

1999 DRAFTING REQUEST

Assembly Amendment (AA-AB133)

Received: **06/8/99**

Received By: **kenneda**

Wanted: **As time permits**

Identical to LRB:

For: **Legislative Fiscal Bureau 6-3847**

By/Representing: **Megna**

This file may be shown to any legislator: **NO**

Drafter: **kenneda**

May Contact:

Alt. Drafters:

Subject: **Health - long-term care
Public Assistance - med. assist.
Health - facility licensure**

Extra Copies: **TAY**

Pre Topic:

LFB:.....Megna -

Topic:

Family Care changes

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1	kenneda 06/12/99	wjackson 06/12/99	haugeca 06/13/99	_____	lrb_docadmin 06/13/99		
/2	kenneda 06/14/99	gilfokm 06/14/99	martykr 06/15/99	_____	lrb_docadmin 06/15/99		
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13 6/15 Wlj
Jm 6/15
JS 6/15
TMS

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kmg*

km/14

*cmh
km/14
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/?	kenneda	1 WLj 6/12		<u>RSH 6/13</u>			

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Legislative Fiscal Bureau

One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873

Date: 6-7-79

DELIVER TO: Debra Kennedy

Addressee Fax #: 4-5522 Addressee Phone #: _____

of Pages, Including Cover: 8 Sender's Initials: _____

From: Richard Magna

Message:

Attached is suggested language from DHFS on Long Term Care Councils for Family Care Motion. I thought it might help

Suggested Language - DHFS
6/7/99

Local Long-Term Care Councils - Family Care Provisions

A. Delete sections 1033 - 1037 of the bill and substitute the following provisions, modified as necessary if the Committee agrees to leave development of the COP plan with the county, with advice from the Local LTC Council.

46.27 (4) (a) (intro.) of the statutes is amended to read:

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

46.27 (4) (am) of the statutes is created to read:

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

46.27 (4) (c) (intro.) of the statutes is amended to read:

46.27 (4) (c) (intro.) The planning committee or, if a local long-term care council has under s. 46.282 (3) (b) 2. assumed the duties of the planning committee, the local long-term care council shall develop a community options plan for participation in the program. The plan shall include:

46.27 (4) (c) 5. of the statutes is amended to read:

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

B. Insert in the definitions under s. 46.2805, the following:

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

C. Add language to s. 46.281 (1) (e) (as amended) referring to requirements for review by the local LTC Council.

10/3
30-6

INSERT 33-10

D. Change the title of s. 46.282 to read "Councils on long-term care," make the existing material a sub. (1), and create a sub. (2) as follows:

pk

(2) LOCAL LONG-TERM CARE COUNCILS; APPOINTMENT; MEMBERSHIP; TERMS; COMPENSATION AND TRAINING; OFFICERS. (a) Appointment. 1. The county board of supervisors of a county shall appoint a local long-term care council or the county

boards of supervisors of 2 or more contiguous counties shall appoint a local long-term care council, except as follows:

Contiguous?

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

other than as provided in subd. 1. b.,

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

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

In a county that participates in a pilot project under s. 46.281(1)(d) and before a county participates in the program under s. 46.2895, the following shall be done:

(am) If a ~~any~~ federally recognized American Indian tribe or band ~~that~~ intends to apply for certification as a resource center or a care management organization shall, as a condition of the certification appoint a local long-term care council.

application or the a contract to operate

on the Great Lakes inter-tribal Council, Inc., 2

as determined by the department,

(b) Membership. 1. A local long-term care council that serves a single-county area shall consist of 17 members, at least 9 of ~~which~~ *whom* are older persons or persons with physical or developmental disabilities or their immediate family members or other representatives. The age or disability represented by these 9 members shall correspond to the proportion of numbers of persons receiving long-term care in this state who are aged 65 or older or have a physical or developmental disability. The remaining membership shall consist of providers of long-term care services, persons residing in the county with recognized ~~ability~~ and demonstrated interest in long-term care and up to 3 members of the county board of supervisors or other elected officials.

2. A local long-term care council that serves an area of 2 or more contiguous counties shall consist of 23 members, at least 12 of ~~which~~ *whom* are older persons or persons with physical or developmental disabilities or their immediate family members or other representatives. The age or disability represented by these 12 members shall correspond to the proportion of numbers of persons receiving long-term care in this state who are aged 65 or older or have a physical or developmental disability. The remaining membership shall consist of providers of long-term care services, persons residing in the county with recognized ability and demonstrated interest in long-term care and either up to 4 members of the county boards of supervisors or other elected officials or, for a council that serves an area of more than 4 contiguous counties, up to one member of the county board of supervisors of each county or up to one other elected official in each county area.

3. A local long-term care council that is appointed by a tribe or band or by the Great Lakes inter-tribal council, inc., shall consist of 21 members, at least 11 of ~~whom~~ *whom* are older persons or persons with physical or developmental disabilities or *representatives* their family members, *guardians* or other *advocates*. The age or disability represented by these 11 members shall correspond to the proportion of numbers of persons receiving long-term care in this state who are aged 65 or older or have a physical or developmental disability. The remaining membership shall consist of providers of long-term care services, persons residing in the county with recognized ability and demonstrated interest in long-term care and up to 3 members of the governing board of

the tribe or band or the Great Lakes inter-tribal council, inc., that appoints the local long-term care council.

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

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

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

(c) Terms. The members of the local long-term council appointed under par. (a) shall serve 3-year terms. No member may serve more than 2 consecutive terms. Of the members first appointed, one-third shall be appointed for 3 years; one-third shall be appointed for 4 years; and one-third shall be appointed for 5 years.

(d) Compensation and training. Members of the long-term care council who are older persons, persons with physical or developmental disabilities or the family members or guardians of these persons shall receive compensation for reasonable expenses associated with membership participation. The county board of supervisors or, in the case of a member appointed by a ~~federally recognized American Indian~~ tribe or band, the tribe or band, shall provide training to these members to enable them to participate effectively.

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

under par. (b) 1, 7 shall be appointed for 3 years; 5 shall be appointed for 4 years; and 15 shall be appointed for 5 years.

appointed for 5 years. Of the members first appointed under par. (b) 2, 8 shall be appointed for 3 years; 8 shall be appointed for 4 years; and 7 shall be appointed for 5 years. Of the members appointed under par. (b) 3,

or by the Great Lakes inter-tribal council, inc.

*of the Great Lakes
Inter-tribal Council, inc.,
if applicable,*

*of supervisors
and, in a county
with a c.e.o. or local
to the c.e.o. or local,*

POWERS AND

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

1. Develop the initial plan for the structure of the county, multicounty or tribal resource center and care management organization or organizations, including *formulating* recommendations to the county board or boards *or* to the governing body of the tribe or band and to the department on all of the following:

a. Whether or not the county, counties or tribe or band should exercise its right *of inspection* to operate a resource center or a care management organization and how the operation should proceed. *under s. 46.283(1)*

*Add
jurisdiction
create
RC district for
operate RC and/or
C.M.O.*

b. Whether local organizations other than the county should serve as alternatives or in addition to county-operated entities to operate a resource center or a care management organization and, if so, which organizations should be considered.

if If applicable, how county-operated functions should interact with a resource center or care management organization that is operated by a *federally recognized* American Indian tribe or band. *or by the Great Lakes Inter-tribal Council, inc.*

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

*do all
the
following:
a. In 2000 and
2001 and*

3. Advise the department regarding applications for initial certification or certification renewal of care management organization in the area of the local long-term care council, including providing recommendations for organizations applying for certification or recertification, and assist the department in reviewing and evaluating the applications.

*b. In 2002
and
thereafter,
evaluate*

4. Receive *and monitor* information about complaints from persons served by the care management organization in the area concerning whether the numbers of providers of long-term care services used by the care management organization are sufficient to ensure convenient and desirable consumer choice and provide recommendations under subd. 3. to the department about this issue.

5. Review initial plans and existing provider networks of any care management organization in the area to assist the care management organization in developing

b. whether the county should create a family care district to operate a resource center or a care management organization.

a network of service providers that includes a sufficient number of accessible, convenient and desirable services.

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

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

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

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

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

11. Annually review interagency agreements between the resource center and care management organizations and make recommendations, as appropriate, on the interaction between the resource center and the care management organizations to assure coordination among them.

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

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

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

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

(b) A local long-term care council may, within the local long-term care council's area, assume the duties of the county long-term community support planning committee under s. 46.27 (4).

✓ E. Amend s. 46.284 (2) (b) 1. to read:

46.284 (2) (b) 1. The county agrees and the local long-term council agree in writing that at least one additional care management organization is necessary or desirable.

F. Amend s. 46.284 (2) (c) to read:

✓ (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 After consulting with the local long-term council for a county or counties, and 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.

✓ G. Amend s. 46.284 (3) (a) to read:

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



Legislative Fiscal Bureau

One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873

Date: 6-7-99

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Deborah Kennedy

Addressee Fax #:

4-8022

Addressee Phone #:

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Sender's Initials:

From:

Richard Megna

Message:

Family Care Motions
and Sexual Predator Motions

Representative Gard
Senator Burke

HEALTH AND FAMILY SERVICES -- FAMILY CARE

Family Care

Motion:

Move to modify the Governor's proposal for family care as follows:

46.281 ✓
(1)(d)1
+ (e)
+ Nov. stat.

a. Clarify Pilot Nature and Require Report. Before July 1, 2001, limit the pilot programs to areas that would not exceed 29% of the eligible population, and after June 30, 2001, limit the Department's authority to expand the family care program to only those areas authorized by the Legislature and for which necessary funding is approved. Further, require DHFS to prepare and submit, prior to November 1, 2000, a report to the Governor as part of the Department's 2001-03 biennial budget request, that describes the implementation and outcomes of the pilot projects and includes recommendations on family care program

46.285 ✓
(1)(b)

b. Allow Alternative Separation Methods. Clarify that the necessary separation between the resource centers and CMOs could be achieved by means other than the establishment of the family care district, if approved by the Department.

46.285 ✓
(1)(a)

c. Extend Time to Achieve Separation between CMO and Resource Center. Extend the time that a pilot county may operate both a resource center and a CMO without restructuring. Require structural separation of at least the eligibility determination and enrollment counseling functions from the CMO not later than January 1, 2001.

46.2895 ✓
(3)(b)3.

d. Compositions of Family Care District. Allow up to 25% of the board members of the family care district to be elected or appointed officials or employees of the county or counties that created the family care district.

46.2895 ✓
(1)(b)+
(3)(a)2,
+ (4)(d)

e. Remove Contiguous Requirement for Family Care Districts and Allow Contracting for Portion of Resource Center Functions. Delete the requirement that counties must be contiguous in order to combine for the formation of a joint family care district. Also, authorize the Department to contract with a family care district for a portion of the functions of the resource center.

46.284 ✓
(2)

f. Period of Protection against Competition. Increase the number of years that

From R. Magua:
CMO's only

delete
p. 39
copy
program

counties have to implement family care without competition as follows: (1) No competition in calendar years 2000, 2001, and 2002; (2) no competition in calendar year 2003 if the county demonstrates that it is meeting performance standards; and (3) beginning in calendar 2004, the contracts for CMOs will be selected on a competitive basis which will focus on quality of care, not the lowest bidder. Specify that in calendar year 2003, if the county cannot demonstrate the capacity to serve all entitled in the service area, the Department may contract with an additional organization to provide the family care benefit in 2003.

10/5
26

compet sealed process evaluate proposal based primarily on q. car
16.75 (2m)

g. **Long Term Care Councils.** Restructure existing Long Term Support Planning Committees into local Long Term Care Councils, with specific powers and responsibilities related to family care, as outlined in the Department's budget request to the Governor. Under the Department's proposal, local Long Term Care Councils would have 51% representation (elderly, disabled or their immediate family members or others representative. The remaining members would be providers of long-term care services, persons residing in the county with recognized ability and interest in long-term care and a limited number of county board supervisors or other elected officials. The county would be responsible for providing training to the consumer members to enable them to participate effectively. The duties of the Long Term Council would include the 15 duties of the Department's proposal including such responsibilities as: (a) developing the initial plan for the structure of the long-term care system; (b) monitoring complaints from participants in the family care program and monitoring the pattern of enrollments and disenrollments in local CMOs; and (c) annually reporting to the Department concerning significant achievements and problems in the local long-term care system. In addition to the original 15 duties add the requirement that the Long Term Council must advise on whether the county CMO is meeting the performance standards in 2002 and whether the Department should contract with an additional CMO in 2003. Specify that the County, rather than the Long Term Care Council, would determine the final COP plan, although the County must consider the Council's recommendation.

*

h. **Independent Evaluation.** Require the Department to contract with an independent organization to evaluate the family care pilots, and require that the evaluation address cost-effectiveness, access to services, and quality of care. The Governor's budget recommendation contains \$100,000 in each year of the biennium for evaluation of the family care pilots

L.A.B.

in biennium as soon as possible

i. **Alternative Model.** Require the Department to seek the necessary waivers from the federal government to implement an alternative model and to seek statutory language, including a funding request, to implement the alternative model as approved under federal waivers. The Alternative Model would: (a) expand the current medical assistance waiver programs to incorporate some but not all of the long term care services currently covered under the MA fee-for-service system, and would include personal care and home health care; (b) the alternative model would not require competition or separation of the resource center from the CMO; (c) the cost of the alternative model would be no more than the cost under family care, and alternative model pilot counties would be expected to reduce the current average costs per person served in the overall long term care system in order to serve people on the waiting list; (d) alternative model counties would be funded on a per person per month basis using the same methodology as family care, with adjustments for the services included in the service package, and would have access to similar risk

services under waiver
nursing facility
therapies
+ home
acute care

modify plan (no set waiver)

sharing arrangements as in family care; (e) the alternative model will use resource centers similar to family care to do preadmission screening, eligibility, information and assistance. Specify that the alternative model will evaluate along with family care and will address access, quality and cost effectiveness. The alternative model will be implemented in up to three sites.

j. **Technical Corrections.** Incorporate technical corrections to the family care legislation that were identified in an April 14, 1999 letter from the Department.

✓ k. **Funding Adjustment for Separation from MA Purchase Plan.** Provide an additional \$374,100 GPR and delete \$8,100,800 FED in 1999-00 and provide \$894,800 GPR and delete \$10,899,700 FED in 2000-10 to reflect that savings from the MA purchase plan were adopted in a previous action and were needed to fund part of the costs of the family care program. In addition, incorporate several funding shifts in relevant appropriations to reflect the impact of planned changes in the implementation schedule of family care. These funding shifts do not increase the overall GPR costs of the family care pilots.

Senator Plache

HEALTH AND FAMILY SERVICES -- FAMILY CARE

Family Care

Amendment to Motion #1311

Motion:

Move to amend point "h." of Motion #1311 to require the Legislative Audit Bureau, rather than DHFS, to contract with an independent organization to evaluate the family care pilots.

Motion #1310



Legislative Fiscal Bureau

One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873

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Sender's Initials:

From:

Richard Meguin

Message:

Technicals. For
family care (~~ASTA~~)

Family Care: Technical Amendments to Governor's Request

Handwritten notes:
Use
of
language
to be
restated
see
of
Kings

Topic: Resource Center contracting (AB-133, p. 606, lines 1-4 and 9-13)

- s. 46.283 (2) (c) should be deleted.
- s. 46.283 (2) (b) should be rewritten to read something like:

46.283 (2) (b) After June 30, 2001, subject to approval of necessary funding, 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 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:

Explanation:

Technical amendment. These two paragraphs are redundant and somewhat conflicting. (We have already discussed this with Debora Kennedy. Richard Megna has also discussed this with her.)

Topic: General eligibility requirements (AB-133 p. 618, lines 20-24)

Revise the introductory paragraph on eligibility for the Family Care benefit to read:

Handwritten note: ol

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~~ has a physical disability as defined in s. 15.197 (4) (a) 2. or infirmities of aging as defined in s. 55.01 (3); and meets all of the following criteria:

Explanation:

As originally drafted, the language could be interpreted to exclude persons who do have a disabling condition that is related to a physical disability or aging that does require long-term care, but who also have a mental illness, substance abuse problem or developmental disability. The proposed amendment is intended to extend eligibility to all those who have a serious physical disability or who have a disabling condition related to advanced age (including those who also have other disabilities). (Persons whose primary disabling condition is a developmental disability are also eligible in counties operating CMO pilots prior to July 1, 2001.)

Topic: Eligibility; grandfathering

(AB-133 page 619, lines 11-15)

Amend s. 46.286 (1) (a) 2. (intro.) to read:

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 had been receiving for at least 90 days, under a written plan of care, long-term care services, as specified by the department. that were funded under any of the following:

Explanation:

As written, this provision would allow a county to add individuals to its Community Aids or county-funded program caseload for a very short time and entitle them to the Family Care benefit. The proposed amendment is intended to assure that people receiving these services are eligible for and entitled to Family Care, while removing any incentive to include individuals who would not otherwise be served by the county in these programs.

Topic: Non-financial eligibility requirements

(AB-133, page 620, lines 3-7)

Amend s. 46.286 (1) (b) 1. a. to read:

a. The person would qualify for medical assistance except for financial or disability 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.

Explanation:

The first phrase of this provision was meant to assure that Family Care eligibility requirements would include non-financial requirements similar to Medicaid's, such as citizenship or specified alien status. As drafted, it has the unintended effect of adding the Social Security Act disability definition as a requirement, when Family Care already has a functional disability requirement. This would slow down the eligibility process, add costs, and exclude some non-elderly people who were intended to be covered by Family Care.

Topic: Department access to client records

From RM:
Similar to; create
46.283(7)
46.284(7)

add DHFS
access for
resp. of
overseeing

The bill currently provides [s. 46.2895 (9)] that with several exceptions, records of the Family Care District that contain personally identifiable information about its clients may not be disclosed without the client's informed consent. One of the exceptions is "to comply with s. 49.45 (4)." The cited provision is the Department's authority to access the records of Medicaid recipients. We believe that this provision is not sufficient to assure that the Department have access to the records of all Family Care enrollees and applicants, including those who are not Medicaid-eligible and those who are served by a Resource Center or CMO other than a Family Care District. Please include a broader provision that prohibits all Resource Centers and all CMOs from disclosing records that contain personally identifiable information about their clients not connected with the department's administration of ss. 46.2805 to 46.2895.

RM/10

and for the
dept. to
administer
FC program

Topic: Add cross-reference related to Medicaid eligibility

Amend s. 49.46 (1) (a) 14. to read:

CR;
49.46
(1)(a)
old, but 14m.
Fix

Any person who would meet the financial and other eligibility requirements for home or community-based services under s. 46.27 (11), ~~or 46.277~~, or under the family care benefit if a waiver is in effect under s. 46.281 (1) (c) but for the fact that the person engages in substantial gainful activity under 42 USC 1382c (a) (3), if a waiver under s. 49.45 (38) is in effect or federal law permits federal financial participation for medical assistance coverage of the person and if funding is available for the person under s. 46.27 (11) or 46.277 or under the family care benefit.

Explanation:

The Family Care legislation includes several changes to Chapter 49 to assure that people eligible for the new Home and Community-based Waiver [1915 (c) waiver] for Family Care will also be eligible for Medicaid card services. One such reference was missed, and this amendment would include it.

Topic: Hearings (AB-133 page 623, lines 4-5)

Amend s. 46.287 (2) (a) 1. (intro.) to read:

RM+
time frames
by rule
all
elsewhere

1. (intro.) Except as provided in subd. 2., a client may contest any of the following applicable matters by filing, within 45 days of the failure of a resource center or care management organization to act on the contested matter within time frames established by the department or within 45 days of receipt of notice of the a contested matter decision, a

written request for a hearing that shall be held under procedures for hearing these disputes that are prescribed by the department by rule:

Explanation:

A client would not receive notice of all of the listed matters that can be contested. For example, a client may request a hearing for "failure to provide timely services and support items that are included in the plan of care."

Note:

The Legislative Fiscal Bureau has inquired whether the hearing under this section were intended to be through the Department of Administration's Division of Hearings and Appeals. That was our intent and we will draft required rules to specify it. If others feel that it would be preferable to amend the statutory language at this time, we would be supportive.

Amend s. 46.287 (2) (b) to read:

~~(b) An enrollee may contest a any decision, omission or action of a care management organization regarding the type, amount or quality of the enrollee's services under the family care 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 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.).~~

RM: Do not draft

Explanation:

As written, the language appears to limit the rights of enrollees to request a fair hearing, after review by the Department's contract monitors, to only certain kinds of CMO decisions. It would not appear to cover, for example, a CMO's failure to provide required notification of rights or release of confidential information without informed consent. The proposed amendment is meant to clarify this language.

Topic: Rule-making requirements (AB-133 page 624, lines 14-15)

Delete 46.288 (2).

Explanation:

Check - not let RM know

Technical amendment. This provision is a holdover from an earlier draft; rights are not specified in the final bill.

Topic: Certification of Resource Center availability
(AB-133 page 602, line 23 through page 603, line 5)

ok

Hospitals should be added to the list of entities to whom the Secretary certifies that a Resource Center is available for purposes of providing functional and financial screens.

Explanation:

The bill includes requirements for hospitals to refer certain patients to the Resource Center. They should be included in the list of entities to be notified when these requirements are effective.

Topic: Resource Center requirements for screening
(AB-133 page 608, lines 9-12)

Amend s. 46.283 (4) (g) to read:

ok

(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 and the person is determined by the resource center to have a condition expected to last at least 90 days that would require care, assistance or supervision.

Explanation:

As drafted, this provision would require the Resource Center to conduct a functional and financial screen for every admission to a long-term care facility, whether or not the person had a long-term care need. The proposed amendment would allow the Resource Center to judge whether the person is likely to need long-term care and to provide the screen only in appropriate cases.

Topic: Family Care District
(AB-133, page 626, line 13 through page 627, line 21)

Amend s. 46.2895 (3) (b) 2. to read:

RM will be

2. The family care district board appointed under par. (a) 2. shall consist of 15 persons, plus one ~~two~~ 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

RM: an odd number of at least 15 but not more than 21

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.

Explanation:

For a three-county or a five-county consortium, adding one member for each county in excess of two would result in an even number of members; adding two members would always result in an odd number of members.

Amend s. 46.2895 (3) (c) to read:

(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, unless removed for cause under s. 17.13.

bk

Explanation:

Intended to clarify that a member removed for cause does not serve until his or her successor is appointed.

RM:
Delete

Topic: Subrogation rights for CMOs

Further amend ss. 49.89 (2), (3), (3m) and (9), 803.03 (2) and 814.03 (3) by adding the double underlined language below:

49.89 (2) SUBROGATION. The department of health and family services, the department of workforce development, a county or an elected tribal governing body that provides any public assistance under this chapter or under s. 46.284 or s. 253.05 as a result if the occurrence of an injury, sickness or death that creates a claim or cause of action, whether in tort or contract, on the part of a public assistance recipient or beneficiary or the estate of a recipient or beneficiary against a 3rd party, including an insurer, is subrogated to the rights of the recipient, beneficiary or estate and may make a claim or maintain an action or intervene in a claim or action by the recipient, beneficiary or estate against the 3rd party.

RM with call

Subrogation under this subsection because of the provision of medical assistance under subch. IV or the provision of the family care benefit under s. 46.284 (5) constitutes a lien, equal to the amount of the medical assistance or the family care benefit provided as a result of the injury, sickness or death that gave rise to the claim. The lien is on any lump sum payment resulting from a judgment or settlement that may be due the obligor. A lien under this subsection continues until it is released and discharged by the department of health and family services.

49.89 (3) ASSIGNMENT OF ACTIONS. By applying for assistance under this chapter or under s. 46.284 (5) or s. 253.05, an applicant assigns to the state department, the county department or the tribal governing body that provided the assistance the right to make a claim to recover an indemnity from a 3rd party, including an insurer, if the assistance is provided as a result of the occurrence of injury, sickness or death that results in a possible recovery of an indemnity from the 3rd party.

49.89 (3m) NOTICE REQUIREMENTS. (a) An attorney retained to represent a current or former recipient of assistance under this chapter or under s. 46.284 (5), or the recipient's estate, in asserting a claim that is subrogated under sub. (2) or assigned under sub. (3) shall provide notice under par. (c).

49.89 (3m) (b) If no attorney is retained to represent a current or former recipient of assistance under this chapter or under s. 46.284 (5), or the recipient's estate, in asserting a claim that is subrogated under sub. (2) or assigned under sub. (3), the current or former recipient or his or her guardian or, if the recipient is deceased, the personal representative of the recipient's estate, shall provide notice under par. (c).

49.89 (3m) (bm) A person against whom a claim that is subrogated under sub. (2) or assigned under sub. (3) is made, or that person's attorney or insurer, shall provide notice under par. (c), if that person, attorney or insurer knows, or could reasonably determine, that the claimant is a recipient or former recipient of medical assistance under subch. IV or

of the family care benefit under s. 46.284 (5), or is the estate of a former recipient of medical assistance under subch. IV or of the family care benefit under s. 46.284 (5).

49.89 (7)-(c) The incentive payment shall be an amount equal to 15% of the amount recovered because of benefits paid under s. 46.284, 49.19, 49.20, 49.30 or 253.05. The incentive payment shall be taken from the state share of the sum recovered, except that the incentive payment for an amount because of benefits paid under s. 49.19 shall be considered an administrative cost under s. 49.19 for the purpose of claiming federal funding.

49.89 (9) (intro.) **POWERS OF HEALTH MAINTENANCE ORGANIZATIONS.** A health maintenance organization, care management organization under s. 46.284 or other prepaid health care plan has the powers of the department of health and family services under subs. (2) to (5) to recover the costs which the organization or plan incurs in treating an individual if all of the following circumstances are present:

49.89(9) (b) The costs result from an occurrence of an injury or sickness of an individual who is a recipient of medical assistance or a recipient of the family care benefit under s. 46.284(5).

803.03 (2) (bm) Joinders because of implication of medical assistance or family care. If the department of health and family services is joined as a party pursuant to par. (a) and s. 49.89 (2) because of the provision of benefits under subch. IV of ch. 49 or under s. 46.284 (5), the department of health and family services need not sign a waiver of the right to participate in order to have its interests represented by the party that caused the joinder. If the department of health and family services makes no selection under par. (b), the party causing the joinder shall represent the interests of the department of health and family services and the department of health and family services shall be bound by the judgment in the action. Regardless of whether the department of health and family services joins in prosecuting the claim, the portion of the proceeds of the claim that represents benefits paid

under subch. IV of ch. 49 or under s. 46.284 (5) as a result of the occurrence of injury, sickness or death for which the claim arose shall be paid to the department of health and family services pursuant to s. 49.89 (5).

814.03 (3) Notwithstanding subs. (1) and (2), where the department of health and family services or a county is joined as a plaintiff pursuant to ss. 49.89 (2) and 803.03 (2) (a) because of the provision of benefits under subch. IV of ch. 49 or under s. 46.284 (5), and ~~where the interests of the department of health and family services or of the county are represented under s. 803.03 (2) (b) by the party who caused the joinder~~, the department of health and family services or the county shall not be liable for costs to any prevailing defendant.

Explanation:

These changes would assure that the Department and CMOs have subrogation rights to recover Family Care costs for non-Medicaid eligibles as well as Medicaid-eligibles. This was a part of our original drafting request, but technical questions could not be resolved in time for the bill. Some changes to the subrogation statutes, unrelated to Family Care, are already proposed in the budget bill. It is the double-underlined material above that would be added through the proposed Family Care amendments.

Topic: Typographical errors

ok ✓ Page 1472, line 10: The second "on" should be "or."

ok ✓ Page 767, line 16: "(a)" should be deleted.

Corrections and additions: Family Care technical amendments**1. Correction to requested changes regarding hearings:**

Amend s. 46.287 (2) (b) to read:

ok

(b) An enrollee may contest ~~a any~~ decision, omission or action of a care management organization ~~regarding the type, amount or quality of the enrollee's services under the family care 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 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.).

Explanation of change from original request:

The requested deletions (strike-throughs) were omitted in the original request.

Explanation of intended change to language in bill:

As written, the language appears to limit the rights of enrollees to request a fair hearing after review by the Department's contract monitors, to only certain kinds of CMO decisions. It would not appear to cover, for example, a CMO's failure to provide required notification of rights or release of confidential information without informed consent. The proposed amendment is meant to clarify this language.

2. Addition to eligibility/entitlement language:

Add to s. 46.286 (3) (b):

ok

3 The department or its designee determines that the person no longer meets eligibility criteria under sub. (1).

Explanation:

S. 46.286 (3) (b) describes the limited circumstances under which a person may be involuntarily disenrolled from a CMO. A provision to cover the circumstance in which a person is no longer eligible (functionally or financially) should be added.

3. Addition of Family Care to provisions covering recovery of incorrect payments:

Amend s. 49.497 to read:

49.497. Recovery of incorrect medical assistance payments.

(1) The department may recover any payment made incorrectly for benefits specified under s. 46.284, 49.46, 49.468 or 49.47 if the incorrect payment results from any misstatement or omission of fact by a person supplying information in an application for benefits under s. 46.284, 49.46, 49.468 or 49.47. The department may also recover if a medical assistance recipient or a recipient of the family care benefit or any other person responsible for giving information on the recipient's behalf fails to report the receipt of income or assets in an amount that would have affected the recipient's eligibility for benefits. The department's right of recovery is against any medical assistance or family care recipient to whom or on whose behalf the incorrect payment was made. The extent of recovery is limited to the amount of the benefits incorrectly granted. The county department under s. 46.215 or 46.22 or the governing body of a federally recognized American Indian tribe administering medical assistance shall begin recovery actions on behalf of the department according to rules promulgated by the department.

(2) A county or governing body of a federally recognized American Indian tribe may retain 15% of benefits distributed under s. 46.284, 49.46, 49.468 or 49.47 that are recovered under sub. (1) due to the efforts of an employe or officer of the county or tribe.

(3) Cash assets of medical assistance or family care recipients that exceed asset limitations shall be applied against the cost of medical assistance or family care benefits provided.

Explanation:

This section of the statutes provides for recovery of Medical Assistance payments that are made on behalf of a person whose misstatement or omission of financial information results in an incorrect finding of eligibility. The proposed amendments would extend this provision to cover non-Medicard payments under Family Care.

on added to
46.284
DK to check
(1)

Kennedy, Debora

From: Lorraine Barniskis [BARNILO@dhfs.state.wi.us]
Sent: Thursday, June 10, 1999 5:54 PM
To: Megna, Richard
Cc: Fredi-Ellen Bove; Charles Wilhelm; Kennedy, Debora
Subject: Fam. Care technical amendments

Fredi had to leave early today and asked me to follow up on your questions about the technical amendments.

1. Grandfathering. We proposed that people receiving LTC services funded by COP, Community Aids, and/or county funds be grandfathered into entitlement to Family Care if they had been receiving services under a written plan of care for at least 90 days. You apparently suggested that this time period be shortened. We do need to have a reasonably long time period here to (1) prevent counties from "gaming" the system; and (2) to make sure that we really are grandfathering in only people with long-term needs (not those with only short-term needs). If you are more comfortable with shortening this to 60 days, we could accept this.

2. Confidentiality and access to client records. You asked for more specificity on this issue. There are really two issues here and I apologize for not being clearer in the original write-up. (1) We should have a prohibition against RCs and CMOs disclosing personally identifying information about their clients. (2) We need to assure that the Department has access to all client information for purposes of administrative oversight.

A provision currently in the bill (s. 46.2895 (9)) accomplishes both these things as they relate to a Family Care District. But nothing in the bill deals with these issues for RCs or CMOs operated by any other kind of entity. We suggest that a provision similar to 46.2895 (9) be added near 46.283(7) (Resource Centers) and near 46.284(7) (CMOs). Please call if this is still not clear.

3. District Board membership. I understand you were concerned that that if a number of counties formed a District, the size of the Board could get very large and unwieldy if two members are added for each county in excess of 2. While the likelihood of more than a few counties agreeing to form a District is probably low, this could happen. What if we change this to read something like the: "...shall consist of an odd number, at least 15 but not more than 21, of members all of whom are residents..." Leave it to the participating counties to figure out how to divvy them up.

4. Subrogation. I understand you were concerned that the part of our proposal that would extend subrogation rights to apply to non-Medicaid Family Care participants goes beyond what could be considered "technical." Since subrogation apparently does not apply to COP-R clients who would be enrolled in Family Care, we can understand your concern. We will put this item on the list of items to be considered in a trailer bill at a later date.

Please let me or Fredi know if this is not clear or if you have further concerns. Thanks

Questions for Richard Mequa

~~Yes~~ ① Motion a. Eligible for the family care benefit?

② Motion b. Bill ^{46.285} has a prohibition to directly operating both;
+ c. is he looking for an exception to the prohibition? Just what "means" is he referring to? (Drafted that way)

Does the except. apply only to ^{pilot} CMO's? (Yes)

Does the other means apply to K w/ a private nonprofit (see 46.283(2)(c))

Yes

③ Motion f. Do these reguts apply to both AC's + CMO's?

~~Yes~~ No → CMO's only

Notwithstanding s.16.75(1)? - No; use k.75(2m)

* PROBLEM: If is phased in over 5 years, last cos. will have no period of uncompetitive bidding - see both 46.283(2) + 46.284(2)

④ Motion h. By when is eval. to be K'd for? (or completed)

To whom does it go? (unsuccess)

as soon as possible

⑤ Motion i

By when DHS seek waivers? asap

When alt. model to be implemented - this bennum?

asap

✓ Addition: amend s.50.034(6) - allow funding under family care

RAC



SUNDAY - In edit 6/12

State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb0591/1
DAK.....
WJ

D-NOTE

LFB:.....Megna – Family Care changes

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

LFB AMENDMENT

TO 1999 ASSEMBLY BILL 133 AND 1999 SENATE BILL 45

1 At the locations indicated, amend the bill as follows:

2 1. Page 588, line 10: delete the material beginning with that line and ending
3 with page 589, line 6 and substitute:

4 "SECTION 1033g. 46.27 (4) (am) of the statutes is created to read:

5 46.27 (4) (am) If a local long-term care council in a county assumes under s.
6 46.282 (3) (b) the duties of the county long-term support planning committee under
7 this subsection, the county long-term support planning committee for the county is
8 dissolved.

9 SECTION 1033h. 46.27 (4) (c) (intro.) of the statutes is amended to read:

10 46.27 (4) (c) (intro.) The planning committee shall develop, or, if a local
11 long-term care council has under s. 46.282 (3) (b) assumed the duties of the planning

1 committee, the ^{local} long-term care council shall recommend a community options plan
2 for participation in the program. The plan shall include:

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

3 **SECTION 24.** 46.27 (4) (c) 5. of the statutes is amended to read:

4 1033i 46.27 (4) (c) 5. A description of the method to be used by the committee or, if
5 a local long-term care council has under s. 46.282 (3) (b) assumed the duties of the
6 planning committee, the local long-term care council to monitor the implementation
7 of the program.”

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

8 **2.** Page 589, line 11: after that line insert:

9 “SECTION 1038g. 46.27 (4) (d) of the statutes is created to read:

10 46.27 (4) (d) The planning committee shall advise the county board of
11 supervisors and, if applicable, the county administrator or county executive on
12 whether to apply to the department for a contract to operate a resource center or a
13 care management organization and whether to create a family care district to apply
14 to the department for such a contract.

15 **SECTION 1038h.** 46.27 (4) (e) of the statutes is created to read:

16 46.27 (4) (e) If a local long-term care council has under s. 46.282 (3) (b) assumed
17 the duties of the planning committee, the ^{local} long-term care council shall do all of the
18 following:

19 1. Review initial plans and existing provider networks of any care management
20 organization in the area to assist the care management organization in developing
21 a network of service providers that includes a sufficient number of accessible,
22 convenient and desirable services.

1 2. Advise care management organizations about whether to offer optional
2 acute and primary health care services and, if so, how these benefits should be
3 offered.”.

4 ✓ **3.** Page 600, line 7: after that line insert:

5 “(7m) “Local long-term care council” means a local long-term care council that
6 is appointed under s. 46.282 (2) (a).”.

7 ✓ **4.** Page 600, line 23: after “care” insert “, including copies of reports submitted
8 to the department by local long-term care councils,”.

9 ✓ **5.** Page 601, line 9: delete “determined by the department” and substitute “in
10 which reside no more than 29% of the population that is eligible for the family care
11 benefit”.

12 **6.** Page 601, line 16: delete “contract” and substitute “if the local long-term
13 care council for the applicable area has developed the initial plan under s. 46.282 (3)
14 (a) 1., contract with entities specified under par. (d) and, only if specifically
15 authorized by the legislature and if the legislature appropriates necessary funding,
16 contract as so authorized”.

17 ✓ **7.** Page 602, line 23: after “county,” insert “hospital,”.

18 ✓ **8.** Page 603, line 1: after “county,” insert “hospital,”

19 ✓ **9.** Page 603, line 11: delete that line and substitute:

20 “**46.282 Councils on long-term care. (1) COUNCIL ON LONG-TERM CARE.** The
21 council on long-term care appointed”.

22 ✓ ~~**10.** Page ?, line ? : before that line insert:~~

23 ✓ **11.** Page 603, line 13: delete “(1)” and substitute “(a)”.

- 1 ✓ **12.** Page 603, line 15: delete “(2)” and substitute “(b)”.
- 2 ✓ **13.** Page 603, line 18: delete “(a)” and substitute “1.”.
- 3 ✓ **14.** Page 603, line 20: delete “(b)” and substitute “2.”.
- 4 ✓ **15.** Page 603, line 22: delete “(c)” and substitute “3.”.
- 5 ✓ **16.** Page 603, line 23: delete “(d)” and substitute “4.”.
- 6 ✓ **17.** Page 603, line 24: delete “(e)” and substitute “5.”.
- 7 ✓ **18.** Page 604, line 1: delete “(f)” and substitute “6.”.
- 8 ✓ **19.** Page 604, line 2: delete “(3)” and substitute “(c)”.
- 9 ✓ **20.** Page 604, line 4: delete “(4)” and substitute “(d)”.
- 10 ✓ **21.** Page 604, line 5: delete “(5)” and substitute “(e)”.
- 11 ✓ **22.** Page 604, line 7: delete “(6)” and substitute “(f)”.
- 12 ✓ **23.** Page 604, line 9: delete “(7)” and substitute “(g)”.
- 13 ✓ **24.** Page 604, line 12: delete “(a)” and substitute “1.”.
- 14 ✓ **25.** Page 604, line 13: delete “(b)” and substitute “2.”.
- 15 ✓ **26.** Page 604, line 14: delete “(c)” and substitute “3.”.
- 16 ✓ **27.** Page 604, line 16: delete “(d)” and substitute “4.”.
- 17 ✓ **28.** Page 604, line 17: delete “(e)” and substitute “5.”.
- 18 **29.** Page 604, line 18: after that line insert:
- 19 “(2) LOCAL LONG-TERM CARE COUNCILS; APPOINTMENT; MEMBERSHIP; TERMS;
- 20 COMPENSATION AND TRAINING; OFFICERS. (a) *Appointment*^{by a county}. In a county that participates
- 21 in a pilot project under s. 46.281 (1) (d) and before a county participates in the
- 22 program under ~~§ 46.2085~~ to ~~§ 46.2895~~, the following shall be done:

1 1. The county board of supervisors of the county shall appoint a local long-term
2 care council or the county boards of supervisors of ² or more contiguous counties shall
3 appoint a local long-term care council, except as follows:

4 a. In a county with a county executive or a county administrator, the county
5 executive or county administrator shall appoint the local long-term care council,
6 other than as provided in subd. 1. b., [✓] subject to confirmation by the county board of
7 supervisors.

8 b. If the lands of any tribe or band are located in the county or contiguous
9 counties to be served by a local long-term care council, each tribe or band with these
10 lands shall appoint at least one member of the local long-term care council.

11 2. A county board of supervisors or, in a county with a county executive or a
12 county administrator, the county executive or county administrator shall appoint
13 members of the local long-term care council who are required to be older persons or
14 persons with physical or developmental disabilities or their immediate family
15 members or other representatives from nominations that are submitted to the
16 county board of supervisors or the county executive or county administrator by older
17 persons or persons with physical or developmental disabilities or their immediate
18 family members or other representatives and by local organizations that represent
19 older persons or persons with physical or developmental disabilities.

20 (am) ^{Appointment by a tribe or band or council } (E)}
 If a tribe or band or the Great Lakes inter-tribal council, inc., intends to
21 apply for a contract to operate a resource center or for certification as a care
22 management organization, the tribe or band or the council shall, as a condition of the
23 application or the certification appoint a local long-term care council.

24 (b) *Membership.* 1. A local long-term care council that serves a single-county
25 area shall consist of 17 members, at least 9 of whom are older persons or persons with

1 physical or developmental disabilities or their immediate family members or other
2 representatives. The age or disability represented by these 9 members shall
3 correspond to the proportion of numbers of persons, as determined by the
4 department, receiving long-term care in this state who are aged 65 or older or have
5 a physical or developmental disability. The remaining membership shall consist of
6 providers of long-term care services, persons residing in the county with recognized
7 ability and demonstrated interest in long-term care and up to 3 members of the
8 county board of supervisors or other elected officials.

9 2. A local long-term care council that serves an area of 2 or more contiguous
10 counties shall consist of 23 members, at least 12 of whom are older persons or persons
11 with physical or developmental disabilities or their immediate family members or
12 other representatives. The age or disability represented by these 12 members shall
13 correspond to the proportion of numbers of persons, as determined by the
14 department, receiving long-term care in this state who are aged 65 or older or have
15 a physical or developmental disability. The remaining membership shall consist of
16 providers of long-term care services, persons residing in the county with recognized
17 ability and demonstrated interest in long-term care and either up to 4 members of
18 the county boards of supervisors or other elected officials or, for a council that serves
19 an area of more than 4 contiguous counties, up to one member of the county board
20 of supervisors of each county or up to one other elected official in each county area.

21 3. A local long-term care council that is appointed by a tribe or band or by the
22 Great Lakes inter-tribal council, inc., shall consist of 21 members, at least 11 of
23 whom are older persons or persons with physical or developmental disabilities or
24 their family members or other representatives. The age or disability represented by
25 these 11 members shall correspond to the proportion of numbers of persons, as

1 determined by the department, receiving long-term care in this state who are aged
2 65 or older or have a physical or developmental disability. The remaining
3 membership shall consist of providers of long-term care services, persons residing
4 in the county with recognized ability and demonstrated interest in long-term care
5 and up to 3 members of the governing board of the tribe or band or the Great Lakes
6 inter-tribal council, inc., that appoints the local long-term care council.

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

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

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

17 (c) *Terms.* The members of the local long-term care council appointed under par.

18 (a) shall serve 3-year terms. no member may serve more than 2 consecutive terms.

19 Of the members first appointed under par. (b) 1., 7 shall be appointed for 3 years; 5

20 shall be appointed for 4 years; and 5 shall be appointed for 5 years. Of the members

21 first appointed under par. (b) 2., 8 shall be appointed for 3 years; 8 shall be appointed

22 for 4 years; and 7 shall be appointed for 5 years. Of the members appointed under

23 par. (b) 3., one-third shall be appointed for 3 years; one-third shall be appointed for

24 4 years; and one-third shall be appointed for 5 years.

1 (d) *Compensation and training.* Members of the local long-term care council
2 who are older persons, persons with physical or developmental disabilities or the
3 family members or other representatives of these persons shall receive compensation
4 for reasonable expenses associated with membership participation. The county
5 board of supervisors or, in the case of a member appointed by the governing body of
6 a tribe or band or by the Great Lakes inter-tribal council, inc., the tribe or band or
7 the Great Lakes inter-tribal council, inc., shall provide training to these members
8 to enable them to participate effectively.

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

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

17 1. Develop the initial plan for the structure of the county, multicounty or tribal
18 resource center and care management organization or organizations, including
19 formulating recommendations to the county board or boards of supervisors and, in
20 a county with a county executive or a county administrator, to the county executive
21 or county administrator, to the governing body of the tribe or band or of the Great
22 Lakes inter-tribal council, inc., if applicable, and to the department on all of the
23 following:

1 a. Whether or not the county, counties, tribe or band or Great Lakes inter-tribal
2 council, inc., should exercise its right ^{to apply} under s. 46.283 (1) ^{for a contract} to operate a resource center
3 or ^{to apply under s. 46.284 (1)} a care management organization ^{for a contract to operate} and how the operation should proceed.

4 b. Whether the county should create a family care district to operate a resource
5 center or ^{under} a care management organization ^{del. extra space}.

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

10 d. If applicable, how county-operated functions should interact with a resource
11 center or care management organization that is operated by a tribe or band or by the
12 Great Lakes inter-tribal council, inc.

13 2. Under criteria that the department prescribes, do all of the following:

14 a. In ^{the years} 2000 and 2001, after consulting with the council on long-term care,
15 evaluate the performance of the care management organization or organizations in
16 the area of the local long-term care council and determine whether additional care
17 management organizations are needed in the area and, if so, recommend this to the
18 department.

19 b. In ^{the year} 2002 and thereafter, evaluate the performance of the care management
20 organization or organizations in the area of the local long-term care council and
21 determine whether additional care management organizations are needed in the
22 area and, if so recommend this to the department.

23 3. Advise the department regarding applications for initial certification or
24 certification renewal of care management organizations in the area of the local
25 long-term care council, including providing recommendations for organizations

1 applying for certification or recertification, and assist the department in reviewing
2 and evaluating the applications.

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

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

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

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

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

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

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

24 11. Annually review interagency agreements between a resource center and
25 care management organization or organizations and make recommendations, as

1 appropriate, on the interaction between the resource center and the care
2 management organization or organizations to assure coordination between or
3 among them.

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

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

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

13 15. Annually report to the department and, before July 1, 2001, to the
14 long-term care council concerning significant achievements and problems in the
15 local long-term care system.

16 (b) A local long-term care council may, within the local long-term care council's
17 area, assume the duties of the county long-term community support planning
18 committee as specified under s. 46.27 (4)."

19 **30.** Page 604, line 19: after "46.282" insert "(1)".

20 **31.** Page 604, line 22: delete "A" and substitute "After considering
21 recommendations of the local long-term care council under s. 46.282 (3) (a) 1., a".

22 **32.** Page 605, line 7: delete "The" and substitute "After considering
23 recommendations of the local long-term care council under s. 46.282 (3) (a) 1., the".

1 ~~33.~~ Page 606, line 1: after "2001," insert "subject to approval of necessary
2 funding,".

3 ✓ 34. Page 606, line 1: delete "the department may contract" and substitute
4 "subject to approval of necessary funding, the department may contract to operate
5 a resource center with counties, family care districts, the governing body of a tribe
6 or band or the Great Lakes inter-tribal council, inc., or under a joint application of
7 any of these, or".

8 ✓ 35. Page 606, line 2: delete "to operate a resource center".

9 ✓ 36. Page 606, line 9: delete lines 9 to 13.

10 ✓ 37. Page 608, line 12: after "facility" insert "and the person is determined by
11 the resource center to have a condition that is expected to last at least 90 days that
12 would require care, assistance or supervision".

13 38. Page 609, line 3: delete that line and substitute:

14 "(7) CONFIDENTIALITY; EXCHANGE OF INFORMATION. No record, as defined in s.
15 19.32 (2), of a resource center that contains personally identifiable information, as
16 defined in s. 19.62 (5), concerning an individual who receives services from the
17 resource center may be disclosed by the resource center without the individual's
18 informed consent, except as follows:

19 (a) A resource center may provide information as required to comply with s.
20 16.009 (2) (p) or 49.45 (4) or as necessary for the department to administer the
21 program under s. 46.2805 to 46.2895.

22 ✓ (b) Notwithstanding ss. 48.78 (2) (a), 49.45 (4),".

1 **39.** Page 610, line 22: delete the material beginning with that line and ending
2 with page 611, line 16 and substitute:

3 “selected group or groups. With respect to contracts exclusively with counties
4 to operate a care management organization, all of the following apply:

5 1. Before January 1, 2003, the department may not contract with an
6 organization other than the county to operate a care management organization in
7 the county unless any of the following applies:

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

10 b. The governing body of a tribe or band or the Great Lakes inter-tribal council,
11 inc., elects to operate a care management organization within the area and is
12 certified under sub. (3).[✓]

13 2. After December 31, 2002, and before January 1, 2004, the department may
14 not contract with an organization other than the county to operate a care
15 management organization in the county unless any of the following applies:

16 a. ^{vision ✓ ✓} Subd. ~~1.~~ a. or b. applies.

17 b. The county fails to meet requirements of sub. (3)[✓] and performance standards
18 prescribed by the department.

19 c. The county does not have the capacity to serve all county residents who are
20 entitled to the family care benefit in the client group or groups that the county serves
21 and cannot develop the capacity. If this subd. 2. c.[✓] applies, the department may
22 contract with an organization in addition to the county.

23 3. After December 31, 2003, the department may contract with counties, family
24 care districts, the governing body of a tribe or band or the Great Lakes inter-tribal

1 council, inc., or under a joint application of any of these, or with a private nonprofit
 2 organization that has no significant connection to an entity that operates a resource
 3 center. Proposals for contracts under this subdivision shall be solicited under a
 4 competitive sealed proposal process under s. 16.75 (2m) and, after consulting with
 5 the local long-term care council for the county or counties, the department shall
 6 evaluate the proposals primarily as to the quality of care that is proposed to be
 7 provided, certify those applicants that meet the requirements specified in sub. (3) (a),
 8 select certified applicants for contract and contract with the selected applicants.”.

9 **40.** Page 611, line 20: after the period insert “An application shall include
 10 comments about the applicant and recommendations about the application that are
 11 provided by the appropriate long-term care council, as specified under s. 46.282 (3)
 12 (a) 3.”. *local*

13 **41.** Page 616, line 19: delete that line and substitute:

14 “(7) CONFIDENTIALITY; EXCHANGE OF INFORMATION. No record, as defined in s.
 15 19.32 (2), of a care management organization that contains personally identifiable
 16 information, as defined in s. 19.62 (5), concerning an individual who receives services
 17 from the care management organization may be disclosed by the care management
 18 organization without the individual’s informed consent, except as follows:

19 (a) A care management organization may provide information as required to
 20 comply with s. 16.009 (2) (p) or 49.45 (4) or as necessary for the department to
 21 administer the program under s. 46.2805 to 46.2895.

22 (b) Notwithstanding ss. 48.78 (2) (a), 49.45 (4),”.

23 **42.** Page 617, line 3: delete lines 3 to 10.

24 **43.** Page 617, line 13: after “organization.” insert “(1)”.

1 **44.** Page 617, line 16: delete that line and substitute:

2 “directly operate both a resource center and a care management organization,
3 except as follows:

4 (4) (a) For a pilot project established under s. 46.282¹ (1) (d) 2.¹, provision of the
5 services specified under s. 46.283 (3) (b)¹, (e)¹, (f)¹ and (g)¹ shall be structurally separate
6 from the provision of services of the care management organization by January 1,
7 2001.

8 (b) The department may approve separation of the functions of a resource
9 center from those of a care management organization by a means other than those
10 specified in sub. (2).¹

11 (2) Except as provided in sub. (1)¹, all of”.

12 ¹ **45.** Page 617, line 19: delete that line and substitute:

13 “(a) 1. If a county board of supervisors and, if applicable,”.

14 ¹ **46.** Page 617, line 24: delete “(b)” and substitute “2.”¹

INSERT 15-14¹

15 ¹ **47.** Page 618, line ~~8~~¹⁴: delete that line and substitute:

16 “(c) Any county or family care”.

17 **48.** Page 618, line 22: delete lines 22 and 23 and substitute: as

18 “person is at least 18 years of age; has a physical disability, ~~as~~¹ defined in s. 15.197

19 (4) (a) 2.¹, or infirmities of aging, as defined in s. 55.01 (3);¹ and meets all of the”.

20 ¹ **49.** Page 619, line 14: delete “was receiving” and substitute “had been
21 receiving for at least 60 days, under a written plan of care,”.

22 ¹ **50.** Page 619, line 15: after “department,” insert “which were”.

23 ¹ **51.** Page 620, line 3: after “financial” insert “or disability”.

1 √ **52.** Page 621, line 23: after that line insert:

2 “3. The department or its designee determines that the person no longer meets
3 eligibility criteria under sub. (1).”.

4 √ **53.** Page 622, line 22: after “correctly” insert “and incorrectly”.

5 √ **54.** Page 623, line 4: delete lines 4 to 6 and substitute:

6 “the following applicable matters by filing, within 45 days of the failure of a
7 resource center or care management organization to act on the contested matter
8 within the time frames specified by rule by the department or within 45 days after
9 receipt of notice of a decision in a contested matter, a written request for a hearing
10 under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1).”.

11 **55.** Page 623, line 17: after that line insert:

12 “h. Imposition of ineligibility for the family care benefit under s. 46.286 (4).”

13 i. Denial of eligibility or reduction of the amounts of the family care benefit
14 under s. 46.286 (5).”

15 j. Determinations similar to those specified under s. 49.455 (8) (a), made under
16 s. 46.286 (6).”

17 k. Recovery of family care benefit payments under s. 46.286 (7).”

18 **56.** Page 623, line 21: delete lines 21 to 23 and substitute:

19 “(b) An enrollee may contest a decision, omission or action of a care
20 management organization other than those specified in par. (a), or may contest the
21 choice of”.

22 √ **57.** Page 624, line 14: delete lines 14 and 15.

23 √ **58.** Page 624, line 16: delete “(3)” and substitute “(2)”.

1 ✓ **59.** Page 625, line 9: delete that line and substitute:

2 “(3) Procedures and standards for procedures for s. 46.287 (2), including time
3 frames for action by a resource center or a care management organization on a
4 contested matter.”

5 ✓ **60.** Page 626, line 6: on lines 6 and 18, delete “contiguous”.

6 **61.** Page 627, line 4: delete lines 4 and 5 and substitute:

7 “2. The family care district board appointed under par. (a) 2. shall consist of an
8 odd number of members that is at least 15 but not more than 21 persons, all of whom
9 are”.

10 ✓ **62.** Page 627, line 12: delete that line and substitute:

11 “Up to one-fourth of the members of the board may be elected or appointed
12 officials or employes of the”.

13 ✓ **63.** Page 627, line 21: after “appointed” insert “, unless removed for cause
14 under s. 17.13”.

15 ✓ **64.** Page 628, line 15: after “center” insert “or a portion of its functions”.

16 ✓ **65.** Page 628, line 16: after “both” insert “a resource center or its functions and
17 a care management organization”

18 **66.** Page ~~72~~⁷³⁸, line ~~2~~²⁰: after that line insert: 1433v ← B

19 “SECTION ~~49.46~~ 49.46 (1) (a) 14m. of the statutes is created to read:

20 49.46 (1) (a) 14m. Any person who would meet the financial and other eligibility
21 requirements for home or community-based services under the family care benefit
22 but for the fact that the person engages in substantial gainful activity under ~~42 USC 1382c~~

23 ~~(a) (3)~~ ^{42 USC 1382c (a)(3)} if a waiver under s. 46.281 (1) (c) is in effect or federal law permits federal

1 financial participation for medical assistance coverage of the person and if funding
2 is available for the person under the family care benefit.”.

3 **67.** Page 762, line 5: after that line insert:

4 “SECTION 1501d. 50.034 (6) of the statutes is amended to read:

5 50.034 (6) FUNDING. Funding for supportive, personal or nursing services that
6 a person who resides in a residential care apartment complex receives, other than
7 private or 3rd-party funding, may be provided only under s. 46.27 (11) (c) 7. or 46.277
8 (5) (e), unless except if the provider of the services is a certified medical assistance
9 provider under s. 49.45 or if the funding is provided as a family care benefit under
10 § 46.2805 to 46.2895.”.

History: 1995 a. 27; 1997 a. 13, 252.

11 **68.** Page 767, line 16: delete “(a)”.

12 **69.** Page 1405, line 22: on lines 22 and 24, delete “46.288 (1) to (4)” and
13 substitute “46.288 (1) to (3)”.

14 **70.** Page 1406, line 6: after that line insert:

NON
STATS

15

15 ~~(9)~~ REPORT ON FAMILY CARE. By November 1, 2000, the department of health and
16 family services shall submit to the governor, as part of the department’s 2001–03
17 biennial budget request, a report that describes the implementation and outcomes
18 of the pilot projects under section 46.281 (1) (d) of the statutes and that makes
19 recommendations on the family care program under sections 46.2805 to 46.2895 of
20 the statutes.

as created by
this act,

21

NON
STATS

21 ~~(9)~~ ALTERNATIVE TO FAMILY CARE. (a) The department of health and family
22 services shall, as soon as possible before July 1, 2002, seek waivers of federal medical
23 assistance statutes and regulations from the federal department of health and
24 human services that are necessary to implement in up to 3 pilot counties a model for

1 the provision of long-term care that is an alternative to the family care program
2 under sections 46.2805 to 46.2895[✓] of the statutes, as created by this act, that would
3 have all of the following characteristics:

4 1. Medical assistance coverage of services under waiver programs under
5 sections 46.27 (11)[✓], 46.275[✓], 46.277[✓] and 46.278[✓] of the statutes would be expanded to
6 include selected services specified under section 49.46 (2) (b)[✓] of the statutes,
7 including personal care and home health care.

8 2. Pilot counties would operate care management organizations, as described
9 under section 46.284[✓] of the statutes, as created by this act, but would not be required
10 to compete with private or nonprofit organizations for contracts to operate the care
11 management organizations.

12 3. Functions of a resource center, as specified under section 46.283 (4)[✓] of the
13 statutes, as created by this act, would not be required to be separated from functions
14 of a care management organization, as specified under section 46.284 (4)[✓] of the
15 statutes, as created by this act.

16 4. The cost of the program would not exceed the cost of relevant aspects of the
17 family care program.

18 5. Pilot counties would be required to reduce average costs per person served
19 in the counties under sections 46.27 (11)[✓], 46.275[✓], 46.277[✓] and 46.278[✓] of the statutes
20 for the calendar year preceding implementation of the alternative model, in order to
21 serve additional persons on waiting lists for the services.

22 6. The department of health and family services would distribute funding to
23 the pilot counties on a per person per month payment basis using the same
24 methodology as that used under section 46.284 (5) (a)[✓] of the statutes, as created by
25 this act, as adjusted for the specific services provided.

1 7. The risk-sharing provisions specified under section 46.284 (5) of the
2 statutes, as created by this act, would apply to pilot counties.

3 8. Resource centers operated by pilot counties would be required to provide
4 services specified under section 46.283 (3) (a), (b), (e), (f), (g), (i) and (k) of the statutes,
5 as created by this act.

6 (b) If the federal waivers specified under paragraph (a) are approved, the department
7 of health and family services shall as soon as possible before July 1, 2002, seek
8 enactment of statutory language, including appropriation of necessary funding, to
9 implement the model described under paragraph (a), as approved under the federal
10 waivers.”

*NEW
STATS*

11 **71.** Page 1410, line 12: after that line insert:

12 *Im*
13 *(S)* EVALUATION OF FAMILY CARE PILOT PROJECTS. As soon as possible, the
14 legislative audit bureau shall contract with an organization other than an agency of
15 the state to evaluate the pilot projects under section 46.281 (1) (d) of the statutes, as
16 created by this act, as to cost-effectiveness, client access to services and quality of
17 care.”

17 **72.** Page 1472, line 9: delete lines 9 and 10 and substitute:

18 “(5), 46.281 (1) (a) and (b) and 46.282 (1) of the statutes take effect on July 1,
19 2001, or the day after publication”.

20 (END)

D-NOTE

✓ # . Page 618, line 3: delete that line and substitute:

"(b) 1. of the governing body of a tribe or band".

✓ # . Page 618, line 9: delete "(b)" and substitute

"2,"

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBb0591/1dn

DAK.../.....

WJ

To Richard Megna:

1. Please carefully review my treatment of s. 46.27 (4); I separated functions between the planning committee and the local long-term care council, as I discussed with Charlie Morgan, but the result under s. 46.27 (4) (e) is to have duties that probably only should be performed by the local long-term care council sitting off in s. 46.27, rather than in s. 46.282. Do you think that this somewhat awkward scheme is appropriate, or should I somehow revise?

2. Should "contiguous" be deleted from s. 46.282 (2) (a) 1. (intro.) and b. and (b) 2., if it is no longer a requirement for family care districts (see amendments to s. 46.2895 (1) (b) and (3) (a) 2.)?

3. Please review s. 46.282 (3) (a) 2. The department's language for this provision requires consultation with the council on long-term care, which terminates on July 1, 2001. Your motion requires an additional duty that actually corresponds to the department's language, except that you specifically want review of the county's performance in 2002. I have attempted to meld these provisions to make an ongoing requirement for recommendation to the department and a specific requirement as to 2003. I also deleted reference to the long-term care council after its presumed demise. Does this accomplish your objective?

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

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBb0591/1dn
DAK:wlj:ksh

June 13, 1999

To Richard Megna:

1. Please carefully review my treatment of s. 46.27 (4); I separated functions between the planning committee and the local long-term care council, as I discussed with Charlie Morgan, but the result under s. 46.27 (4) (e) is to have duties that probably only should be performed by the local long-term care council sitting off in s. 46.27, rather than in s. 46.282. Do you think that this somewhat awkward scheme is appropriate, or should I somehow revise?

2. Should "contiguous" be deleted from s. 46.282 (2) (a) 1. (intro.) and b. and (b) 2., if it is no longer a requirement for family care districts (see amendments to s. 46.2895 (1) (b) and (3) (a) 2.)?

3. Please review s. 46.282 (3) (a) 2. The department's language for this provision requires consultation with the council on long-term care, which terminates on July 1, 2001. Your motion requires an additional duty that actually corresponds to the department's language, except that you specifically want review of the county's performance in 2002. I have attempted to meld these provisions to make an on going requirement for recommendation to the department and a specific requirement as to 2003. I also deleted reference to the long-term care council after its presumed demise. Does this accomplish your objective?

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

From Richard Megna

✓ ① Delete Item # 2

✓ ② Do not delete "contiguous"

✓ ③ See p. 9

ⓐ 1st 2 yrs - ^{dept prescribes criteria} after consulting w/ council

ⓑ 3rd year - dept prescribes

✓ ④ ^{p. 3} Add Item 5 to p. 601, ll. 13 to 15 (CMO's)

✓ ⑤ p. 601, l. 16 - add after "entities", "in addition to those specified in par. (d)".

✓ ⑥ p. 6, ll. 19-22 - fix as to total memberships
- make clear total is 11

✓ ⑦ p. 7, l. 21 - 6, 6 + 5

✓ ⑧ p. 8, l. 5 - after "compensation" insert "from the applicable county"

✓ ⑨ p. 12, l. 4 - same as ⑤ above

✓ ⑩ p. 609, l. 15 - put in same proviso as Item 30

✓ ⑪ p. 625, line 19 - after considering recomm. by local d-t care council

✓ ⑫ p. 19, lines 14 to 17 - instead ^{of CMO} just refer to provide care under alternate model the

✓ 13 Co. will not be required to estab a sep entity to
resource center ~~will not be required to~~
operate functions of a

✓ 14 p. 20, l. 9 - Insert "or contract for the provision
of" after "provide"

✓ 15 p. 20 - In eval, include eval. of alternative
model - see line 21 lang.

✓ 16 p. 19, l. 6 - delete "counties" + substitute "sites"

TODAY - In edit 6/14

1999 - 2000 LEGISLATURE

LRBb0591/2

DAK/wjt

LFB:.....Megna - Family Care changes

FOR 1999-01 BUDGET - NOT READY FOR INTRODUCTION

LFB AMENDMENT

TO 1999 ASSEMBLY BILL 133 AND 1999 SENATE BILL 45

1 At the locations indicated, amend the bill as follows:

2 1. Page 588, line 10: delete the material beginning with that line and ending
3 with page 589, line 6 and substitute:

4 "SECTION 1033g. 46.27 (4) (am) of the statutes is created to read:

5 46.27 (4) (am) If a local long-term care council in a county assumes under s.
6 46.282 (3) (b) the duties of the county long-term support planning committee under
7 this subsection, the county long-term support planning committee for the county is
8 dissolved.

9 SECTION 1033h. 46.27 (4) (c) (intro.) of the statutes is amended to read:

10 46.27 (4) (c) (intro.) The planning committee shall develop, or, if a local
11 long-term care council has under s. 46.282 (3) (b) assumed the duties of the planning

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

3 **SECTION 1033i.** 46.27 (4) (c) 5. of the statutes is amended to read:

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

8 **2.** Page 589, line 11: after that line insert:

9 **“SECTION 1038g.** 46.27 (4) (d) of the statutes is created to read:

10 46.27 (4) (d) The planning committee shall advise the county board of
11 supervisors and, if applicable, the county administrator or county executive on
12 whether to apply to the department for a contract to operate a resource center or a
13 care management organization and whether to create a family care district to apply
14 to the department for such a contract.

15 **SECTION 1038h.** 46.27 (4) (e) of the statutes is created to read:

16 46.27 (4) (e) If a local long-term care council has under s. 46.282 (3) (b) assumed
17 the duties of the planning committee, the local long-term care council shall do all of
18 the following:

19 1. Review initial plans and existing provider networks of any care management
20 organization in the area to assist the care management organization in developing
21 a network of service providers that includes a sufficient number of accessible,
22 convenient and desirable services.

1 2. Advise care management organizations about whether to offer optional
2 acute and primary health care services and, if so, how these benefits should be
3 offered.”

4 **3.** Page 600, line 7: after that line insert:

5 “(7m) “Local long-term care council” means a local long-term care council that
6 is appointed under s. 46.282 (2) (a).”

7 **4.** Page 600, line 23: after “care” insert “, including copies of reports submitted
8 to the department by local long-term care councils,”

9 **5.** Page 601, line 9: delete “determined by the department” and substitute “in
10 which reside no more than 29% of the population that is eligible for the family care
11 benefit”.

with one or more entities

✓ **INSERT 3-11**

12 **6.** Page 601, line 16: delete “contract” and substitute “if the local long-term
13 care council for the applicable area has developed the initial plan under s. 46.282 (3)
14 (a) 1., contract with entities specified under par. (d) and, only if specifically
15 authorized by the legislature and if the legislature appropriates necessary funding,
16 contract as so authorized”.

*with one or more entities in addition
to those specified in
par. (d)*

17 **7.** Page 602, line 23: after “county,” insert “hospital,”

18 **8.** Page 603, line 1: after “county,” insert “hospital,”

19 **9.** Page 603, line 11: delete that line and substitute:

20 **“46.282 Councils on long-term care. (1) COUNCIL ON LONG-TERM CARE. The**
21 **council on long-term care appointed”.**

22 **10.** Page 603, line 13: delete “(1)” and substitute “(a)”.

23 **11.** Page 603, line 15: delete “(2)” and substitute “(b)”.

- 1 **12.** Page 603, line 18: delete “(a)” and substitute “1.”.
- 2 **13.** Page 603, line 20: delete “(b)” and substitute “2.”.
- 3 **14.** Page 603, line 22: delete “(c)” and substitute “3.”.
- 4 **15.** Page 603, line 23: delete “(d)” and substitute “4.”.
- 5 **16.** Page 603, line 24: delete “(e)” and substitute “5.”.
- 6 **17.** Page 604, line 1: delete “(f)” and substitute “6.”.
- 7 **18.** Page 604, line 2: delete “(3)” and substitute “(c)”.
- 8 **19.** Page 604, line 4: delete “(4)” and substitute “(d)”.
- 9 **20.** Page 604, line 5: delete “(5)” and substitute “(e)”.
- 10 **21.** Page 604, line 7: delete “(6)” and substitute “(f)”.
- 11 **22.** Page 604, line 9: delete “(7)” and substitute “(g)”.
- 12 **23.** Page 604, line 12: delete “(a)” and substitute “1.”.
- 13 **24.** Page 604, line 13: delete “(b)” and substitute “2.”.
- 14 **25.** Page 604, line 14: delete “(c)” and substitute “3.”.
- 15 **26.** Page 604, line 16: delete “(d)” and substitute “4.”.
- 16 **27.** Page 604, line 17: delete “(e)” and substitute “5.”.
- 17 **28.** Page 604, line 18: after that line insert:
- 18 “(2) LOCAL LONG-TERM CARE COUNCILS; APPOINTMENT; MEMBERSHIP; TERMS;
- 19 COMPENSATION AND TRAINING; OFFICERS. (a) *Appointment by a county.* In a county that
- 20 participates in a pilot project under s. 46.281 (1) (d) and before a county participates
- 21 in the program under ss. 46.2805 to 46.2895, the following shall be done:

1 1. The county board of supervisors of the county shall appoint a local long-term
2 care council or the county boards of supervisors of 2 or more contiguous counties shall
3 appoint a local long-term care council, except as follows:

4 a. In a county with a county executive or a county administrator, the county
5 executive or county administrator shall appoint the local long-term care council,
6 other than as provided in subd. 1. b., subject to confirmation by the county board of
7 supervisors.

8 b. If the lands of any tribe or band are located in the county or contiguous
9 counties to be served by a local long-term care council, each tribe or band with these
10 lands shall appoint at least one member of the local long-term care council.

11 2. A county board of supervisors or, in a county with a county executive or a
12 county administrator, the county executive or county administrator shall appoint
13 members of the local long-term care council who are required to be older persons or
14 persons with physical or developmental disabilities or their immediate family
15 members or other representatives from nominations that are submitted to the
16 county board of supervisors or the county executive or county administrator by older
17 persons or persons with physical or developmental disabilities or their immediate
18 family members or other representatives and by local organizations that represent
19 older persons or persons with physical or developmental disabilities.

20 (am) *Appointment by a tribe or band or council.* If a tribe or band or the Great
21 Lakes inter-tribal council, inc., intends to apply for a contract to operate a resource
22 center or for certification as a care management organization, the tribe or band or
23 the council shall, as a condition of the application or the certification appoint a local
24 long-term care council.

1 (b) *Membership.* 1. A local long-term care council that serves a single-county
 2 area shall consist of 17 members, at least 9 of whom are older persons or persons with
 3 physical or developmental disabilities or their immediate family members or other
 4 representatives. The age or disability represented by these 9 members shall
 5 correspond to the proportion of numbers of persons, as determined by the
 6 department, receiving long-term care in this state who are aged 65 or older or have
 7 a physical or developmental disability. The remaining membership shall consist of
 8 providers of long-term care services, persons residing in the county with recognized
 9 ability and demonstrated interest in long-term care and up to 3 members of the
 10 county board of supervisors or other elected officials.

11 2. A local long-term care council that serves an area of 2 or more contiguous
 12 counties shall consist of 23 members, at least 12 of whom are older persons or persons
 13 with physical or developmental disabilities or their immediate family members or
 14 other representatives. The age or disability represented by these 12 members shall
 15 correspond to the proportion of numbers of persons, as determined by the
 16 department, receiving long-term care in this state who are aged 65 or older or have
 17 a physical or developmental disability. The remaining membership shall consist of
 18 # a. providers of long-term care services, persons residing in the county with recognized
 19 ability and demonstrated interest in long-term care and either up to 4 members of
 20 the county boards of supervisors or other elected officials or, for a council that serves
 21 an area of more than 4 contiguous counties, up to one member of the county board
 22 of supervisors of each county or up to one other elected official in each county area.

23 3. A local long-term care council that is appointed by a tribe or band or by the
 24 Great Lakes inter-tribal council, inc., shall consist of 21 members, at least 11 of
 25 whom are older persons or persons with physical or developmental disabilities or

total

8

11 members

total

b.

c.

all of the following:

the contiguous counties

contiguous

1 their family members or other representatives. The age or disability represented by
2 these 11 members shall correspond to the proportion of numbers of persons, as
3 determined by the department, receiving long-term care in this state who are aged
4 65 or older or have a physical or developmental disability. The ^{total} remaining
5 ¹⁰ members ~~shall~~ shall consist of providers of long-term care services, persons residing
6 in the county with recognized ability and demonstrated interest in long-term care
7 and up to 3 members of the governing board of the tribe or band or the Great Lakes
8 inter-tribal council, inc., that appoints the local long-term care council.

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

13 a. For cause, by a two-thirds vote of each county board of supervisors or
14 governing body of a tribe or band participating in the appointment, on due notice in
15 writing and hearing of the charges against the member.

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

19 (c) *Terms.* The members of the local long-term care council appointed under
20 par. (a) shall serve 3-year terms. No member may serve more than 2 consecutive
21 terms. Of the members first appointed under par. (b) 1., ⁶ ~~4~~ shall be appointed for 3
22 years; ⁶ ~~4~~ shall be appointed for 4 years; and 5 shall be appointed for 5 years. Of the
23 members first appointed under par. (b) 2., 8 shall be appointed for 3 years; 8 shall be
24 appointed for 4 years; and 7 shall be appointed for 5 years. Of the members appointed

from the applicable county

1 under par. (b) 3., one-third shall be appointed for 3 years; one-third shall be
2 appointed for 4 years; and one-third shall be appointed for 5 years.

3 (d) *Compensation and training.* Members of the local long-term care council
4 who are older persons, persons with physical or developmental disabilities or the
5 family members or other representatives of these persons shall receive compensation
6 for reasonable expenses associated with membership participation. The county
7 board of supervisors or, in the case of a member appointed by the governing body of
8 a tribe or band or by the Great Lakes inter-tribal council, inc., the tribe or band or
9 the Great Lakes inter-tribal council, inc., shall provide training to these members
10 to enable them to participate effectively.

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

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

19 1. Develop the initial plan for the structure of the county, multicounty or tribal
20 resource center and care management organization or organizations, including
21 formulating recommendations to the county board or boards of supervisors and, in
22 a county with a county executive or a county administrator, to the county executive
23 or county administrator, to the governing body of the tribe or band or of the Great
24 Lakes inter-tribal council, inc., if applicable, and to the department on all of the
25 following:

1 a. Whether or not the county, counties, tribe or band or Great Lakes inter-tribal
2 council, inc., should exercise its right to apply under s. 46.283 (1) for a contract to
3 operate a resource center or to apply under s. 46.284 (1) for a contract to operate a
4 care management organization and how the operation should proceed.

5 b. Whether the county should create a family care district to operate a resource
6 center or under a care management organization.

7 c. Whether local organizations other than the county should serve as
8 alternatives or in addition to county-operated entities to operate a resource center
9 or a care management organization and, if so, which organizations should be
10 considered.

11 d. If applicable, how county-operated functions should interact with a resource
12 center or care management organization that is operated by a tribe or band or by the
13 Great Lakes inter-tribal council, inc.

14 2. Under criteria that the department prescribes, ~~do all of the following:~~

15 a. In the years 2000 and 2001, after consulting with the council on long-term
16 care, evaluate the performance of the care management organization or
17 organizations in the area of the local long-term care council and determine whether
18 additional care management organizations are needed in the area and, if so,
19 recommend this to the department.

20 b. In the year 2002 and thereafter, *under criteria that the department prescribes,*
21 evaluate the performance of the care
22 management organization or organizations in the area of the local long-term care
23 council and determine whether additional care management organizations are
24 needed in the area and, if so recommend this to the department.

25 3. Advise the department regarding applications for initial certification or
certification renewal of care management organizations in the area of the local

1 long-term care council, including providing recommendations for organizations
2 applying for certification or recertification, and assist the department in reviewing
3 and evaluating the applications.

4 4. Receive information about and monitor complaints from persons served by
5 the care management organization in the area concerning whether the numbers of
6 providers of long-term care services used by the care management organization are
7 sufficient to ensure convenient and desirable consumer choice and provide
8 recommendations under subd. 3. to the department about this issue.

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

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

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

18 8. Monitor the pattern of enrollments and disenrollments in local care
19 management organizations.

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

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

1 11. Annually review interagency agreements between a resource center and
2 care management organization or organizations and make recommendations, as
3 appropriate, on the interaction between the resource center and the care
4 management organization or organizations to assure coordination between or
5 among them.

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

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

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

15 15. Annually report to the department and, before July 1, 2001, to the
16 long-term care council concerning significant achievements and problems in the
17 local long-term care system.

18 (b) A local long-term care council may, within the local long-term care council's
19 area, assume the duties of the county long-term community support planning
20 committee as specified under s. 46.27 (4)."

21 **29.** Page 604, line 19: after "46.282" insert "(1)".

22 **30.** Page 604, line 22: delete "A county" and substitute "After considering
23 recommendations of the local long-term care council under s. 46.282 (3) (a) 1., a
24 county".

the department shall contract with the entities specified under s. 46.281 (1)(d) 1. and may, in addition to contracting with these entities and

1 **31.** Page 605, line 7: delete "The governing" and substitute "After considering
2 recommendations of the local long-term care council under s. 46.282 (3) (a) 1., the
3 governing".

4 **32.** Page 606, line 1: delete "~~the department~~ may contract" and substitute
5 "subject to approval of necessary funding, ~~the department may~~ contract to operate
6 a resource center with countics, family care districts, the governing body of a tribe
7 or band or the Great Lakes inter-tribal council, inc., or under a joint application of
8 any of these, or".

9 **33.** Page 606, line 2: delete "to operate a resource center".

10 **34.** Page 606, line 9: delete lines 9 to 13.

11 **35.** Page 608, line 12: after "facility" insert "and the person is determined by
12 the resource center to have a condition that is expected to last at least 90 days that
13 would require care, assistance or supervision".

14 **36.** Page 609, line 3: delete that line and substitute:

15 "(7) CONFIDENTIALITY; EXCHANGE OF INFORMATION. No record, as defined in s.
16 19.32 (2), of a resource center that contains personally identifiable information, as
17 defined in s. 19.62 (5), concerning an individual who receives services from the
18 resource center may be disclosed by the resource center without the individual's
19 informed consent, except as follows:

20 (a) A resource center may provide information as required to comply with s.
21 16.009 (2) (p) or 49.45 (4) or as necessary for the department to administer the
22 program under ss. 46.2805 to 46.2895.

23 (b) Notwithstanding ss. 48.78 (2) (a), 49.45 (4),".

INSERT 12-23

1

37. Page 610, line 22: delete the material beginning with that line and ending with page 611, line 16, and substitute

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3

al
selected group or groups. With respect to contracts exclusively with counties to operate a care management organization, all of the following apply:

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1. Before January 1, 2003, the department may not contract with an organization other than the county to operate a care management organization in the county unless any of the following applies:

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

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

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2. After December 31, 2002, and before January 1, 2004, the department may not contract with an organization other than the county to operate a care management organization in the county unless any of the following applies:

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a. Subdivision 1. a. or b. applies.

b. The county fails to meet requirements of sub. (3) and performance standards prescribed by the department.

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c. The county does not have the capacity to serve all county residents who are entitled to the family care benefit in the client group or groups that the county serves and cannot develop the capacity. If this subd. 2. c. applies, the department may contract with an organization in addition to the county.

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3. After December 31, 2003, the department may contract with counties, family care districts, the governing body of a tribe or band or the Great Lakes inter-tribal

1 council, inc., or under a joint application of any of these, or with a private nonprofit
2 organization that has no significant connection to an entity that operates a resource
3 center. Proposals for contracts under this subdivision shall be solicited under a
4 competitive sealed proposal process under s. 16.75 (2m) and, after consulting with
5 the local long-term care council for the county or counties, the department shall
6 evaluate the proposals primarily as to the quality of care that is proposed to be
7 provided, certify those applicants that meet the requirements specified in sub. (3) (a),
8 select certified applicants for contract and contract with the selected applicants.”.

9 **38.** Page 611, line 20: after the period insert “An application shall include
10 comments about the applicant and recommendations about the application that are
11 provided by the appropriate local long-term care council, as specified under s. 46.282
12 (3) (a) 3.”.

13 **39.** Page 616, line 19: delete that line and substitute:

14 “(7) CONFIDENTIALITY; EXCHANGE OF INFORMATION. No record, as defined in s.
15 19.32 (2), of a care management organization that contains personally identifiable
16 information, as defined in s. 19.62 (5), concerning an individual who receives services
17 from the care management organization may be disclosed by the care management
18 organization without the individual’s informed consent, except as follows:

19 (a) A care management organization may provide information as required to
20 comply with s. 16.009 (2) (p) or 49.45 (4) or as necessary for the department to
21 administer the program under ss. 46.2805 to 46.2895.

22 (b) Notwithstanding ss. 48.78 (2) (a), 49.45 (4),”.

23 **40.** Page 617, line 3: delete lines 3 to 10.

24 **41.** Page 617, line 13: after “organization.” insert “(1)”.

1 **42.** Page 617, line 16: delete that line and substitute:

2 “directly operate both a resource center and a care management organization,
3 except as follows:”.

4 **43.** Page 617, line 16: after that line insert:

5 “(a) For a pilot project established under s. 46.281 (1) (d) 2., provision of the
6 services specified under s. 46.283 (3) (b), (e), (f) and (g) shall be structurally separate
7 from the provision of services of the care management organization by January 1,
8 2001.

9 (b) The department may approve separation of the functions of a resource
10 center from those of a care management organization by a means other than those
11 specified in sub. (2).

12 **(2)** Except as provided in sub. (1), all of”.

13 **44.** Page 617, line 19: delete that line and substitute:

14 “(a) 1. If a county board of supervisors and, if applicable,”.

15 **45.** Page 617, line 24: delete “(b)” and substitute “2.”.

16 **46.** Page 618, line 3: delete that line and substitute:

17 “(b) 1. If the governing body of a tribe or band”.

18 **47.** Page 618, line 9: delete “(b)” and substitute “2.”.

19 **48.** Page 618, line 14: delete that line and substitute:

20 “(c) Any county or family care”.

21 **49.** Page 618, line 22: delete lines 22 and 23 and substitute “person is at least
22 18 years of age; has a physical disability, as defined in s. 15.197 (4) (a) 2., or
23 infirmities of aging, as defined in s. 55.01 (3); and meets all of the”.

1 **50.** Page 619, line 14: delete “was receiving” and substitute “had been
2 receiving for at least 60 days, under a written plan of care,”.

3 **51.** Page 619, line 15: after “department,” insert “which were”.

4 **52.** Page 620, line 3: after “financial” insert “or disability”.

5 **53.** Page 621, line 23: after that line insert:

6 “3. The department or its designee determines that the person no longer meets
7 eligibility criteria under sub. (1).”.

8 **54.** Page 622, line 22: after “correctly” insert “and incorrectly”.

9 **55.** Page 623, line 4: delete lines 4 to 6 and substitute “the following applicable
10 matters by filing, within 45 days of the failure of a resource center or care
11 management organization to act on the contested matter within the time frames
12 specified by rule by the department or within 45 days after receipt of notice of a
13 decision in a contested matter, a written request for a hearing under s. 227.44 to the
14 division of hearings and appeals created under s. 15.103 (1):”.

15 **56.** Page 623, line 17: after that line insert:

16 “h. Imposition of ineligibility for the family care benefit under s. 46.286 (4).

17 i. Denial of eligibility or reduction of the amounts of the family care benefit
18 under s. 46.286 (5).

19 j. Determinations similar to those specified under s. 49.455 (8) (a), made under
20 s. 46.286 (6).

21 k. Recovery of family care benefit payments under s. 46.286 (7).”.

22 **57.** Page 623, line 21: delete lines 21 to 23 and substitute:

1 “(b) An enrollee may contest a decision, omission or action of a care
2 management organization other than those specified in par. (a), or may contest the
3 choice of”.

4 **58.** Page 624, line 14: delete lines 14 and 15.

5 **59.** Page 624, line 16: delete “(3)” and substitute “(2)”.

6 **60.** Page 625, line 9: delete that line and substitute:


7 “(3) Procedures and standards for procedures for s. 46.287 (2), including time
8 frames for action by a resource center or a care management organization on a
9 contested matter.”.

✓
INSERT 17-9

10 **61.** Page 626, line 6: on lines 6 and 18, delete “contiguous”.

11 **62.** Page 627, line 4: delete lines 4 and 5 and substitute:

12 “2. The family care district board appointed under par. (a) 2. shall consist of an
13 odd number of members that is at least 15 but not more than 21 persons, all of whom
14 are”.

15 **63.** Page 627, line 12: delete that line and substitute: 

16 NOR → “Up to one-fourth of the members of the board may be elected or appointed
17 officials or employes of the”.

18 **64.** Page 627, line 21: after “appointed” insert “, unless removed for cause
19 under s. 17.13”.

20 **65.** Page 628, line 15: after “center” insert “or a portion of its functions”.

21 **66.** Page 628, line 16: after “both” insert “a resource center or its functions and
22 a care management organization”.

23 **67.** Page 738, line 20: after that line insert:

1 **SECTION 1433v.** 49.46 (1) (a) 14m. of the statutes is created to read:
2 49.46 (1) (a) 14m. Any person who would meet the financial and other eligibility
3 requirements for home or community-based services under the family care benefit
4 but for the fact that the person engages in substantial gainful activity under 42 USC
5 1382c (a) (3), if a waiver under s. 46.281 (1) (c) is in effect or federal law permits
6 federal financial participation for medical assistance coverage of the person and if
7 funding is available for the person under the family care benefit.”.

8 **68.** Page 762, line 5: after that line insert:

9 **SECTION 1501d.** 50.034 (6) of the statutes is amended to read:
10 50.034 (6) FUNDING. Funding for supportive, personal or nursing services that
11 a person who resides in a residential care apartment complex receives, other than
12 private or 3rd-party funding, may be provided only under s. 46.27 (11) (c) 7. or 46.277
13 (5) (e), unless except if the provider of the services is a certified medical assistance
14 provider under s. 49.45 or if the funding is provided as a family care benefit under
15 ss. 46.2805 to 46.2895.”.

16 **69.** Page 767, line 16: delete “(a)”.

17 **70.** Page 1405, line 22: on lines 22 and 24, delete “46.288 (1) to (4)” and
18 substitute “46.288 (1) to (3)”.

19 **71.** Page 1406, line 6: after that line insert:

20 “(1m) REPORT ON FAMILY CARE. By November 1, 2000, the department of health
21 and family services shall submit to the governor, as part of the department’s 2001–03
22 biennial budget request, a report that describes the implementation and outcomes
23 of the pilot projects under section 46.281 (1) (d) of the statutes and that makes

1 recommendations on the family care program under sections 46.2805 to 46.2895 of
2 the statutes, as created by this act.

3 (1n) ALTERNATIVE TO FAMILY CARE. (a) The department of health and family
4 services shall, as soon as possible before July 1, 2002, seek waivers of federal medical
5 assistance statutes and regulations from the federal department of health and
6 human services that are necessary to implement in up to 3 pilot ~~counties~~ ^{sites} a model for
7 the provision of long-term care that is an alternative to the family care program
8 under sections 46.2805 to 46.2895 of the statutes, as created by this act, that would
9 have all of the following characteristics:

10 1. Medical assistance coverage of services under waiver programs under
11 sections 46.27 (11), 46.275, 46.277 and 46.278 of the statutes would be expanded to
12 include selected services specified under section 49.46 (2) (b) of the statutes,
13 including personal care and home health care.

14 2. Pilot ~~counties~~ ^{sites} would ~~operate~~ ^{provide} care management organizations, as described
15 under ~~section 46.284 of the statutes, as created by this act,~~ but would not be required
16 to compete with private or nonprofit organizations for contracts to ~~operate~~ ^{provide} the care
17 ~~management organizations.~~ ^{An entity that provides services} ^{provide} ^{long-term}

18 3. ~~Functions~~ of a resource center, as specified under section 46.283 (4) of the
19 statutes, as created by this act, ~~would not be required to~~ ^{need not} be separated from functions
20 of a ~~care management organization, as specified under section 46.284 (4) of the~~ ^{an entity that provides care under sub 2}
21 statutes, as created by this act.

22 4. The cost of the program would not exceed the cost of relevant aspects of the
23 family care program. ^{sites} ^{areas of the sites}

24 5. Pilot ~~counties~~ ^{sites} would be required to reduce average costs per person served
25 in the ~~counties~~ ^{sites} under sections 46.27 (11), 46.275, 46.277 and 46.278 of the statutes

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Handwritten annotations:
- Circled word: "sites"
- Circled phrase: "provide long-term care to eligible persons"
- Circled phrase: "provide"
- Circled phrase: "long-term"
- Circled phrase: "need not"
- Circled phrase: "An entity that provides services"
- Circled phrase: "an entity that provides care under sub 2"
- Circled word: "sites"
- Circled phrase: "areas of the sites"
- Arrow pointing to "sub 2" with label "subdivision"

1 for the calendar year preceding implementation of the alternative model, in order to
2 serve additional persons on waiting lists for the services.

3 6. The department of health and family services would distribute funding to
4 the pilot ~~counties~~ ^{sites} on a per person per month payment basis using the same
5 methodology as that used under section 46.284 (5) (a) of the statutes, as created by
6 this act, as adjusted for the specific services provided.

7 7. The risk-sharing provisions specified under section 46.284 (5) of the
8 statutes, as created by this act, would apply to pilot ~~counties~~ ^{sites}.

or contract for the provision of

9 8. Resource centers operated by pilot ~~counties~~ ^{sites} would be required to provide
10 services specified under section 46.283 (3) (a), (b), (e), (f), (g), (i) and (k) of the statutes,
11 as created by this act.

12 (b) If the federal waivers specified under paragraph (a) are approved, the
13 department of health and family services shall as soon as possible before July 1,
14 2002, seek enactment of statutory language, including appropriation of necessary
15 funding, to implement the model described under paragraph (a), as approved under
16 the federal waivers.”.

17 **72.** Page 1410, line 12: after that line insert:

18 “(1m) EVALUATION OF FAMILY CARE PILOT PROJECTS. As soon as possible, the
19 legislative audit bureau shall contract with an organization other than an agency of
20 the state to evaluate the pilot projects under section 46.281 (1) (d) of the statutes, as
21 created by this act, [✓] as to cost-effectiveness, client access to services and quality of
22 care.”.

23 **73.** Page 1472, line 9: delete lines 9 and 10 and substitute

and pilot projects under subsection (1m) of this act

CS SECTION 9123

No A

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“(5), 46.281 (1) (a) and (b) and 46.282 (1) of the statutes take effect on July 1, 2001, or the day after publication”.

(END)

cm

✓ # . Page 601, line 13: delete "Contract" and

substitute "In geographic areas in which resides[✓] ^S

no more than 29%[✓] of the population that is

eligible for the family care benefit, contract".

End of Insert
3-11 ✓

county board

#. Page 609, line 13: delete "A" and

substitute "After considering recommendations of

the local long-term care council under s. 46.282(3)(a)1,

a".

county board

INS
12-23

#. Page 625, line 19: delete "A" and substitute ^{county}

" After considering recommendations of the local long-term care council under s. 46.282(3)(a) 1., a[✓]"

county

End of
INS 17-9

6/15 From R. Mequa:

SEC 9123 (1n) (Alternative): 2.

- ① Add counties in which pilots are located
- ② Add K for provision, organize + arrange ^{for}

3. Apply to cos - require to provide
State doesn't have to be separate
from cons but can K for
provision of functions to get
fed waived