for the detention, evaluation and institutional care of persons under ch. 980.

-0278/1.1 Section 1002. 46.057 (2) of the statutes is amended to read:

46.057 (2) From the appropriation account under s. 20.410 (3) (hm), the department of corrections shall transfer to the appropriation account under s. 20.435 (2) (kx) \$3,125,100 \$3,763,200 in fiscal year 1997-99 1999-2000 and \$3,236,200 \$3,869,200 in fiscal year 1998-99 2000-01 for services for juveniles placed at the Mendota juvenile treatment center. The department of health and family services

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may charge the department of corrections not more than the actual cost of providing those services.

-0284/3.5 Section 1003. 46.10 (2) of the statutes is amended to read:

46.10 (2) Except as provided in subs. (2m) and (14) (b) and (c), any person, including but not limited to a person admitted, committed or placed under s. 975.01, 1977 stats., s. 975.02, 1977 stats., and s. 975.17, 1977 stats., and ss. 51.10, 51.13, 51.15, 51.20, 51.35 (3), 51.37 (5), 51.45 (10), (11), (12) and (13), 55.05, 55.06, 971.14(2) and (5), 971.17(1), 975.06 and 980.06, receiving care, maintenance, services and supplies provided by any institution in this state including University of Wisconsin Hospitals and Clinics, in which the state is chargeable with all or part of the person's care, maintenance, services and supplies, any person receiving care and services from a county department established under s. 51.42 or 51.437 or from a facility established under s. 49.73, and any person receiving treatment and services from a public or private agency under s. 971.17(3)(d) or (4)(e), 980.06(2)(e)(cv) or 980.08(5) (e) and the person's property and estate, including the homestead, and the spouse of the person, and the spouse's property and estate, including the homestead, and, in the case of a minor child, the parents of the person, and their property and estates, including their homestead, and, in the case of a foreign child described in s. 48.839 (1) who became dependent on public funds for his or her primary support before an order granting his or her adoption, the resident of this state appointed guardian of the child by a foreign court who brought the child into this state for the purpose of adoption, and his or her property and estate, including his or her homestead, shall be liable for the cost of the care, maintenance, services and supplies in accordance with the fee schedule established by the department under s. 46.03 (18). If a spouse, widow or minor, or an incapacitated person may be lawfully dependent upon the

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property for their support, the court shall release all or such part of the property and estate from the charges that may be necessary to provide for those persons. The department shall make every reasonable effort to notify the liable persons as soon as possible after the beginning of the maintenance, but the notice or the receipt thereof is not a condition of liability.

-0183/2.1 Section 1004. 46.10 (2m) of the statutes is amended to read:

46.10 (2m) The liability specified in sub. (2) shall not apply to tuberculosis patients receiving care, maintenance, services and supplies under ss. 58.06 and 252.07 to 252.10, to persons 18 and older receiving care, maintenance, services and supplies provided by prisons named in s. 302.01 or to parents of a minor who receives care for alcohol or drug abuse under s. 51.47 (1) without consent of the minor's parent or guardian.

-0183/2.2 Section 1005. 46.18 (1) of the statutes is amended to read:

46.18 (1) Trustees. Every county home, infirmary, hospital, tuberculosis hospital or sanatorium, or similar institution, shall, subject to regulations approved by the county board, be managed by a board of trustees, electors of the county, chosen by ballot by the county board. At its annual meeting, the county board shall appoint an uneven number of trustees, from 3 to 9 at the option of the board, for staggered 3—year terms ending the first Monday in January. Any vacancy shall be filled for the unexpired term by the county board; but the chairperson of the county board may appoint a trustee to fill the vacancy until the county board acts.

-0183/2.3 Section 1006. 46.20 (1) of the statutes is amended to read:

46.20 (1) Any 2 or more counties may jointly, by majority vote of all the members of each county board, provide for a county home, infirmary, hospital, tuberculosis hospital or sanatorium, or similar institution, or juvenile detention

home, which shall be established, maintained and operated pursuant to all the statutes relating to the establishment, maintenance and operation of similar institutions, respectively, by any single county whose population is less than 250,000, except as otherwise provided in this section; and in all respects, except as herein specified, each such institution shall be the county institution of each of the counties so joining.

-0183/2.4 Section 1007. 46.20 (3) of the statutes is amended to read:

46.20 (3) Upon approval of the site, plans and specifications, as provided in s. 252.073 as to tuberculosis sanatoriums and ss. 46.17 and 301.37, as to other institutions, the joint committee shall report to the several county boards the estimated cost of the site and buildings, and the amount thereof chargeable to each county on the basis set forth in sub. (6) (a), appending to each report a copy of the plans and specifications and all matter relating to the site and buildings. If the report is approved by each county board, the joint committee shall purchase the site and cause the buildings to be erected in accordance with the plans and specifications.

-0183/2.5 Section 1008. 46.20 (8) of the statutes is repealed.

-0183/2.6 Section 1009. 46.20 (10) of the statutes is repealed.

-0030/2.28 Section 1010. 46.21 (2m) (c) of the statutes is amended to read:

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

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1	services contract with the county department of human services or with a resource
2	center, care management organization or family care district, if necessary to enable
3	an employe or service provider to perform his or her duties, or to enable the county
4	department of human services to coordinate the delivery of services to the client.
5	*-1186/4.8* Section 1011. 46.215 (1) (j) of the statutes is amended to read:
6	46.215 (1) (j) To make payments in such manner as the department of
7	workforce development may determine for training of recipients, former recipients
8	and potential recipients of aid in programs established under ss. s. 49.193, 1997
9	stats., and s. 49.26 (1).
10	*-0030/2.29* Section 1012. 46.215 (1) (r) of the statutes is created to read:
11	46.215 (1) (r) If authorized under s. 46.283 (1) (a) 1., to apply to the department
12	of health and family services to operate a resource center under s. 46.283 and, if the
13	department contracts with the county under s. 46.283 (2), to operate the resource
14	center.
15	*-0030/2.30* Section 1013. 46.215 (1) (s) of the statutes is created to read:
16	46.215 (1) (s) If authorized under s. 46.284(1)(a) 1., to apply to the department
17	of health and family services to operate a care management organization under s.
18	46.284 and, if the department contracts with the county under s. 46.284 (2), to
19	operate the care management organization and, if appropriate, place funds in a risk
20	reserve.
21	*-0493/2.1* Section 1014. 46.215 (1g) of the statutes is renumbered 46.215
22	(1g) (intro.) and amended to read:
23	46.215 (1g) Administration of food stamps for participants in <u>by a Wis</u> consin
24	WORKS AGENCY. (intro.) The Wisconsin works agency, as defined in s. 49.001 (9), shall,

to the extent permitted by federal law, certify eligibility for and distribute, if

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1	determined eligible, issue food coupons under s. 49.143 (2) (e) to eligible participants
2	to all of the following:
3	(a) Participants in the Wisconsin works program under subch. III of ch. 49.
4	*-0493/2.2* Section 1015. 46.215 (1g) (b) of the statutes is created to read:
5	46.215 (1g) (b) Persons who may be required to participate in the food stamp
6	employment and training program under s. 49.124 (1m), if the department of
7	workforce development has contracted with the Wisconsin works agency to
8	administer the food stamp employment and training program under s. 49.124 (1m).
9	*-0493/2.3* Section 1016. 46.215 (1g) (c) of the statutes is created to read:
10	46.215 (1g) (c) Other persons who are under the age of 61 and who are not
11	disabled, as defined by the department.
12	*-0030/2.31* Section 1017. 46.215 (1m) of the statutes is amended to read:
13	46.215 (1m) Exchange of information. Notwithstanding ss. 46.2895 (9), 48.78
14	(2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (2), 25
15	(3) (c) and 938.78 (2) (a), any subunit of the county department of social services
16	acting under this section may exchange confidential information about a client,
17	without the informed consent of the client, with any other subunit of the same county
18	department of social services, with a resource center, care management organization
19	or family care district, or with any person providing services to the client under a
20	purchase of services contract with the county department of social services or with
21	a resource center, care management organization or family care district, if necessary
22	to enable an employe or service provider to perform his or her duties, or to enable the
23	county department of social services to coordinate the delivery of services to the
24	client.

-0271/4.2 Section 1018. 46.215 (2) (c) 1. of the statutes is amended to read:

46.215 (2) (c) 1. A county department of social services shall develop, under the requirements of s. 46.036, plans and contracts for care and services to be purchased, except for care and services under subch. III of ch. 49 or s. 301.08 (2). The department of health and family services may review the contracts and approve them if they are consistent with s. 46.036 and if state or federal funds are available for such purposes. The joint committee on finance may require the department of health and family services to submit the contracts to the committee for review and approval. The department of health and family services may not make any payments to a county for programs included in a contract under review by the committee. The department of health and family services shall reimburse each county for the contracts from the appropriations under s. 20.435 (3) (0) and (7) (b), (kw), (kz) and (0), as appropriate, under s. 46.495.

-0030/2.32 SECTION 1019. 46.22 (1) (b) 1. j. of the statutes is created to read: 46.22 (1) (b) 1. j. If authorized under s. 46.283 (1) (a) 1., to apply to the department of health and family services to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), to operate the resource center.

-0030/2.33 SECTION 1020. 46.22 (1) (b) 1. k. of the statutes is created to read: 46.22 (1) (b) 1. k. If authorized under s. 46.284 (1) (a) 1., to apply to the department of health and family services to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), to operate the care management organization and, if appropriate, place funds in a risk reserve.

-1186/4.9 Section 1021. 46.22 (1) (b) 2. a. of the statutes is repealed.

1	*-1186/4.10* Section 1022.	46.22 (1) (b) 2. e. of the statutes is amended to
2	read:	

46.22 (1) (b) 2. e. To make payments in such manner as the department of workforce development may determine for training of recipients, former recipients and potential recipients of aid in programs established under ss. 49.193, 1997 stats. and 49.26 (1).

-0274/2.2 Section 1023. 46.22 (1) (c) 8. f. of the statutes is created to read: 46.22 (1) (c) 8. f. Before July 1, 2006, the county department of social services shall implement the statewide automated child welfare information system established by the department under s. 46.03 (7) (g).

-0030/2.34 Section 1024. 46.22 (1) (dm) of the statutes is amended to read: 46.22 (1) (dm) Exchange of information. Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a), any subunit of the county department of social services acting under this subsection may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of social services, with a resource center, care management organization or family care district, or with any person providing services to the client under a purchase of services contract with the county department of social services or with a resource center, care management organization or family care district, if necessary to enable an employe or service provider to perform his or her duties, or to enable the county department of social services to the client.

-0271/4.3 Section 1025. 46.22(1)(e) 3. a. of the statutes is amended to read:

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46.22 (1) (e) 3. a. A county department of social services shall develop, under
the requirements of s. 46.036 , plans and contracts for care and services, except under
subch. III of ch. 49 and s. 301.08 (2), to be purchased. The department of health and
family services may review the contracts and approve them if they are consistent
with s. 46.036 and to the extent that state or federal funds are available for such
purposes. The joint committee on finance may require the department of health and
family services to submit the contracts to the committee for review and approval.
The department of health and family services may not make any payments to a
county for programs included in the contract that is under review by the committee.
The department of health and family services shall reimburse each county for the
contracts from the appropriations under s. 20.435 (3) (o) and (7) (b), (kw), (kz) and
(o) according to s. 46.495.
-0493/2.4 Section 1026. $46.22 (1g)$ of the statutes is renumbered $46.22 (1g)$
(intro.) and amended to read:
46.22 (1g) Administration of food stamps for participants in By a Wisconsin
WORKS AGENCY. (intro.) The Wisconsin works agency, as defined in s. 49.001 (9), shall,
to the extent permitted by federal law, certify eligibility for and distribute, if
determined eligible, issue food coupons under s. 49.143 (2) (e) to eligible participants
to all of the following:
(a) Participants in the Wisconsin works program under subch. III of ch. 49.

***-0493/2.5* Section 1027.** 46.22 (1g) (b) of the statutes is created to read:

employment and training program under s. 49.124 (1m), if the department of

workforce development has contracted with the Wisconsin works agency to

administer the food stamp employment and training program under s. 49.124 (1m).

46.22 (1g) (b) Persons who may be required to participate in the food stamp

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replication initiative.

1	*-0493/2.6* Section 1028. 46.22 (1g) (c) of the statutes is created to read:
2	46.22 (1g) (c) Other persons who are under the age of 61 and who are not
3	disabled, as defined by the department.
4	*-0030/2.35* Section 1029. 46.23 (3) (e) of the statutes is amended to read:
5	46.23 (3) (e) Exchange of information. Notwithstanding ss. 46.2895 (9), 48.78
6	$(2) \ (a), 49.45 \ (4), 49.83, 51.30, 51.45 \ (14) \ (a), 55.06 \ (17) \ (c), 146.82, 252.11 \ (7), 253.07$
7	(3) (c) and 938.78 (2) (a), any subunit of a county department of human services
8 .	acting under this section may exchange confidential information about a client,
9	without the informed consent of the client, with any other subunit of the same county
10	department of human services, with a resource center, care management
11	organization or family care district, or with any person providing services to the
12	client under a purchase of services contract with the county department of human
13	services or with a resource center, care management organization or family care
14	district, if necessary to enable an employe or service provider to perform his or her
15	duties, or to enable the county department of human services to coordinate the
16	delivery of services to the client.
17	*-1547/2.1* SECTION 1030. 46.266 (1) (d) of the statutes is created to read:
18	46.266 (1) (d) A person in the facility who has been determined under s. 49.45
19	(6c) (b) to require active treatment for mental illness.
20	*-0030/2.36* Section 1031. 46.27 (1) (bm) of the statutes is amended to read:
21	46.27 (1) (bm) "Private nonprofit agency" means a nonprofit corporation, as
22	defined in s. 181.0103 (17), which provides comprehensive health care services to
23	elderly persons a program of all-inclusive care for persons aged 65 or older
24	authorized under 42 USC 1395 to 1395ggg and which participates in the On Lok

1	*-0030/2.37* Section 1032. 46.27 (2) (k) of the statutes is created to read:
2	46.27 (2) (k) Review and approve or disapprove the terms of risk reserve escrow
3	accounts created under sub. (7) (fr) and approve or disapprove disbursements for
4	administrative or staff costs from the risk reserve escrow accounts.
5	*-0030/2.38* SECTION 1033. $46.27(4)(c)$ (intro.) of the statutes is amended to
6	read:
7	46.27 (4) (c) (intro.) The planning committee shall develop do all of the
8	following:
9	1. Develop a community options plan for participation in the program. The
10	plan shall include:
11	*-0030/2.39* SECTION 1034. 46.27 (4) (c) 1. to 7. of the statutes are renumbered
12	46.27 (4) (c) 1. a. to g.
13	*_0030/2.40* SECTION 1035. 46.27 (4) (c) 2. of the statutes is created to read:
14	46.27 (4) (c) 2. Advise the county board of supervisors and, if applicable, the
15	county administrator or county executive on whether to apply to the department for
16	a contract to operate a resource center or a care management organization and
17	whether to create a family care district to apply to the department for such a contract.
18	*-0030/2.41* Section 1036. 46.27 (4) (c) 3. of the statutes is created to read:
19	46.27 (4) (c) 3. Review initial plans and existing provider networks of any care
20	management organization in the area to assist the care management organization
21	in developing a network of service providers that includes a sufficient number of
22	accessible, convenient and desirable services.
23	*-0030/2.42* SECTION 1037. 46.27 (4) (c) 4. of the statutes is created to read:

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1	46.27 (4) (c) 4. Advise care management organizations about whether to offer
2	optional acute and primary health care services and, if so, how these benefits should
3	be offered.
4	*-0030/2.43* Section 1038. 46.27 (4) (c) 8. of the statutes is renumbered 46.27
5	(4) (c) 1. h. and amended to read:
6	46.27 (4) (c) 1. h. If a pilot project under s. 46.271 (2m) 46.281 (1) (d) is
7	established in the county, a description of how the activities of the pilot project relate
8	to and are coordinated with the county's proposed program.
9	*-0030/2.44* Section 1039. 46.27 (5) (am) of the statutes is amended to read:
10	46.27 (5) (am) Organize assessment activities specified in sub. (6). The county
11	department or aging unit shall utilize persons for each assessment who can
12	determine the needs of the person being assessed and who know the availability
13	within the county of services alternative to placement in a nursing home. If any
14	hospital patient is referred to a nursing home for admission, these persons shall work
15	with the hospital discharge planner in performing the activities specified in sub. (6).
16	The county department or aging unit shall coordinate the involvement of
17	representatives from the county departments under ss. 46.215, 46.22, 51.42 and
18	51.437, health service providers and the county commission on aging in the
19	assessment activities specified in sub. (6), as well as the person being assessed and
20	members of the person's family or the person's guardian. This paragraph does not
21	apply to a county department or aging unit in a county where a pilot project under
22	s. 46.271 (2m) 46.281 (1) (d) is established.
23	* $-0030/2.45$ * Section 1040. 46.27 (6) (a) 3. of the statutes is amended to read:

46.27 (6) (a) 3. In each participating county, except in counties where a pilot

project under s. 46.271 (2m) 46.281 (1) (d) is established, assessments shall be

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conducted for those persons and in accordance with the procedures described in the
county's community options plan. The county may elect to establish assessment
priorities for persons in target groups identified by the county in its plan regarding
gradual implementation. If a person who is already admitted to a nursing home
requests an assessment and if funds allocated for assessments under sub. (7) (am)
are available, the county shall conduct the assessment.

-0030/2.46 Section 1041. 46.27 (6g) (intro.) of the statutes is amended to read:

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

-0266/3.1 Section 1042. 46.27 (6u) (c) 2. of the statutes is amended to read: 46.27 (6u) (c) 2. For a person who is determined to be financially eligible under subd. 1. calculate, by use of the uniform fee system under s. 46.03 (18), the amount of cost sharing required for receipt of long-term community support services provided under sub. (5) (b). The county department or aging unit shall require payment by the person of 100% of the amount calculated under this subdivision, unless the person pays the premiums established under s. 49.472 (4) (a). If the person pays those premiums, the county department or aging unit may not require any payment from the person under this subdivision.

-0030/2.47 Section 1043. 46.27 (7) (am) of the statutes is amended to read: 46.27 (7) (am) From the appropriation under s. 20.435 (7) (bd), the department shall allocate funds to each county or private nonprofit agency with which the

department contracts to pay assessment and case plan costs under sub. (6) not otherwise paid by fee or under s. 49.33(2) or 49.45. The department shall reimburse counties for the cost of assessing persons eligible for medical assistance under s. 49.46, 49.468 or 49.47 as part of the administrative services of medical assistance, payable under s. 49.45(3)(a). Counties may use unspent funds allocated under this paragraph to pay the cost of long-term community support services and for a risk reserve under par. (fr).

-0030/2.48 Section 1044. 46.27 (7) (b) of the statutes is amended to read: 46.27 (7) (b) 1m. From the appropriations under s. 20.435 (7) (bd) and (im), the department shall allocate funds to each county to pay the cost of providing long-term community support services under sub. (5) (b) not otherwise paid under s. 49.45 to persons eligible for medical assistance under s. 49.46 or 49.47 or to persons whom the county department or aging unit administering the program finds likely to become medically indigent within 6 months by spending excess income or assets for medical or remedial care. The average per person reimbursement under this paragraph may not exceed the state share of the average per person payment rate the department expects under s. 49.45 (6m). The county department or aging unit administering the program may spend funds received under this paragraph only in accordance with the case plan and service contract created for each person receiving long-term community support services. Counties may use unspent funds allocated under this paragraph from the appropriation under s. 20.435 (7) (bd) for a risk reserve under par. (fr).

-0327/1.1 Section 1045. 46.27 (7) (cj) 3. a. of the statutes is amended to read: 46.27 (7) (cj) 3. a. An assessment under sub. (6) has been completed for the person prior to the person's admission to the community-based residential facility,

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whether or not the person is a private pay admittee at the time of admission. The county may waive this condition in accordance with guidelines established by the department. If the county waives this condition, the county must meet with the person or the person's guardian to discuss the cost-effectiveness of various service options.

-0030/2.49 Section 1046. 46.27 (7) (fm) of the statutes is amended to read: 46.27 (7) (fm) The department shall, at the request of a county, carry forward up to 10% of the amount allocated under this subsection to the county for a calendar year if up to 10% of the amount so allocated has not been spent or encumbered by the county by December 31 of that year, for use by the county in the following calendar year, except that the amount carried forward shall be reduced by the amount of funds that the county has notified the department that the county wishes to place in a risk reserve under par. (fr). The department may transfer funds within s. 20.435 (7) (bd) to accomplish this purpose. An allocation under this paragraph does not affect a county's base allocation under this subsection and shall lapse to the general fund unless expended within the calendar year to which the funds are carried forward. A county may not expend funds carried forward under this paragraph for administrative or staff costs, except administrative or staff costs that are associated with implementation of the waiver under sub. (11) and approved by the department.

-0030/2.50 Section 1047. 46.27 (7) (fr) of the statutes is created to read:

46.27 (7) (fr) 1. Notwithstanding s. 46.036 (3) and (5m), a county may place in a risk reserve funds that are allocated under par. (am) or (b) or sub. (11) (c) 3. and are not expended or encumbered for services under this subsection or sub. (11). The county shall notify the department of this decision and of the amount to be placed in the risk reserve. The county shall maintain the risk reserve in an interest–bearing

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1	escrow account with a financial institution, as defined in s. 69.30 (1) (b), if the
2	department has approved the terms of the escrow. All interest from the principal
3	shall be reinvested in the escrow account.
4	2. The annual amount of a county's expenditure for a risk reserve, as specified
5	in subd. 1., may not exceed 10% of the county's most recent allocation under pars.
6	(am) and (b) and sub. (11) (c) 3. or \$750,000, whichever is less. The total amount of
7	the risk reserve, including interest, may not exceed 15% of the county's most recent
8	allocation under this subsection.
9	3. A county may expend funds maintained in a risk reserve, as specified in subd.
10	1., for any of the following purposes:
11	a. To defray costs of long-term community support services under this section.
12	b. To meet requirements under any contract that the county has with the
13	department to operate a care management organization under s. 46.284.
14	c. If approved by a resolution of the county board of supervisors, to transfer
15	funds to a family care district.
16	d. If approved by the department, for administrative or staff costs under this
17	section.
18	4. A county that maintains a risk reserve, as specified in subd. 1., shall
19	annually, on a form prescribed by the department, submit to the department a record
20	of the status of the risk reserve, including revenues and disbursements.
21	*-0030/2.51* SECTION 1048. 46.27 (7) (g) (intro.) of the statutes is amended to
22	read:
23	46.27 (7) (g) (intro.) The department may carry forward to the next state fiscal
24	year up to \$500,000 of funds allocated under this subsection and not encumbered by
25	counties by December 31 or carried forward under par. (fm). The department may

transfer moneys within s. 20.435 (7) (bd) to accomplish this purpose. An allocation
under this paragraph shall not affect a county's base allocation for the program. The
department may allocate these transferred moneys during the next fiscal year to
counties for planning and implementation of resource centers under s. 46.283 or care
management organizations under s. 46.284 and for the improvement or expansion
of long-term community support services for clients whose cost of care significantly
exceeds the average cost of care provided under this section, including any of the
following:
-1295/2.2 SECTION 1049. 46.27 (7g) (c) 3. (intro.) of the statutes is amended

- *-1295/2.2* Section 1049. 46.27 (7g) (c) 3. (intro.) of the statutes is amended to read:
- 46.27 (7g) (c) 3. (intro.) The court shall reduce the amount of a claim under subd. 1. by up to \$3,000 the amount specified in s. 861.33 (2) if necessary to allow the client's heirs or the beneficiaries of the client's will to retain the following personal property:
- *-1295/2.3* Section 1050. 46.27(7g)(c)3.c. of the statutes is amended to read:
 - 46.27 (7g) (c) 3. c. Other tangible personal property not used in trade, agriculture or other business, not to exceed \$1,000 in value the amount specified in s. 861.33(1)(a)4.
 - *-0260/2.1* SECTION 1051. 46.27 (7g) (c) 5. of the statutes is renumbered 46.27 (7g) (c) 5. a. and amended to read:
 - 46.27 (7g) (c) 5. a. If the department's claim is not allowable because of subd.

 4. and the estate includes an interest in a home, the court exercising probate jurisdiction shall, in the final judgment or summary findings and order, assign the interest in the home subject to a lien in favor of the department for the amount described in subd. 1. The personal representative or petitioner for summary

settlement or summary assignment of the estate shall record the final judge	nent as
provided in s. 863.29, 867.01 (3) (h) or 867.02 (2) (h)	

-0260/2.2 Section 1052. 46.27 (7g) (c) 5. b. of the statutes is created to read: 46.27 (7g) (c) 5. b. If the department's claim is not allowable because of subd.

4., the estate includes an interest in a home and the personal representative closes the estate by sworn statement under s. 865.16, the personal representative shall stipulate in the statement that the home is assigned subject to a lien in favor of the department for the amount described in subd. 1. The personal representative shall record the statement in the same manner as described in s. 863.29, as if the statement were a final judgment.

-1295/2.4 Section 1053. 46.27 (7g) (h) of the statutes is created to read:

46.27 (7g) (h) The department may contract with or employ an attorney to probate estates to recover under this subsection the costs of care.

-0028/7.35 SECTION 1054. 46.27 (9) (a) of the statutes is amended to read:

46.27 (9) (a) The department may select up to 5 counties that volunteer to participate in a pilot project under which they will receive certain funds allocated for long-term care. The department shall allocate a level of funds to these counties equal to the amount that would otherwise be paid under s. 20.435 (5)(4)(b) to nursing homes for providing care because of increased utilization of nursing home services, as estimated by the department. In estimating these levels, the department shall exclude any increased utilization of services provided by state centers for the developmentally disabled. The department shall calculate these amounts on a calendar year basis under sub. (10).

-0030/2.52 Section 1055. 46.27 (9) (c) of the statutes is amended to read:

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

-0028/7.36 Section 1056. 46.27(10) (a) 1. of the statutes is amended to read:

46.27 (10) (a) 1. The department shall determine for each county participating in the pilot project under sub. (9) a funding level of state medical assistance expenditures to be received by the county. This level shall equal the amount that the department determines would otherwise be paid under s. 20.435 (5) (4) (b) because of increased utilization of nursing home services, as estimated by the department.

-0028/7.37 Section 1057. 46.27 (11) (c) 3. of the statutes is amended to read:

46.27 (11) (c) 3. Medical assistance reimbursement for services a county, a private nonprofit agency or an aging unit with which the department contracts provides under this subsection shall be made from the appropriations under s. 20.435 (5) (4) (o) and (7) (b) and (bd).

-0028/7.38 SECTION 1058. 46.27 (11) (c) 4. of the statutes is amended to read: 46.27 (11) (c) 4. The department may, from the appropriation under s. 20.435 (5) (4) (0), provide reimbursement for services provided under this subsection by counties that are in excess of the current average annual per person rate, as established by the department, and are less than or equal to the average amount approved in the waiver received under par. (am).

-0327/1.2 Section 1059. 46.27 (11) (c) 5n. a. of the statutes is amended to read:

46.27 (11) (c) 5n. a. An assessment under sub. (6) has been completed for the person prior to the person's admission to the community—based residential facility, whether or not the person is a private pay admittee at the time of admission. The county may waive this condition in accordance with guidelines established by the department. If the county waives this condition, the county must meet with the person or the person's guardian to discuss the cost—effectiveness of various service options.

-0030/2.53 Section 1060. 46.271 (2m) of the statutes is repealed.

-0028/7.39 Section 1061. 46.275(5)(a) of the statutes is amended to read:

46.275 (5) (a) Medical assistance reimbursement for services a county, or the department under sub. (3r), provides under this program is available from the appropriations under s. 20.435 (5) (4) (b) and (o). If 2 or more counties jointly contract to provide services under this program and the department approves the contract, medical assistance reimbursement is also available for services provided jointly by these counties.

-0028/7.40 Section 1062. 46.275 (5) (c) of the statutes is amended to read: 46.275 (5) (c) The total allocation under s. 20.435 (5) (4) (b) and (o) to counties and to the department under sub. (3r) for services provided under this section may not exceed the amount approved by the federal department of health and human services. A county may use funds received under this section only to provide services to persons who meet the requirements under sub. (4) and may not use unexpended funds received under this section to serve other developmentally disabled persons residing in the county.

-0028/7.41 Section 1063. 46.275 (5) (d) of the statutes is amended to read:

(6) (e) 1. (intro.) and amended to read:

46.275 (5) (d) The department may, from the appropriation under s. $20.435 \frac{(5)}{(5)}$
(4) (o), provide reimbursement for services provided under this section by counties
that are in excess of the current average annual per person rate, as established by
the department, and are less than the average amount approved in the waiver
received under sub. (2).
-0327/1.3 SECTION 1064. 46.277 (5) (d) 1n. a. of the statutes is amended to
read:
46.277 (5) (d) 1n. a. An assessment under s. 46.27 (6) has been completed for
the person prior to the person's admission to the community-based residential
facility, whether or not the person is a private pay admittee at the time of admission.
The county may waive this condition in accordance with guidelines established by
the department. If the county waives this condition, the county must meet with the
person or the person's guardian to discuss the cost-effectiveness of various service
options.
-0028/7.42 Section 1065. 46.278 (6) (d) of the statutes is amended to read:
46.278 (6) (d) If a county makes available nonfederal funds equal to the state
share of service costs under the waiver received under sub. (3), the department may,
from the appropriation under s. $20.435 \frac{(5)}{(4)}(0)$, provide reimbursement for services
that the county provides under this section to persons who are in addition to those
who may be served under this section with funds from the appropriation under s.
20.435 (5) <u>(4)</u> (b).
-0316/1.1 Section 1066. 46.278 (6) (e) of the statutes is renumbered 46.278

1	46.278 (6) (e) 1. (intro.) The department may provide enhanced reimbursement
2	for services under the program for an individual who was relocated to the community
3	by a county department from an one of the following:
4	a. An intermediate care facility for the mentally retarded that closes under s.
5	50.03 (14).
6	2. The enhanced reimbursement rate under this paragraph shall be
7	determined under a formula that is developed by the department.
8	*-0316/1.2* SECTION 1067. 46.278 (6) (e) 1. b. of the statutes is created to read:
9	46.278 (6) (e) 1. b. An intermediate care facility for the mentally retarded or
10	a distinct part thereof that has a plan of closure approved by the department and that
11	intends to close within 12 months.
12	*-0030/2.54* Section 1068. 46.2805 of the statutes is created to read:
13	46.2805 Definitions; long-term care. In ss. 46.2805 to 46.2895:
13 14	46.2805 Definitions; long-term care. In ss. 46.2805 to 46.2895:(1) "Care management organization" means an entity that is certified as
14	(1) "Care management organization" means an entity that is certified as
14 15	(1) "Care management organization" means an entity that is certified as meeting the requirements for a care management organization under s. 46.284 (3)
14 15 16	(1) "Care management organization" means an entity that is certified as meeting the requirements for a care management organization under s. 46.284 (3) and that has a contract under s. 46.284 (2). "Care management organization" does
14 15 16 17	(1) "Care management organization" means an entity that is certified as meeting the requirements for a care management organization under s. 46.284 (3) and that has a contract under s. 46.284 (2). "Care management organization" does not mean an entity that contracts with the department to operate one of the
14 15 16 17 18	(1) "Care management organization" means an entity that is certified as meeting the requirements for a care management organization under s. 46.284 (3) and that has a contract under s. 46.284 (2). "Care management organization" does not mean an entity that contracts with the department to operate one of the following:
14 15 16 17 18	(1) "Care management organization" means an entity that is certified as meeting the requirements for a care management organization under s. 46.284 (3) and that has a contract under s. 46.284 (2). "Care management organization" does not mean an entity that contracts with the department to operate one of the following: (a) A program of all-inclusive care for persons aged 65 or older authorized
14 15 16 17 18 19	(1) "Care management organization" means an entity that is certified as meeting the requirements for a care management organization under s. 46.284 (3) and that has a contract under s. 46.284 (2). "Care management organization" does not mean an entity that contracts with the department to operate one of the following: (a) A program of all-inclusive care for persons aged 65 or older authorized under 42 USC 1395 to 1395ggg.
14 15 16 17 18 19 20 21	 (1) "Care management organization" means an entity that is certified as meeting the requirements for a care management organization under s. 46.284 (3) and that has a contract under s. 46.284 (2). "Care management organization" does not mean an entity that contracts with the department to operate one of the following: (a) A program of all-inclusive care for persons aged 65 or older authorized under 42 USC 1395 to 1395ggg. (b) A demonstration program known as the Wisconsin partnership program

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1	(3) "Enrollee" means a person who is enrolled in a care management
2	organization.
3	(4). "Family care benefit" means financial assistance for long-term care and
4	support items for an enrollee.
5	(5) "Family care district" means a special purpose district created under s.
6	46.2895 (1).
7	(6) "Family care district board" means the governing board of a family care
8 .	district.
9	(7) "Functional and financial screen" means a screen prescribed by the
10	department that is used to determine functional eligibility under s. $46.286(1)(a)$ and
11	financial eligibility under s. 46.286 (1) (b).
12	(8) "Nonprofit organization" has the meaning given in s. 108.02 (19).
13	(9) "Older person" means a person who is aged at least 65.
14	(10) "Resource center" means an entity that meets the standards for operation
15	under s. 46.283 (3) or, if under contract to provide a portion of the services specified
16	under s. 46.283(3), meets the standards for operation with respect to those services.
17	(11) "Tribe or band" means a federally recognized American Indian tribe or
18	band.
19	*-0030/2.55* Section 1069. 46.281 of the statutes is created to read:
2 0	46.281 Powers and duties of the department and the secretary
21	long-term care. (1) Duties of the Department. The department shall do all of the
22	following:

(a) Provide training to members of the council on long-term care who are aged

65 or older or who have physical or developmental disabilities or their family

members, guardians or other advocates, to enable these members to participate in the council's duties.

- (b) Provide information to the council on long-term care and seek recommendations of the council.
- (c) Request from the secretary of the federal department of health and human services any waivers of federal medicaid laws necessary to permit the use of federal moneys to provide the family care benefit to recipients of medical assistance. The department shall implement any waiver that is approved and that is consistent with ss. 46.2805 to 46.2895. Regardless of whether a waiver is approved, the department may implement operation of resource centers, care management organizations and the family care benefit.
 - (d) Before July 1, 2001:
- 1. Establish, in geographic areas determined by the department, a pilot project under which the department may contract with a county, a family care district, a tribe or band or the Great Lakes inter-tribal council, inc., or with any 2 or more of these entities under a joint application, to operate a resource center.
- 2. Contract with counties or tribes or bands under a pilot project to demonstrate the ability of counties or tribes or bands to manage all long-term care programs and administer the family care benefit as care management organizations.
- (e) After June 30, 2001, contract with one or more entities certified as meeting requirements under s. 46.284 (3) for services of the entity as a care management organization and one or more entities for services specified under s. 46.283 (3) and (4).
- (f) Prescribe and implement a per person monthly rate structure for costs of the family care benefit.

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- (g) In order to maintain continuous quality assurance and quality improvement for resource centers and care management organizations, do all of the following:
 - 1. Prescribe by rule and by contract and enforce performance standards for operation of resource centers and care management organizations.
 - 2. Use performance expectations that are related to outcomes for persons in contracting with care management organizations and resource centers.
 - 3. Conduct ongoing evaluations of the long-term care system specified in ss. 46.2805 to 46.2895.
 - 4. Require that quality assurance and quality improvement efforts be included throughout the long-term care system specified in ss. 46.2805 to 46.2895.
 - 5. Ensure that reviews of the quality of management and service delivery of resource centers and care management organizations are conducted by external organizations and make information about specific review results available to the public.
 - (h) Require by contract that resource centers and care management organizations establish procedures under which an individual who applies for or receives the family care benefit may register a complaint or grievance and procedures for resolving complaints and grievances.
 - (i) Prescribe criteria to assign priority equitably on any necessary waiting lists for persons who are eligible for the family care benefit but who do not meet the criteria under s. 46.286 (3).
- (2) POWERS OF THE DEPARTMENT. The department may develop risk-sharing arrangements in contracts with care management organizations, in accordance with applicable state laws and federal statutes and regulations.

(3) Duty of the secretary. The secretary shall certify to each county, nursing
home, community-based residential facility, adult family home and residential care
apartment complex the date on which a resource center that serves the area of the
county, nursing home, community-based residential facility, adult family home or
residential care apartment complex is first available to provide a functional and
financial screen. To facilitate phase-in of services of resource centers, the secretary
may certify that the resource center is available for specified groups of eligible
individuals or for specified facilities in the county.
-0030/2.56 Section 1070. 46.281 (1) (a) of the statutes, as created by 1999
Wisconsin Act (this act), is repealed.
-0030/2.57 Section 1071. 46.281 (1) (b) of the statutes, as created by 1999
Wisconsin Act (this act), is repealed.
-0030/2.58 Section 1072. 46.282 of the statutes is created to read:
46.282 Council on long-term care. The council on long-term care appointed
under s. 15.197 (5) shall do all of the following:
(1) Assist the department in developing broad policy issues related to
long-term care services.
(2) Assist the department in developing, implementing, coordinating and
guiding long-term care services and systems, including by reviewing and making
nonbinding recommendations to the department on all of the following:
(a) The department's standard contract provisions for resource centers and
care management organizations.
(b) The family care benefit, including the per person rate structure for the
benefit.
(c) The long-term support community options program under s. 46.27.

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1	(d) The community integration programs under ss. 46.275, 46.277 and 46.278.
2	(e) Programs other than those under pars (c) and (d) that provide home and
3	community-based services.
4	(f) The provision of medical assistance services under a fee-for-service system.
5	(3) Monitor patterns of complaints, grievances and appeals related to
6	long-term care in order to identify issues of statewide importance.
7	(4) Monitor the numbers of persons on waiting lists.
8	(5) Review patterns of utilization of various types of services by care
9	management organizations.
10	(6) Monitor the pattern of care management organization enrollments and
11	disenrollments throughout the state.
12	(7) Report annually to the legislature under s. 13.172 (2) and to the governor
13	on the status, significant achievements and problems of resource centers, care
14	management organizations and the family care benefit, including all of the following:
15	(a) Numbers of persons served.
16	(b) Costs of long-term care provided under the family care benefit.
17	(c) The number and service areas of resource centers and care management
18	organizations.
19	(d) Waiting list information.
20	(e) Results of reviews of quality of services provided by resource centers and
21	care management organizations.
22	*-0030/2.59* SECTION 1073. 46.282 of the statutes, as created by 1999
23	Wisconsin Act (this act), is repealed.
24	*-0030/2.60* Section 1074. 46.283 of the statutes is created to read:

- 46.283 Resource centers. (1) APPLICATION FOR CONTRACT. (a) A county board of supervisors and, in a county with a county executive or a county administrator, the county executive or county administrator, may decide all of the following:
- 1. Whether to authorize one or more county departments under s. 46.21, 46.215, 46.22 or 46.23 or an aging unit under s. 46.82 (1) (a) 1. or 2. to apply to the department for a contract to operate a resource center and, if so, which to authorize and what client group to serve.
- 2. Whether to create a family care district to apply to the department for a contract to operate a resource center.
- (b) The governing body of a tribe or band or of the Great Lakes inter-tribal council, inc., may decide whether to authorize a tribal agency to apply to the department for a contract to operate a resource center for tribal members and, if so, which client group to serve.
- (c) Under the requirements of par. (a), a county board of supervisors may decide to apply to the department for a contract to operate a multicounty resource center in conjunction with the county board or boards of one or more other counties or a county—tribal resource center in conjunction with the governing body of a tribe or band or the Great Lakes inter—tribal council, inc.
- (d) Under the requirements of par. (b), the governing body of a tribe or band may decide to apply to the department for a contract to operate a resource center in conjunction with the governing body or governing bodies of one or more other tribes or bands or the Great Lakes inter-tribal council, inc., or with a county board of supervisors.
- (2) EXCLUSIVE CONTRACT. (a) Before July 1, 2001, the department may contract only with a county, a family care district, the governing body of a tribe or band or the

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Great Lakes inter-tribal council, inc., or with 2 or more of these entities under a joint application, to operate a resource center.

- (b) After June 30, 2001, the department may contract with a private nonprofit organization to operate a resource center if the department determines that the organization has no significant connection to an entity that operates a care management organization and if any of the following applies:
- 1. A county board of supervisors declines in writing to apply for a contract to operate a resource center.
- 2. A county agency or a family care district applies for a contract but fails to meet the standards specified in sub. (3).
- (c) After the period specified in par. (a), the department may contract to operate a resource center with counties, family care districts, the governing body of a tribe or band or the Great Lakes inter-tribal council, inc., or under a joint application of any of these, or with a private nonprofit organization that is entirely separate from an entity that operates a care management organization.
- (3) Standards for operation. The department shall assure that at least all of the following are available to a person who contacts a resource center for service:
- (a) Information and referral services and other assistance at hours that are convenient for the public.
 - (b) A determination of functional eligibility for the family care benefit.
 - (c) Within the limits of available funding, prevention and intervention services.
 - (d) Counseling concerning public and private benefits programs.
- (e) A determination of financial eligibility and of the maximum amount of cost sharing required for a person who is seeking long-term care services, under standards prescribed by the department.

(f) Assistance to a person who is eligible for the family care benefit with respect
to the person's choice of whether or not to enroll in a care management organization
and, if so, which available care management organization would best meet his or her
needs.
(g) Assistance in enrolling in a care management organization for persons who
choose to enroll.
(h) Equitable assignment of priority on any necessary waiting lists, consistent
with criteria prescribed by the department, for persons who are eligible for the family
care benefit but who do not meet the criteria under s. 46.286 (3).
(i) Assessment of risk for each person who is on a waiting list, as described in
par. (h), development with the person of an interim plan of care and assistance to the
person in arranging for services.
(j) Transitional services to families whose children with physical or
developmental disabilities are preparing to enter the adult service system.
(k) A determination of eligibility for state supplemental payments under s.
49.77, medical assistance under s. 49.46, 49.468 or 49.47 or the federal food stamp
program under 7 USC 2011 to 2029.
(4) Duties. A resource center shall do all of the following:
(a) Provide services within the entire geographic area prescribed for the
resource center by the department.
(b) Submit to the department all reports and data required or requested by the
department.
(c) Implement internal quality improvement and quality assurance processes
that meet standards prescribed by the department.
(d) Cooperate with any review by an external advocacy organization.

- (e) Within 6 months after the family care benefit is available to all eligible persons in the area of the resource center, provide information about the services of the resource center, including the services specified in sub. (3) (d), about assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c) and about the family care benefit to all older persons and persons with a physical disability who are residents of nursing homes, community—based residential facilities, adult family homes and residential care apartment complexes in the area of the resource center.
- (f) Provide a functional and financial screen to any resident, as specified in par.(e), who requests a screen and assist any resident who is eligible and chooses to enroll in a care management organization to do so.
- (g) Provide a functional and financial screen to any person seeking admission to a nursing home, community—based residential facility, residential care apartment complex or adult family home if the secretary has certified that the resource center is available to the person and the facility.
- (h) Provide access to services under s. 46.90 and ch. 55 to a person who is eligible for the services, through cooperation with the county agency or agencies that provide the services.
- (i) Assure that emergency calls to the resource center are responded to promptly, 24 hours per day.
- (5) Funding. From the appropriation accounts under s. 20.435 (4) (bm) and (pa) and (7) (b), (bd) and (md), the department may contract with organizations that meet standards under sub. (3) for performance of the duties under sub. (4) and shall distribute funds for services provided by resource centers.
- (6) GOVERNING BOARD. A resource center shall have a governing board that reflects the ethnic and economic diversity of the geographic area served by the

resource center. At least one-fourth of the members of the governing board shall be
older persons or persons with physical or developmental disabilities or their family
members, guardians or other advocates.
(7) EXCHANGE OF INFORMATION. Notwithstanding ss. 48.78 (2) (a), 49.45 (4),

- (7) EXCHANGE OF INFORMATION. Notwithstanding SS. 46.78 (2) (a), 49.43 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a), a resource center acting under this section may exchange confidential information about a client, as defined in s. 46.287 (1), without the informed consent of the client, under s. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm), 46.23 (3) (e), 46.284 (7), 46.2895 (10), 51.42 (3) (e) or 51.437 (4r) (b) in the county of the resource center, if necessary to enable the resource center to perform its duties or to coordinate the delivery of services to the client.
 - *-0030/2.61* SECTION 1075. 46.284 of the statutes is created to read:
- 46.284 Care management organizations. (1) APPLICATION FOR CONTRACT.

 (a) A county board of supervisors and, in a county with a county executive or a county administrator, the county executive or county administrator, may decide all of the following:
- 1. Whether to authorize one or more county departments under s. 46.21, 46.215, 46.22 or 46.23 or an aging unit under s. 46.82 (1) (a) 1. or 2. to apply to the department for a contract to operate a care management organization and, if so, which to authorize and what client group to serve.
- 2. Whether to create a family care district to apply to the department for a contract to operate a care management organization.
- (b) The governing body of a tribe or band or of the Great Lakes inter-tribal council, inc., may decide whether to authorize a tribal agency to apply to the

department for a contract to operate a care management organization for tribal members and, if so, which client group to serve.

- (c) Under the requirements of par. (a), a county board of supervisors may decide to apply to the department for a contract to operate a multicounty care management organization in conjunction with the county board or boards of one or more other counties or a county—tribal care management organization in conjunction with the governing body of a tribe or band or the Great Lakes inter—tribal council, inc.
- (d) Under the requirements of par. (b), the governing body of a tribe or band may decide to apply to the department for a contract to operate a care management organization in conjunction with the governing body or governing bodies of one or more other tribes or bands or the Great Lakes inter-tribal council, inc., or with a county board of supervisors.
- (2) Contracts. (a) The department may contract for operation of a care management organization only with an entity that is certified as meeting the requirements under sub. (3). No entity may operate as a care management organization under the requirements of this section unless so certified and under contract with the department.
- (b) Within each county, the department shall initially contract to operate a care management organization with the county or a family care district if the county elects to operate a care management organization and the care management organization meets the requirements of sub. (3) and performance standards prescribed by the department. A county that contracts under this paragraph may operate the care management organization for all of the target groups or for a selected group or groups. During the first 24 months in which the county has a contract under which it accepts a per person per month payment for each enrollee

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1	in the care management organization, the department may not contract with
2	another organization to operate a care management organization in the county
3	unless any of the following applies:
4	1. The county agrees in writing that at least one additional care management
5	organization is necessary or desirable.
6	2. The county does not have the capacity to serve all county residents who are
7	entitled to the family care benefit in the client group or groups that the county serves
8	and cannot develop the capacity.
9	3. The governing body of a tribe or band or the Great Lakes inter-tribal council,
10	inc., elects to operate a care management organization within the area and is
11	certified under sub. (3).
12	(c) For contracts following the initial contracts specified in par. (b), the
13	department shall, after consulting with the council on long-term care, prescribe
14	criteria to determine the number of care management organizations that are
15	necessary for operation in a county. Under these criteria, the department shall solicit
16	applications, certify those applicants that meet the requirements specified in sub. (3)
17	(a), select certified applicants for contract and contract with the selected applicants.
18	(3) CERTIFICATION; REQUIREMENTS. (a) If an entity meets the requirements
19	under par. (b) and applicable rules of the department and submits to the department
20	an application for initial certification or certification renewal, the department shall
21	certify that the entity meets the requirements for a care management organization.

(b) To be certified as a care management organization, an applicant shall

1. Adequate availability of providers with the expertise and ability to provide

services that are responsive to the disabilities or conditions of all of the applicant's

demonstrate or ensure all of the following:

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proposed enrollees and sufficient representation of programmatic philosophies and
cultural orientations to accommodate a variety of enrollee preferences and needs.

- 2. Adequate availability of providers that can meet the preferences and needs of its proposed service recipients for services at various times, including evenings, weekends and, when applicable, on a 24-hour basis.
- 3. Adequate availability of providers that are able and willing to perform all of the tasks that are likely to be identified in proposed enrollees' service and care plans.
- 4. Adequate availability of residential and day services that are geographically accessible to proposed enrollees' homes, families or friends.
- 5. Adequate supported living arrangements of the types and sizes that meet proposed enrollees' preference and needs.
- 6. Expertise in determining and meeting the needs of every target population that the applicant proposes to serve and connections to the appropriate service providers.
 - $7.\ Thorough \ knowledge\ of\ local\ long-term\ care\ and\ other\ community\ resources.$
- 8. The ability to manage and deliver, either directly or through subcontracts or partnerships with other organizations, the full range of benefits to be included in the monthly payment amount.
- 9. Thorough knowledge of methods for maximizing informal caregivers and community resources and integrating them into a service or care plan.
 - 10. Coverage for a geographic area specified by the department.
- 23 11. The ability to develop strong linkages with systems and services that are not directly within the scope of the applicant's responsibility but that are important

to the target group that it proposes to serve, including primary and a	cute health care
services.	

- 12. Adequate and competent staffing by qualified personnel to perform all of the functions that the applicant proposes to undertake.
- (4) Duties. A care management organization shall, in addition to meeting all contract requirements, do all of the following:
- (a) Accept requested enrollment of any person who is entitled to the family care benefit and of any person who is eligible for the family care benefit and for whom funding is available. No care management organization may disenroll any enrollee, except under circumstances specified by the department by contract. No care management organization may encourage any enrollee to disenroll in order to obtain long—term care services under the medical assistance fee—for—service system. No involuntary disenrollment is effective unless the department has reviewed and approved it.
- (b) Conduct a comprehensive assessment for each enrollee, including an in-person interview with the enrollee, using a standard format developed by the department.
- (c) With the enrollee and the enrollee's family or guardian, if appropriate, develop a comprehensive care plan that reflects the enrollee's values and preferences.
- (d) Provide or contract for the provision of necessary services and monitor the provided or contracted services.
- (e) Provide, within guidelines established by the department, a mechanism by which an enrollee may arrange for, manage and monitor his or her family care benefit directly or with the assistance of another person chosen by the enrollee. The care

management organization shall monitor the enrollee's use of a fixed budget for purchase of services or support items from any qualified provider, monitor the health and safety of the enrollee and provide assistance in management of the enrollee's budget and services at a level tailored to the enrollee's need and desire for the assistance.

- (f) Provide, on a fee-for-service basis, case management services to persons who are functionally eligible but not financially eligible for the family care benefit.
- (g) Meet all performance standards required by the federal government or promulgated by the department by rule.
- (h) Submit to the department reports and data required or requested by the department.
- (i) Implement internal quality improvement and assurance processes that meet standards prescribed by the department by rule.
 - (j) Cooperate with external quality assurance reviews.
 - (k) Meet departmental requirements for protection of solvency.
- (L) Annually submit to the department an independent financial audit that meets federal requirements.
- (5) Funding and Risk-sharing. (a) From the appropriation accounts under s. 20.435 (4) (b), (g) and (o) and (7) (b) and (bd), the department shall provide funding on a capitated payment basis for the provision of services under this section. Notwithstanding s. 46.036 (3) and (5m), a care management organization that is under contract with the department may expend the funds, consistent with this section, including providing payment, on a capitated basis, to providers of services under the family care benefit.

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(b) If the expenditures by a care management organization under par. (a)
exceed payments received from the department under par. (a), as determined by the
department by contract, the department may share the loss with the care
management organization, within the limits prescribed under the contract with the
department.
(c) If the payments received from the department under par. (a) exceed the
the state of the s

- (c) If the payments received from the department under par. (a) exceed the expenditures by a care management organization under par. (a), as determined by the department by contract, the care management organization may retain a portion of the excess payments, within the limits prescribed under the contract with the department, and shall return the remainder to the department.
- (d) The department may, by contract, impose solvency protections that the department determines are reasonable and necessary to retain federal financial participation. These protections may include all of the following:
- 1. The requirement that a care management organization segregate a risk reserve from other funds of the care management organization or the authorizing body for the care management organization.
- 2. The requirement that interest accruing to the risk reserve remain in the escrow account for the risk reserve.
 - 3. Limitations on the distribution of funds from the risk reserve.
- 4. The requirement that a care management organization place funds in a risk reserve and maintain the risk reserve in an interest-bearing escrow account with a financial institution, as defined in s. 69.30 (1) (b), or invest funds as specified in s. 46.2895 (4) (j) 2. or 3. Moneys in the risk reserve or invested as specified in this subdivision may be expended only for the provision of services under this section. If a care management organization ceases participation under this section, the funds

in the risk reserve or invested as specified in this subdivision, minus any contribution of moneys other than those specified in par. (c), shall be returned to the

- department. The department shall expend the moneys for the payment of outstanding debts to providers of family care benefit services and for the continuation of family care benefit services to enrollees.
 - (e) 1. Subject to subd. 2., a care management organization may enter into contracts with providers of family care benefit services and may limit profits of the providers under the contracts.
 - 2. The department shall review the contracts in subd. 1., including rates for the provision of service, to ensure that the contract terms protect services access by enrollees and financial viability of the care management organization, and may require contract revision.
 - (6) GOVERNING BOARD. A care management organization shall have a governing board that reflects the ethnic and economic diversity of the geographic area served by the care management organization. At least one—fourth of the members of the governing board shall be older persons or persons with physical or developmental disabilities or their family members, guardians or other advocates who are representative of the care management organization's enrollee.
 - (7) EXCHANGE OF INFORMATION. Notwithstanding ss. 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a), a care management organization acting under this section may exchange confidential information about a client, as defined in s. 46.287 (1), without the informed consent of the client, under s. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm), 46.23 (3) (e), 46.283 (7), 46.2895 (10), 51.42 (3) (e) or 51.437 (4r) (b) in the county of the care management organization, if necessary to enable the care management

organization	to perform	its	duties	or to	coordinate	the	delivery	of	services	to	the
client.	,						4				

-0030/2.62 SECTION 1076. 46.284 (2) (c) of the statutes, as created by 1999 Wisconsin Act (this act), is amended to read:

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

-0030/2.63 Section 1077. 46.285 of the statutes is created to read:

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

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

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- management organization, the county board of supervisors may create a family care district to apply to the department to operate a resource center.
 - (2) Tribal or band organization. (a) If the governing body of a tribe or band elects to apply to the department for a contract directly to operate a resource center, tribal or band members may form a separate corporation to apply to the department for a contract to operate a care management organization. No members of the governing board of the corporation may be members of the tribal or band governing body.
 - (b) If the governing body of a tribe or band elects to apply to the department for a contract directly to operate a care management organization, tribal or band members may form a separate corporation to apply to the department for a contract to operate a resource center. No members of the governing board of the corporation may be members of the tribal or band governing body.
 - (3) Joint county and tribal or band operation. Any county or family care district that seeks to operate jointly with a tribe or band or tribal or band corporation a care management organization or resource center shall submit jointly with the tribe or band or tribal or band corporation an application to the department to operate the care management organization or resource center.

-0030/2.64 Section 1078. 46.286 of the statutes is created to read:

46.286 Family care benefit. (1) ELIGIBILITY. Except as provided in sub. (1m), a person is eligible for, but not necessarily entitled to, the family care benefit if the person is at least 18 years of age; does not have a primary disabling condition of mental illness, substance abuse or developmental disability; and meets all of the following criteria:

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apply:

(a) Functional eligibility. A person is functionally eligible if any of the following applies, as determined by the department or its designee: 1. The person's functional capacity is at either of the following levels: a. The comprehensive level, if the person has a long-term or irreversible condition, expected to last at least 90 days or result in death within one year of the date of application, and requires ongoing care, assistance or supervision. b. The intermediate level, if the person has a condition that is expected to last at least 90 days or result in death within 12 months after the date of application, and is at risk of losing his or her independence or functional capacity unless he or she receives assistance from others. 2. The person has a condition that is expected to last at least 90 days or result in death within 12 months after the date of application and, on the date that the family care benefit became available in the person's county of residence, the person was a resident in a nursing home or was receiving long-term care services, as specified by the department, funded under any of the following: a. The long-term support community options program under s. 46.27. b. Home and community-based waiver programs under 42 USC 1396n (c), including community integration program under s. 46.275, 46.277 or 46.278. c. The Alzheimer's family caregiver support program under s. 46.87. d. Community aids under s. 46.40, if documented by the county under a method prescribed by the department. e. County funding, if documented by the county under a method prescribed by the department. (b) Financial eligibility. A person is financially eligible if all of the following

- 1. As determined by the department or its designee, either of the following applies:
- a. The person would qualify for medical assistance except for financial criteria, and the projected cost of the person's care plan, as calculated by the department or its designee, exceeds the person's gross monthly income, plus one—twelfth of his or her countable assets, less deductions and allowances permitted by rule by the department.
 - b. The person is eligible under ch. 49 for medical assistance.
- 2. If subd. 1. b. applies, the person accepts medical assistance unless he or she is exempt from the acceptance under rules promulgated by the department.
- (1m) ELIGIBILITY EXCEPTION. A person whose primary disabling condition is developmental disability is eligible for the family care benefit if the person is a resident of a county or is a member of a tribe or band that has operated, before July 1, 2001, a care management organization under s. 46.281(1)(d) and meets all other eligibility criteria under this subsection.
- (2) Cost sharing. (a) A person who is determined to be financially eligible under sub. (1) (b) shall contribute to the cost of his or her care an amount that is calculated by the department or its designee after subtracting from the person's gross income, plus one—twelfth of countable assets, the deductions and allowances permitted by the department by rule.
- (b) Funds received under par. (a) shall be used by a care management organization to pay for services under the family care benefit.
- (c) A person who is required to contribute to the cost of his or her care but who fails to make the required contributions is ineligible for the family care benefit unless

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- he or she is exempt from the requirement under rules promulgated by the department.
 - (3) ENTITLEMENT. (a) Subject to pars. (c) and (d), a person is entitled to and may receive the family care benefit through enrollment in a care management organization if he or she meets the requirements of sub. (1) (intro.), is financially eligible, fulfills any applicable cost—sharing requirements and meets any of the following criteria:
 - 1. Is functionally eligible at the comprehensive level.
- 9 2. Is functionally eligible at the intermediate level and is eligible under sub. (1) 10 (b) 1. b.
 - 3. Is functionally eligible at the intermediate level and is determined by an agency under s. 46.90(2) or specified in s. 55.05(1t) to be in need of protective services under s. 55.05 or protective placement under s. 55.06.
 - 4. Is functionally eligible under sub. (1) (a) 2.
 - 5. Is eligible under sub. (1m).
 - (b) An entitled individual who is enrolled in a care management organization may not be involuntarily disenrolled except as follows:
 - 1. For cause, subject to the requirements of s. 46.284 (4) (a).
 - 2. If the contract between the care management organization and the department is canceled or not renewed. If this circumstance occurs, the department shall assure that enrollees continue to receive needed services through another care management organization or through the medical assistance fee–for–service system or any of the programs specified under sub. (1) (a) 2. a. to d.
 - (c) Within each county and for each client group, par. (a) shall first apply on the effective date of a contract under which a care management organization accepts a

per person per month payment to provide services under the family care benefit to eligible persons in that client group in the county. Within 24 months after this date, the department shall assure that sufficient capacity exists within one or more care management organizations to provide the family care benefit to all entitled persons in that client group in the county.

- (d) The department shall determine the date, which shall not be later than July 1, 2000, on which par. (a) shall first apply to persons who are not eligible for medical assistance under ch. 49.
- (4) DIVESTMENT; RULES. The department shall promulgate rules relating to prohibitions on divestment of assets of persons who receive the family care benefit, that are substantially similar to applicable provisions under s. 49.453.
- (5) TREATMENT OF TRUST AMOUNTS; RULES. The department shall promulgate rules relating to treatment of trust amounts of persons who receive the family care benefit, that are substantially similar to applicable provisions under s. 49.454.
- (6) PROTECTION OF INCOME AND RESOURCES OF COUPLE FOR MAINTENANCE OF COMMUNITY SPOUSE; RULES. The department shall promulgate rules relating to protection of income and resources of couples for the maintenance of the spouse in the community with regard to persons who receive the family care benefit, that are substantially similar to applicable provisions under s. 49.455.
- (7) Recovery of family care benefit payments; rules. The department shall promulgate rules relating to the recovery from persons who receive the family care benefit, including by liens and from estates, of correctly paid family care benefits, that are substantially similar to applicable provisions under ss. 49.496 and 49.497.

-0030/2.65 Section 1079. 46.287 of the statutes is created to read:

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1	46.287 Hearings. (1) Definition. In this section, "client" means a person
2	applying for eligibility for the family care benefit, an eligible person or an enrollee.
3	(2) HEARING. (a) 1. Except as provided in subd. 2., a client may contest any of
4	the following applicable matters by filing, within 45 days after receipt of notice of the
5	contested matter, a written request for a hearing that shall be held under procedures
6	for hearing these disputes that are prescribed by the department by rule:
7	a. Denial of eligibility under s. 46.286 (1) or (1m).
8	b. Determination of cost sharing under s. 46.286 (2).
9	c. Denial of entitlement under s. 46.286 (3).
10	d. Failure to provide timely services and support items that are included in the
11	plan of care.
12	e. Reduction of services or support items under the family care benefit.
13	f. Development of a plan of care that is unacceptable because the plan of care
14	requires the enrollee to live in a place that is unacceptable to the enrollee or the plan
15	of care provides care, treatment or support items that are insufficient to meet the
16	enrollee's needs, are unnecessarily restrictive or are unwanted by the enrollee.
17	g. Termination of the family care benefit.
18	2. An applicant for or recipient of medical assistance is not entitled to a hearing
19	concerning the identical dispute or matter under both this section and 42 CFR
20	431.200 to 431.246.
21	(b) An enrollee may contest a decision of a care management organization
22	regarding the type, amount or quality of the enrollee's services under the family care
23	benefit, other than those specified in par. (a) 1. d. to f., or may contest the choice of

service provider. In these instances, the enrollee shall first send a written request

for review by the unit of the department that monitors care management

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organization contracts. This unit shall review and attempt to resolve the dispute. If the dispute is not resolved to the satisfaction of the enrollee, he or she may request a hearing under the procedures specified in par. (a) 1. (intro.).

- (c) Information regarding the availability of advocacy services and notice of adverse actions taken and appeal rights shall be provided to a client by the resource center or care management organization in a form and manner that is prescribed by the department by rule.
 - *-0030/2.66* Section 1080. 46.288 of the statutes is created to read:
- **46.288 Rule-making.** The department shall promulgate as rules all of the following:
- (1) Standards for performance by resource centers and for certification of care management organizations, including requirements for maintaining quality assurance and quality improvement.
- (2) Rights of clients, eligible persons and enrollees that are specified in s. 46.287.
- (3) Criteria and procedures for determining functional eligibility under s. 46.286(1)(a), financial eligibility under s. 46.286(1)(b), cost sharing under s. 46.286(2)(a) and entitlement under s. 46.286(3). The rules for determining functional eligibility under s. 46.286(1)(a) 1. a. shall be substantially similar to eligibility criteria for receipt of the long-term support community options program under s. 46.27. Rules under this subsection shall include definitions of the following terms applicable to s. 46.286:
 - (a) "Primary disabling condition".
 - (b) "Mental illness".
- 25 (c) "Substance abuse".

1	(d) "Long-term or irreversible".
2	(e) "Requires ongoing care, assistance or supervision".
3	(f) "Condition that is expected to last at least 90 days or result in death within
4	one year".
5	(g) "At risk of losing independence or functional capacity".
6	(h) "Gross monthly income".
7	(i) "Deductions and allowances".
8	(j) "Countable assets".
9	(4) Procedures and standards for procedures for s. 46.287 (2).
10	*-0030/2.67* Section 1081. 46.289 of the statutes is created to read:
11	46.289 Transition. In order to facilitate the transition to the long-term care
12	system specified in ss. 46.2805 to 46.2895, within the limits of applicable federal
13	statutes and regulations and if the secretary of health and family services finds it
14	necessary, he or she may grant a county limited waivers to or exemptions from ss.
15	46.27 (3) (e) (intro.), 1. and 2. and (f), (5) (d) and (e), (6) (a) 1., 2. and 3. and (b) (intro.),
16	1. and 2., (6r) (c), (7) (b), (cj) and (cm) and (11) (c) 5m. (intro.) and 6. and 46.277 (3)
17	(a), (4) (a) and (5) (d) 1m., 1n. and 2. and rules promulgated under those provisions.
18	*-0030/2.68* Section 1082. 46.2895 of the statutes is created to read:
19	46.2895 Family care district. (1) CREATION. (a) A county board of
20	supervisors may create a special purpose district that is termed a "family care
21	district", that is a local unit of government, that is separate and distinct from, and
22	independent of, the state and the county, and that has the powers and duties
23	specified in this section, if the county board does all of the following:
24	1. Adopts an enabling resolution that does all of the following:
25	a. Declares the need for establishing the family care district.

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- b. Specifies the family care district's primary purpose, which shall be to operate, under contract with the department, either a resource center under s. 46.283 or a care management organization under s. 46.284, but not both.
 - 2. Files copies of the enabling resolution with the secretary of administration, the secretary of health and family services and the secretary of revenue.
 - (b) The county boards of supervisors of 2 or more contiguous counties may together create a family care district with the attributes specified in par. (a) (intro.) on a multicounty basis within the counties if the county boards of supervisors comply with the requirements of par. (a) 1. and 2.
 - (2) JURISDICTION. A family care district's jurisdiction is the geographical area of the county or counties of the county board or boards of supervisors who created the family care district.
 - (3) Family care district board. (a) 1. The county board of supervisors of a county or, in a county with a county administrator or county executive, the county administrator or county executive shall appoint the members of the family care district board, which is the governing board of a family care district under sub. (1) (a).
 - 2. The county boards of supervisors of 2 or more contiguous counties shall appoint the members of the family care district board, which is the governing board of the family care district under sub. (1) (b). Each county board shall appoint members in the same proportion that the county's population represents to the total population of all of the counties that constitute the jurisdiction of the family care district.
 - (b) 1. The family care district board appointed under par. (a) 1. shall consist of 15 persons who are residents of the area of jurisdiction of the family care district.

- At least one-fourth of the members shall be representative of the client group or groups whom it is the family care district's primary purpose to serve or those clients' family members, guardians or other advocates.
 - 2. The family care district board appointed under par. (a) 2. shall consist of 15 persons, plus one additional member for each county in excess of 2, all of whom are residents of the area of jurisdiction of the family care district. At least one-fourth of the members shall be representative of the client group or groups whom it is the family care district's primary purpose to serve or those clients' family members, guardians or other advocates.
 - 3. Membership of the family care district board under subd. 1. or 2. shall reflect the ethnic and economic diversity of the area of jurisdiction of the family care district. No member of the board may be an elected or appointed official or an employe of the county or counties that created the family care district. No member of the board may have a private financial interest in or profit directly or indirectly from any contract or other business of the family care district.
 - (c) The members of the family care district board appointed under par. (a) shall serve 3-year terms. No member may serve more than 2 consecutive terms. Of the members first appointed, 5 shall be appointed for 3 years; 5 shall be appointed for 4 years; and 5 or, in the case of a board appointed under par. (b) 2., the remainder, shall be appointed for 5 years. A member shall serve until his or her successor is appointed.
 - (d) As soon as possible after the appointment of the initial members of the family care district board, the board shall organize for the transaction of business and elect a chairperson and other necessary officers. Each chairperson shall be elected by the board from time to time for the term of that chairperson's office as a

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- member of the board or for the term of 3 years, whichever is shorter, and shall be eligible for reelection. A majority of the board shall constitute a quorum. The board may act based on the affirmative vote of a majority of a quorum.
 - (4) Powers. Subject to sub. (1) (a) 1. b., a family care district has all the powers necessary or convenient to carry out the purposes and provisions of ss. 46.2805 to 46.2895. In addition to all these powers, a family care district may do all of the following:
 - (a) Adopt and alter, at pleasure, an official seal.
 - (b) Adopt bylaws and policies and procedures for the regulation of its affairs and the conduct of its business. The bylaws, policies and procedures shall be consistent with ss. 46.2085 to 46.2895 and, if the family care district contracts with the department under par. (d), with the terms of that contract.
 - (c) Sue and be sued.
 - (d) Negotiate and enter into leases or contracts, including a contract with the department to operate either a resource center under s. 46.283 or a care management organization under s. 46.284, but not both.
 - (e) Provide services related to services available under the family care benefit, to older persons and persons with disabilities, in addition to the services funded under the contract with the department that is specified under par. (d).
 - (f) Acquire, construct, equip, maintain, improve or manage a resource center under s. 46.283 or a care management organization under s. 46.284, but not both.
 - (g) Subject to sub. (8), employ any agent, employe or special adviser that the family care district finds necessary, fix and regulate his or her compensation and provide, either directly or subject to an agreement under s. 66.30 as a participant in

1	a benefit plan of another governmental entity, any employe benefits, including an
2	employe pension plan.
3	(h) Mortgage, pledge or otherwise encumber the family care district's property
4	or funds.
5	(i) Buy, sell or lease property, including real estate, and maintain or dispose of
6	the property.
7	(j) Invest any funds not required for immediate disbursement in any of the
8	following:
9	1. An interest-bearing escrow account with a financial institution, as defined
10	in s. 69.30 (1) (b).
11	2. Time deposits in any financial institution, as defined in s. $69.30(1)(b)$, if the
12	time deposits mature in not more than 2 years.
13	3. Bonds or securities issued or guaranteed as to principal and interest by the
14	federal government or by a commission, board or other instrumentality of the federal
15	government.
16	(k) Create a risk reserve or other special reserve as the family care district
17	board desires or as the department requires under the contract with the department
18	that is specified under par. (d).
19	(L) Accept aid, including loans, to accomplish the purpose of the family care
20	district from any local, state or federal governmental agency or accept gifts, loans,
21	grants or bequests from individuals or entities, if the conditions under which the aid,
22	loan, gift, grant or bequest is furnished are not in conflict with this section.
23	(m) Make and execute other instruments necessary or convenient to exercise
24	the powers of the family care district.

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(5) Limitation on powers.	A family care district may not issue bonds or levy
a tax or assessment.	

- (6) DUTIES. The family care district board shall do all of the following:
- (a) Appoint a director, who shall hold office at the pleasure of the board.
- (b) Subject to sub. (8), develop and implement a personnel structure and other employment policies for employes of the family care district.
- (c) Assure compliance with the terms of any contract with the department under sub. (4) (d).
- (d) Establish a fiscal operating year and annually adopt a budget for the family care district.
 - (e) Contract for any legal services required for the family care district.
- (f) Subject to sub. (8), procure liability insurance covering its officers, employes and agents, insurance against any loss in connection with its property and other assets and other necessary insurance; establish and administer a plan of self-insurance; or, subject to an agreement under s. 66.30, participate in a governmental plan of insurance or self-insurance.
- (7) DIRECTOR; DUTIES. The director appointed under sub. (6) (a) shall do all of the following:
- (a) Manage the property and business of the family care district and manage the employes of the district, subject to the general control of the family care district board.
- (b) Comply with the bylaws and direct enforcement of all policies and procedures adopted by the family care district board.
- 24 (c) Perform duties in addition to those specified in pars. (a) and (b) as are prescribed by the family care district board.

- (8) EMPLOYMENT AND EMPLOYE BENEFITS OF CERTAIN EMPLOYES. (a) A family care district board shall do all of the following:
- 1. If the family care district offers employment to any individual who was previously employed by the county, who while employed by the county performed duties relating to the same or a substantially similar function for which the individual is offered employment by the district and whose wages, hours and conditions of employment were established in a collective bargaining agreement with the county under subch. IV of ch. 111 that is in effect on the date that the individual commences employment with the district, with respect to that individual, abide by the terms of the collective bargaining agreement concerning the individual's compensation and benefits until the time of the expiration of that collective bargaining agreement or adoption of a collective bargaining agreement with the district under subch. IV of ch. 111 covering the individual as an employe of the district, whichever occurs first.
- 2. If the family care district offers employment to any individual who was previously employed by the county and who while employed by the county performed duties relating to the same or a substantially similar function for which the individual is offered employment by the district, but whose wages, hours and conditions of employment were not established in a collective bargaining agreement with the county under subch. IV of ch. 111 that is in effect on the date the individual commences employment with the district, with respect to that individual, initially provide that individual the same compensation and benefits that he or she received while employed by the county.
- 3. If the family care district offers employment to any individual who was previously employed by the county and who while employed by the county performed

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duties relating to the same or a substantially similar function for which the individual is offered employment by the district, with respect to that individual, recognize all years of service with the county for any benefit provided or program operated by the district for which an employe's years of service may affect the provision of the benefit or the operation of the program.

- 4. If the county has not established its own retirement system for county employes, adopt a resolution that the family care district be included within the provisions of the Wisconsin retirement system under s. 40.21 (1). In this resolution, the family care district shall agree to recognize 100% of the prior creditable service of its employes earned by the employes while employed by the district.
- (b) The county board of supervisors of the area of jurisdiction of the family care district shall do all of the following:
- 1. If the county has established its own retirement system for county employes, provide that family care district employes are eligible to participate in the county retirement system.
- 2. Provide that, subject to the terms of any applicable collective bargaining agreement as provided in par. (a) 1., family care district employes are eligible to receive health care coverage under any county health insurance plan that is offered to county employes.
- 3. Provide that, subject to the terms of any applicable collective bargaining agreement as provided in par. (a) 1., family care district employes are eligible to participate in any deferred compensation or other benefit plan offered by the county to county employes, including disability and long-term care insurance coverage and income continuation insurance coverage.

- (9) Confidentiality of Records. No record, as defined in s. 19.32 (2), of a family care district that contains personally identifiable information, as defined in s. 19.62 (5), concerning an individual who receives services from the family care district may be disclosed by the family care district without the individual's informed consent, except as required to comply with s. 16.009 (2) (p) or 49.45 (4).
- (10) EXCHANGE OF INFORMATION. Notwithstanding sub. (9) and ss. 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a), a family care district acting under this section may exchange confidential information about a client, as defined in s. 46.287 (1), without the informed consent of the client, under s. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm), 46.23 (3) (e), 46.283 (7), 46.284 (7), 51.42 (3) (e) or 51.437 (4r) (b) in the jurisdiction of the family care district, if necessary to enable the family care district to perform its duties or to coordinate the delivery of services to the client.
- (11) Obligations and debts of the family care district are not the obligations or debts of the county that created the family care district.
- (12) Assistance to family care district. From moneys in the county treasury that are not appropriated to some other purpose, the county board of supervisors under sub. (1) (a) or the county boards of supervisors under sub. (1) (b) may appropriate moneys to the family care district as a gift or may lend moneys to the family care district.
- (13) DISSOLUTION. Subject to the performance of the contractual obligations of a family care district and if first approved by the secretary of the department, the family care district may be dissolved by the joint action of the family care district board and county board of supervisors under sub. (1) (a) or the county boards of

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supervisors under sub. (1) (b) that created the family care district. If the family care
district is dissolved, the property of the district shall be transferred to the county
board of supervisors that created the family care district except as follows:

- (a) If the family care district was created under sub. (1) (b), the county boards of supervisors shall agree on the apportioning of the family care district's property before the district may be dissolved.
- (b) If the family care district operates a care management organization under
 s. 46.284, disposition of any remaining funds in the risk reserve under s. 46.284 (5)
 (e) shall be made under the terms of the district's contract with the department.
- *-0027/5.20* SECTION 1083. 46.29 (1) (intro.) of the statutes is amended to read:
- 46.29 (1) (intro.) From the appropriation under s. 20.435 (6) (d) (a), the department shall allocate up to \$10,000 in each fiscal year for operation of the council on physical disabilities. The council on physical disabilities shall do all of the following:

-0275/5.1 SECTION 1084. 46.40 (1) (a) of the statutes is amended to read:

46.40 (1) (a) Within the limits of available federal funds and of the appropriations under s. 20.435 (3) (o) and (7) (b), (kw), (kz) and (o), the department shall distribute funds for community social, mental health, developmental disabilities and alcohol and other drug abuse services and for services under ss. 46.51, 46.87, 46.985 and 51.421 to county departments under ss. 46.215, 46.22, 46.23, 51.42 and 51.437 and to county aging units, as provided in subs. (2), (2m) and (7) to (8) (9).

-0271/4.4 Section 1085. 46.40(1) (bm) of the statutes is created to read:

46.40 (1) (bm) If the department receives any federal moneys under 42 USC
1396 to 1397e in reimbursement of moneys distributed under par. (a) to counties
having a population of less than 500,000 for the provision of case management
services for a child who is a recipient of medical assistance, the department shall
distribute those federal moneys under sub. (2) to counties having a population of less
than 500,000.
-0275/5.2 Section 1086. 46.40 (2) of the statutes is amended to read:
46.40 (2) Basic county allocation. For Subject to sub. (9), for social services
under s. 46.495 (1) (d) and services under s. 51.423 (2), the department shall
distribute not more than \$285,081,000 \$277,177,800 for fiscal year 1997-98
1999-2000 and \$284,948,500 \$279,462,400 for fiscal year 1998-99 2000-01. Of
those amounts, the department shall distribute not more than \$4,500,000 in each
fiscal year, as provided in s. 46.495 (3), based on performance standards developed
under s. 46.47 and incorporated into the contracts under s. 46.031 (2g).
-0275/5.3 Section 1087. 46.40 (2m) (a) of the statutes is amended to read:
46.40 (2m) (a) Prevention and treatment of substance abuse. For prevention
and treatment of substance abuse under 42 USC 300x-21 to 300x-35, the
department shall distribute not more than \$10,493,900 in fiscal year 1997-98 and
not more than \$10,224,100 in fiscal year 1998-99 \$11,318,600 in each fiscal year.
-0275/5.4 Section 1088. 46.40 (8) of the statutes is amended to read:
46.40 (8) Alzheimer's family and caregiver support allocation. For Subject

fiscal year.

-0275/5.5 Section 1089. 46.40 (9) of the statutes is created to read:

to sub. (9), for services to persons with Alzheimer's disease and their caregivers

under s. 46.87, the department shall distribute not more than \$1,877,000 for each

46.40 (9) Transfer or adjustment of community aids allocations. (a)									
Transfer to family care program and adult protective services allocation. If a care									
management organization under s. 46.285 is available in a county, the department									
may dispose of the amount allocated under sub. (8) to that county and not more than									
21.3% of the amount allocated under sub. (2) to that county as follows:									

- 1. By transferring a portion of those amounts, as determined by the department, to the family care program to fund the services of resource centers under s. 46.283 (5) and the services of care management organizations under s. 46.284 (4).
- 2. By transferring a portion of those amounts, as determined by the department, to the county's adult protective services allocation under par. (b).
- (b) Adult protective services allocation. For adult protective services, the department shall distribute the amounts transferred under par. (a) 2. in each fiscal year.
- (c) Adjustment for medical assistance by-in program. If a former recipient of services funded under the allocation under sub. (2) is a participant in the medical assistance buy-in program under s. 49.472, the department may decrease that allocation by the amount that the department estimates it will incur in providing services to that participant under s. 49.472.

-0271/4.5 Section 1090. 46.45 (2) (a) of the statutes is amended to read:

46.45 (2) (a) If on December 31 of any year there remains unspent or unencumbered in the allocation under s. 46.40 (2) an amount that exceeds the combined amount received under 42 USC 670 to 679a and 42 USC 1396 to 1397e and allocated distributed under s. 46.40 (2) in that year, the department shall carry forward the excess moneys and distribute not less than 50% of the excess moneys to counties having a population of less than 500,000 for services and projects to assist

children and families, notwithstanding the percentage limit specified in sub. (3) (a).
A county shall use not less than 50% of the moneys distributed to the county under
this subsection for services for children who are at risk of abuse or neglect to prevent
the need for child abuse and neglect intervention services.

-0274/2.3 SECTION 1091. 46.45 (2) (a) of the statutes, as affected by 1999 Wisconsin Act (this act), is repealed and recreated to read:

unencumbered in the allocation under s. 46.40 (2) an amount that exceeds the combined amount received under 42 USC 670 to 679a and 42 USC 1396 to 1397e and distributed under s. 46.40 (2) in that year, the department shall carry forward the excess moneys and distribute not less than 50% of the excess moneys to counties having a population of less than 500,000 that are making a good faith effort, as determined by the department, to comply with s. 46.22 (1) (c) 8. f. for services and projects to assist children and families. A county shall use not less than 50% of the moneys distributed to the county under this paragraph for services for children who are at risk of abuse or neglect to prevent the need for child abuse and neglect intervention services. If a county does not comply with s. 46.22 (1) (c) 8. f. before July 1, 2006, the department may recover any amounts distributed to that county under this paragraph after June 30, 2001, by billing the county or deducting from that county's allocation under s. 46.40 (2).

-0275/5.6 Section 1092. 46.47 of the statutes is amended to read:

46.47 Community aids performance standards. The department, after consultation with the department of administration and with county departments under ss. 46.215, 46.22, 46.23, 51.42 and 51.437, shall develop performance standards for services funded by community aids funds allocated under s. 46.40. The

1	department shall implement incorporate the performance standards no later than
2	July 1, 1996 into all contracts under s. 46.031 (2g) that cover contract periods
3	beginning on or after January 1, 2000.
4	*-0027/5.21* Section 1093. $46.48(3)$ of the statutes is renumbered $46.481(1)$.
5	*-0277/4.4* Section 1094. 46.48 (6) of the statutes is amended to read:
6	46.48 (6) Career youth development center. The department shall distribute
7	\$110,000 \$80,000 in each fiscal year to the career youth development center in the
8	city of Milwaukee. Of these amounts, \$80,000 shall be distributed in each fiscal year
9	for the operation of a minority youth substance abuse treatment program and
10	\$30,000 shall be distributed in each fiscal year for drug prevention programs for high
11	school athletes in the Milwaukee public school system.
12	*-0027/5.22* Section 1095. 46.48 (9) of the statutes is renumbered 46.481 (2).
13	*-0320/3.2* Section 1096. 46.48 (27) of the statutes is renumbered 46.481 (3)
14	and amended to read:
15	46.481 (3) Grants to Runaway programs. The department shall distribute
16	\$100,000 \$50,000 in each fiscal year as grants to programs that provide services for
17	runaways runaway children.
18	*-0027/5.23* Section 1097. 46.48 (28) of the statutes is renumbered 46.481
19	(4).
20	*-0320/3.3* Section 1098. 46.48 (29) of the statutes is amended to read:
21	46.48 (29) ARC COMMUNITY SERVICES, INC. The department shall distribute
22	\$87,500 in fiscal year 1997-98 and \$175,000 in each fiscal year 1998-99 to ARC
23	Community Services, Inc., for a program to provide substance abuse day treatment
24	services for pregnant and postpartum women and their infants.
25	*-0027/5.24* Section 1099. 46.481 (intro.) of the statutes is created to read

46.481 Grants for children's community programs. (intro.) From the
appropriation under s. 20.435 (3) (bc), the department shall distribute the following
grants for children's community programs:
-0028/7.43 Section 1100. 46.485 (2g) (intro.) of the statutes is amended to
read:
46.485 (2g) (intro.) From the appropriation under s. 20.435 (5) (4) (b), the
department may in each fiscal year transfer funds to the appropriation under s.
20.435 (7) (kb) for distribution under this section and from the appropriation under
s. 20.435 (7) (mb) the department may not distribute more than \$1,330,500 in each
fiscal year to applying counties in this state that meet all of the following
requirements, as determined by the department:
-0028/7.44 Section 1101. 46.485 (3r) of the statutes is amended to read:
46.485 (3r) Funds that a county does not encumber before 24 months after
June 30 of the fiscal year in which the funds were distributed under sub. (2g) lapse
to the appropriation under s. $20.435 \frac{(5)}{(4)} (b)$.
-0271/4.6 SECTION 1102. 46.495 (1) (am) of the statutes is amended to read:
46.495 (1) (am) The department shall reimburse each county from the
appropriations under s. 20.435 (3) (o) and (7) (b), (kw), (kz) and (o) for social services
as approved by the department under ss. 46.215 (1), (2) (c) 1. and (3) and 46.22 (1)
(b) 1. d. and (e) 3. a. except that no reimbursement may be made for the
administration of or aid granted under s. 49.02.
-0275/5.7 Section 1103. 46.495 (1) (d) of the statutes is amended to read:
46.495 (1) (d) From the appropriations under s. 20.435 (3) (o) and (7) (b), (kw),
(kz) and (o), the department shall distribute the funding for social services, including
funding for foster care or treatment foster care of a child on whose behalf aid is

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received under s. 46.261, to county departments under ss. 46.215, 46.22 and 46.23
as provided under s. 46.40. County matching funds are required for the distributions
under s. 46.40 (2) and (8) and (9) (b). Each county's required match for the
distributions under s. 46.40 (2) and (8) for a year equals 9.89% of the total of the
county's distributions under s. 46.40 (2) and (8) for that year for which matching
funds are required plus the amount the county was required by s. $46.26(2)(c)$, 1985
stats., to spend for juvenile delinquency-related services from its distribution for
1987. Each county's required match for the distribution under s. 46.40 (9) (b) for a
year equals 9.89% of that county's amounts described in s. 46.40 (9) (a) (intro.) for
that year. Matching funds may be from county tax levies, federal and state revenue
sharing funds or private donations to the county that meet the requirements
specified in s. 51.423 (5). Private donations may not exceed 25% of the total county
match. If the county match is less than the amount required to generate the full
amount of state and federal funds distributed for this period, the decrease in the
amount of state and federal funds equals the difference between the required and the
actual amount of county matching funds.

-0275/5.8 Section 1104. 46.495 (3) of the statutes is created to read:

46.495 (3) The department shall pay any performance-based distribution under s. 46.40 (2) earned by a county department under s. 46.215, 46.22 or 46.23 by December 31 of the year after the year in which the performance-based distribution was earned. The county department may expend that distribution for any purpose specified in s. 20.435 (7) (b).

-1550/1.3 Section 1105. 46.70 (2) of the statutes is amended to read:

46.70 (2) From the appropriations under s. 20.435 (7) (dL) (kL) and (o), the department may make available to any of the 11 federally recognized tribal

governing bodies in this state funds for the purposes stated in sub. (1). Beginning								
July 1, 1991, and ending September 30, 1991, the department may award to each								
tribal governing body up to \$6,800. Beginning October 1, 1991, and ending								
September 30, 1992, the department may award to each tribal governing body up to								
\$27,200. Beginning October 1, 1992, and ending June 30, 1993, the department may								
award to each tribal governing body up to \$20,400. Receipt of funds is contingent								
upon department approval of an application submitted by a tribal governing body.								
The department may partially approve any application and provide only part of the								
funds requested. Each application shall contain a plan for expenditure of funds,								
consistent with the purposes stated in sub. (1).								
-1551/1.3 Section 1106. 46.71(1)(intro.) of the statutes is amended to read:								
46.71 (1) (intro.) From the appropriation under s. 20.435 (7) (dm) (km), the								
department shall, for the development of new drug abuse prevention, treatment and								
education programs that are culturally specific with respect to American Indians or								
to supplement like existing programs, allocate a total of not more than \$500,000 in								
each fiscal year to all the elected governing bodies of federally recognized American								
Indian tribes or bands that submit to the department plans, approved by the								
department, that do all of the following:								
-1551/1.4 SECTION 1107. 46.71 (2) of the statutes is amended to read:								
46.71 (2) The amount of funds allocated by the department under sub. (1) may								
not exceed the amounts appropriated under s. 20.435 (7) (dm) (km).								
-0277/4.5 SECTION 1108. 46.715 of the statutes is repealed.								
-1695/1.4 Section 1109. 46.76 (3) of the statutes is repealed.								
-1695/1.5 Section 1110. 46.765 of the statutes is repealed.								

-0027/5.25 Section 1111. 46.81 (2) of the statutes is amended to read:

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46.81 (2) From the appropriation under s. 20.435 (7) (dj) (dh), the department									
shall allocate \$2,298,400 in each fiscal year to aging units to provide benefit									
specialist services for older individuals. The department shall ensure that each									
aging unit receives funds and shall take into account the proportion of the state's									
population of low-income older individuals who reside in a county.									
-0027/5.26 SECTION 1112. 46.81 (5) of the statutes is amended to read:									
(2.2.45) 73									

46.81 (5) From the appropriation under s. 20.435 (7) (dj) (dh) the department shall allocate \$182,500 in each fiscal year to area agencies on aging. Each area agency on aging shall use the funds for training, supervision and legal back-up services for benefit specialists within its area.

-0030/2.69 SECTION 1113. 46.82 (3) (a) 19. of the statutes is created to read: 46.82 (3) (a) 19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.

-0030/2.70 SECTION 1114. 46.82 (3) (a) 20. of the statutes is created to read: 46.82 (3) (a) 20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

-0317/1.1 Section 1115. 46.856 of the statutes is renumbered 46.856 (2), and 46.856 (2) (intro.), as renumbered, is amended to read:

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	46.856	(2)	(intro.)	From	the	appropriation	under	s.	20.435	(7)	(bg),	the
depa	ırtment	shal	ll award	a grant	to a	it least one <u>pul</u>	olic age	ncy	<u>or</u> priv	ate	nonpi	ofit
orga	nizatio	n , as	defined i	in s. 10	8.02	(19), to do all o	f the fo	llov	wing:			

-0317/1.2 Section 1116. 46.856 (1) of the statutes is created to read:

46.856 (1) In this section:

- (a) "Private nonprofit organization" has the meaning given in s. 108.02 (19).
- (b) "Public agency" means a county, city, village, town or school district or an agency of this state or of a county, city, village, town or school district.

-0027/5.27 Section 1117. 46.86 (1) of the statutes is amended to read:

46.86 (1) From the appropriation under s. 20.435 (7) (cp) and (md), the department may award funds and from the appropriation under s. 20.435 (7) (md) the department may award not more than \$125,500 in each fiscal year as grants to counties and private nonprofit entities for treatment for pregnant women and mothers with alcohol and other drug abuse treatment needs; mothers who have alcohol and other drug abuse treatment needs and dependent children up to the age of 5 years; and the dependent children up to the age of 5 years of those mothers. The grants shall be awarded in accordance with the department's request-for-proposal procedures. The grants shall be used to establish community-based programs, residential family-centered treatment programs or home-based treatment programs. The program under a grant must include alcohol and other drug abuse treatment services, parent education, support services for the children of the women who are enrolled in the program, vocational assistance and housing assistance. Any program funded under this subsection must also provide follow-up aftercare services to each woman and her children for at least 2 years after the date on which a woman has left the program.