

1999 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-AB133)

Received: 06/26/99

Received By: kenneda

Wanted: As time permits

Identical to LRB:

For: Senate Democratic Caucus 266-2257

By/Representing: Walter

This file may be shown to any legislator: NO

Drafter: kenneda

May Contact:

Alt. Drafters:

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

Extra Copies: **TAY**

Pre Topic:

SDC:.....Walter - #3804,

Topic:

Family Care and COP financial assessments for private pay persons are voluntary

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>
/?	kenneda 06/26/99	jgeller 06/27/99		_____			
/1			ismith 06/28/99	_____	lrb_docadmin 06/28/99		
/2	kenneda 06/28/99	chanaman 06/28/99	mclark 06/28/99	_____	lrb_docadmin 06/28/99		

FE Sent For:

<END>

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/?	kenneda 06/26/99	jgeller 06/27/99		_____			
/1		<i>CMY</i> 06/28	ismith 06/28/99	_____	lrb_docadmin 06/28/99		
FE Sent For:		<i>12</i>	<i>MRC</i> 6/28	<i>MRC/JF</i> 6/28			<i><END></i>

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/?	kenneda	1 6/27 jlg	IS 6/28	IS/SH 6/28			

FE Sent For:

<END>

modify

SDC

Agency: Health and Family Services - Family Care

caucus number 3804

duplicate flag:

duplicate with:

Other reference numbers:

LFB Sum #: Page 330, Item 14
and page 339,
Item 3 of
Summary of
Governor's
recommendations

bill number/amendment number:

LRB draft #

LRB P-draft:

description: Clarify w/in Family Care that financial assessments for private pay individuals are voluntary. Not allow gov't entity or Resource Center to require financial assessments for private pay individuals. Apply this to Community Options Programs too.

other notes **Modification to above: Remove provisions from Family Care in its entirety. MODIFY TO: TAKE OUT MODIFCATION THAT REMOVES PROVISIONS FROM FAMILY CARE IN ITS INTIRETY.**

drafting instructions: See above.

more instructions:

Agency: **Health and Family Services - Family Care**

Number of Amendments: 1

See 60875

modify

SDC

Agency: Health and Family Services - Family Care

caucus number 3804

duplicate flag:

duplicate with:

Other reference numbers:

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Governor's
recommendations

*include this
only*

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drafting instructions: See above.

more instructions:

Agency: **Health and Family Services - Family Care**

Number of Amendments: 1

yes

SDC

Agency: Health and Family Services - Family Care

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drafting instructions: See above.

more instructions:

Agency: **Health and Family Services - Family Care**

Number of Amendments: 1

b

~~DRAFT~~

+

Motion: Clarify within Family Care that financial assessments for private pay individuals are voluntary. Delete all statutory language that allows a government entity or Resource Center to require a financial assessment for private pay individuals. This motion should apply to the Community Options Program as well.

Reference: LFB Summary of Governor's recommendations, Page 330, Item 14 and Page 339, Item 3

↑
net

CN 3804

HFS - FAMILY CARE

ONLY Remove Provisions From Budget
FAMILY CARE IN ITS
ENTIRETY.

FAMILY CARE - PRIVACY

Department of Health and Family Services Protection of Privacy Rights of Elderly and Disabled Individuals

Clarify that financial assessments for private pay individuals seeking admission to a CBRF, RCAC, Adult Family Home and other assisted living residences are voluntary. Further, require that no entity can deny long term care aid to a person who previously elected not to submit to a financial assessment. Delete all statutory language that allows a government entity or Resource Center to require a financial assessment for private pay individuals. This motion is not intended to interfere with current law which mandates that CBRFs notify the county of a resident who is within 24 months of depleting their assets and other private funding sources. This motion is intended to modify both the Family Care program and the Community Options Program.

Note:

Under current Family Care provisions in the Budget, Resource Centers are required to provide a functional and financial screen to anyone seeking admission to a nursing home, CBRF, adult family home and residential care apartment complex.

Under current law, private pay individuals, persons who have responsibly saved for retirement, wishing to live in a CBRF must submit to a financial assessment (COP assessment) by the county, otherwise they will forfeit their ability to receive this public funding in the future.

The concern is that individuals who pay for care services from their own savings and insurance programs may be forced to relinquish their private financial information to the Family Care Resource Center or other government entity. Provisions like these only serve as a coercive measure to force private pay individuals into submitting to the COP assessment. Family Care and COP are designed to be voluntary programs, therefore private pay individuals should be allowed to "voluntarily" submit to Resource Center assessments without the fear of losing benefits in the future.

10. Community-based Care and Prevention Services for People with HIV & AIDS

Governor: No provision.

Senators Breske and Erpenbach: Given increased numbers of Wisconsin citizens diagnosed with HIV (Wisconsin reports at least one new person living with HIV each day) and by declining AIDS death rates, demand for community based services have jumped dramatically. Additional resources are necessary to meet this growing demand. ARCW and other providers estimate that a minimum of 10% is required to meet this demand. The life care services/early intervention grant provides coordinated case management and support services to increase treatment adherence. The program also provides services such housing assistance, benefits counseling, and food assistance.

Motion: Provide an additional \$196,800 in 1999-00 and 2000-01 for the life care services/early intervention grant.

MOTION CARRIED: Ayes (6), Noes (1), Not Voting (0)

Ayes: Senators Moen, Breske, Robson, Erpenbach, Rude and Drzewiecki

Noes: Senator Welch

Not Voting: None

Health and Family Services – Supportive Living

11. LFB Summary of Governor's Budget Recommendations, Page 327, Item 5

Governor: Increase the biennial license fees for CBRFs and adult family homes and establish an MA certification fee for adult day care centers, effective on the bill's general effective date. Require that an adult day care center be MA-certified in order to receive reimbursement for services provided to participants of the community options waiver program.

Senator Breske: The governor's budget would nearly double the fees on CBRFs and Adult Family Homes and create new fees for Adult Day Care, all of which are vital to the needs of our most vulnerable seniors.

Motion: Delete biennial license fee increases for CBRFs and adult family homes and delete the MA certification fee for adult day care centers.

MOTION CARRIED: Ayes (7), Noes (0), Not Voting (0)

Ayes: Senators Moen, Breske, Robson, Erpenbach, Rude, Drzewiecki and Welch

Noes: None

Not Voting: None

12. LFB Summary of Governor's recommendations, Page 330, Item 14

Governor: Modify preadmission requirements for community-based residential facilities (CBRFs) as follows.

First, authorize a county, in accordance with guidelines established by DHFS, to waive the COP assessment private payees must have prior to admission to a CBRF as a condition of maintaining eligibility for CBRF care funded by COP, COP-W or CIP II. Specify that if the county waives this requirement, the county must meet with the person or the person's guardian to discuss the cost-effectiveness of various service options.

Second, require CBRFs to refer to a person seeking admission to the CBRF to the county to determine whether a COP assessment should be conducted if the required financial review by the CBRF indicates that the person's assets and other private funding sources would be depleted within 24 months of the person resides continuously in the CBRF.

Specify that these provisions would first apply to applications for admission to a CBRF made on or after January 1, 2000.

Under current law, for a person to be eligible for public funding for care in a CBRF under the COP, COP-W or CIP II programs, the person must not have previously entered a CBRF without a COP assessment, even if the person entered as a private payee. Current law also prohibits CBRFs from admitting someone as a private-pay resident unless the potential resident provides certain financial information so that the CBRF can prepare a financial review to determine the length of time by which the person's financial resources would be exhausted. If the review indicates that the person's resources would be exhausted within 24 months, the CBRF must provide the financial review to the county.

Senator Erpenbach: Doesn't want to coerce private pay individuals to submit to the COP assessment, unless they choose to do so. The finances of these individuals, which they have spent a lifetime accumulating, should remain a private matter and the assessment should be voluntary for private pay individuals.

Motion: Change the underlined word above – "even" to "except". The actual statutory language is provided below:

46.27 (7)(c) 3. a. An assessment under Sub. (6) has been completed for the person prior to the person's admission to the community-based residential facility, whether or not except when the person is a private pay admittee at the time of admission. The county may waive this condition in accordance with guidelines established by the department. If the county waives this condition, the county must meet with the person or the person's guardian to discuss the cost-effectiveness of various service options, except when the person is a private pay admittee at the time of admission.

MOTION CARRIED: Ayes (7), Noes (0), Not Voting (0)

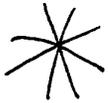
Ayes: Senators Moen, Breske, Robson, Erpenbach, Rude, Drzewiecki and Welch

Noes: None

Not Voting: None

Health and Family Services – Family Care

13. LFB Summary of Governor's Budget Recommendations, Page 336, Item 1



Governor: Expand the scope and number of pilot projects that are testing the redesign of the long-term care system under the Family Care (FC) program and make statutory changes necessary to establish the FC program as a permanent program that would also apply to the pilot program. Repeal current law relating to FC pilot projects. Provide \$5,591,200 GPR, \$11,511,400 FED, \$3,622,200 PR and 1.25 GPR and 2.75 FED positions in 1999-00 and \$5,665,200 GPR, \$23,392,700 FED, \$8,447,700 PR and 2.00 GPR and 3.50 FED positions in 2000-01 to reflect the net fiscal effect of funding additional pilot projects in selected areas of the state to test the FC program.

Senator Moen: Many people who testified during the committee's four public hearings on the state budget expressed concerns about the governor's provisions relating to Family Care and specifically, about the inclusion of statutory language that gives DHFS the authority to implement Family Care as a permanent program statewide. Most of the advocates who testified on Family Care expressed support for a "wait and see" approach to long term care redesign, which would give the legislature the ability to evaluate the success of various county pilot projects before Family Care is implemented statewide.

Motion: Delete all statutory changes necessary to establish the Family Care program as a permanent program. Retain current law relating to Family Care pilot projects and retain funding for the additional pilot projects in selected areas of the state to test the Family Care program. Establish a mechanism to evaluate the Family Care pilot projects.

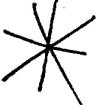
MOTION CARRIED: Ayes (6), Noes (1), Not Voting (0)

Ayes: Senators Moen, Breske, Robson, Erpenbach, Rude and Drzewiecki

Noes: Senator Welch

Not Voting: None

14. LFB Summary of Governor's Recommendations, Page 339, Item 3



Governor: Duties. Require RCs to: (a) provide services within the entire geographical area prescribed for the RC by DHFS; (b) submit all reports and data required or requested by DHFS; (c) implement internal quality improvement and quality assurance processes that meet DHFS standards; (d) cooperate with any review by external advocacy organization; (e) within six months after the FC benefit is available to all eligible persons in the RC area, provide information on RC services and FC benefits to all elderly and physically disabled persons who are residents of nursing homes, CBRFs, adult family homes and residential care apartment complexes; (f) provide a functional and financial screen to any resident in a nursing home, CBRF, adult family home or residential care apartment complex who requests a screen and to anyone seeking admission to one of these institutions if the secretary of DHFS has certified that a RC is available to the person and facility; (g) provide access to services for elder abuse and protective placement through cooperation with respective county agencies; and (h) assure that emergency calls to the RC are responded to promptly, 24 hours per day.

Senator Erpenbach: Doesn't want to coerce private pay individuals to submit to the financial screen. The finances of these individuals, which they have spent a lifetime accumulating, should remain a private matter and the screen should be voluntary for private pay individuals.

Motion: Delete the underlined sentence above – "to anyone seeking admission to one of these institutions if the secretary of DHFS has certified that a RC is available to the person and facility" and insert the phrase – "require that no entity can deny the Family Care benefit to a person who previously elected not to submit to a financial screen". It is assumed this motion would alter Page 348 – Pre-Admission Requirements for Nursing Homes and Other Residential Facilities and Discharge Requirements for Hospitals, in regard to the financial screening requirement for private pay individuals.

MOTION CARRIED: Ayes (7), Noes (0), Not Voting (0)

Ayes: Senators Moen, Breske, Robson, Erpenbach, Rude, Drzewiecki and Welch

Noes: None

Not Voting: None

1999

Date (time)
needed

Soon - In edit 6/26

LRB b 1399 / 1

**CAUCUS BUDGET AMENDMENT
[ONLY FOR CAUCUS]**

DAK: jlg: _____

See form **AMENDMENTS — COMPONENTS & ITEMS.**

**CAUCUS AMENDMENT
TO ASSEMBLY SUBSTITUTE AMENDMENT 1
TO 1999 ASSEMBLY BILL 133**

>>FOR CAUCUS SUPERAMENDMENT — NOT FOR INTRODUCTION<<

At the locations indicated, amend the substitute amendment as follows:

#. Page , line :

#. Page , line :

#. Page , line :

#. Page , line :

#. Page , line :

#. Page , line :

ARC:.....Tompach - Am #102, Make financial assessments voluntary under Family Care; prohibit denial of care for refusal to submit to financial assessment

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 1999 ASSEMBLY BILL 133

1 ~~At the locations indicated, amend the substitute amendment as follows:~~

2 **1.** Page 569, line 25: delete “whether or not the person is a private pay
3 admittee at the time of admission.” and substitute “~~whether or not the person is a~~
4 private pay admittee at the time of admission. except that a person seeking
5 admission or about to be admitted on a private pay basis may waive the assessment,
6 unless the person will be eligible for medical assistance within 6 months of
7 assessment.”.

8 **2.** Page 570, line 4: after that line insert:

9 “SECTION 1045g. 46.27 (7) (cL) of the statutes is created to read:

1 46.27 (7) (cL) No county department or aging unit may deny services to a
2 person under par. (cj) who refused to have an assessment completed as required
3 under par. (cj) 3. a. before the effective date of this paragraph [revisor inserts
4 date].”.

5 **3.** Page 574, line 8: after that line insert:

6 “**SECTION 1056r.** 46.27 (11) (c) 5q. of the statutes is created to read:

7 46.27 (11) (c) 5q. No county department or aging unit may deny services to a
8 person under subd. 5n. who refused to have an assessment completed as required
9 under subd. 5n. a. before the effective date of this subdivision [revisor inserts
10 date].”.

11 **4.** Page 574, line 23: delete “whether or not the person is a private pay
12 admittee at the time of admission.” and substitute “~~whether or not the person is a~~
13 ~~private pay admittee at the time of admission.~~ except that a person seeking
14 admission or about to be admitted on a private pay basis may waive the assessment,
15 unless the person will be eligible for medical assistance within 6 months of
16 assessment.”.

17 **5.** Page 576, line 3: delete “whether or not the person is a private pay admittee
18 at the time of admission.” and substitute “~~whether or not the person is a private pay~~
19 ~~admittee at the time of admission.~~ except that a person seeking admission or about
20 to be admitted on a private pay basis may waive the assessment, unless the person
21 will be eligible for medical assistance within 6 months of assessment.”.

22 **6.** Page 594, line 9: after “supervision.” insert “A resource center need not
23 provide a financial screen for a person seeking admission or about to be admitted on
24 a private pay basis who waives the requirement for a financial screen under this

1 paragraph, unless the person will be eligible for medical assistance within 6 months
2 after performance of the financial screen.”.

3 **7.** Page 745, line 25: after that line insert:

4 “(d) For performance of a financial screen, the person, if seeking admission or
5 about to be admitted on a private pay basis, waives the requirement under s. 46.283
6 (4) (g), unless the person will be eligible for medical assistance within 6 months after
7 performance of the financial screen.”.

8 (END)

SOON - In edit 6/28

1999 - 2000 LEGISLATURE

LRBb1399/2

DAK:jlg:js

D. NOTE

cmv

SDC:.....Walter - #3804, Family Care and COP financial assessments for private pay persons are voluntary

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

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TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 1999 ASSEMBLY BILL 133

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3 admittee at the time of admission." and substitute "~~whether or not the person is a~~
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11 **4.** Page 574, line 23: delete “whether or not the person is a private pay
12 admittee at the time of admission.” and substitute “~~whether or not the person is a~~
13 ~~private pay admittee at the time of admission.~~ except that a person seeking
14 admission or about to be admitted on a private pay basis may waive the assessment,
15 unless the person will be eligible for medical assistance within 6 months of
16 assessment.”.

17 **5.** Page 576, line 3: delete “whether or not the person is a private pay admittee
18 at the time of admission.” and substitute “~~whether or not the person is a private pay~~
19 ~~admittee at the time of admission.~~ except that a person seeking admission or about
20 to be admitted on a private pay basis may waive the assessment, unless the person
21 will be eligible for medical assistance within 6 months of assessment.”.

22 **6.** Page 594, line 9: after “supervision.” insert “A resource center need not
23 provide a financial screen for a person seeking admission or about to be admitted on
24 a private pay basis who waives the requirement for a financial screen under this

1 paragraph, unless the person will be eligible for medical assistance within 6 months
2 after performance of the financial screen.”.

INSERT 3-2

3 7. Page 745, line 25: after that line insert:

4 “(d) For performance of a financial screen, the person, if seeking admission or
5 about to be admitted on a private pay basis, waives the requirement under s. 46.283

6 (4) (g), unless the person will be eligible for medical assistance within 6 months after
7 performance of the financial screen.”.

INSERT 3-7

8

(END)

D. NOTE

1999-2000 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBb1399/2ins
DAK:jlg:ijs

1 **INSERT 3-2**

2 **1.** Page 742, line 12: after that line insert:

3 “(d) For performance of a financial screen, the person, if seeking admission or
4 about to be admitted on a private pay basis, waives the requirement under s. 46.283
5 (4) (g), unless the person will be eligible for medical assistance within 6 months after
6 performance of the financial screen.”.

7 **2.** Page 743, line 11: after that line insert:

8 “(d) For performance of a financial screen, the person, if seeking admission or
9 about to be admitted on a private pay basis, waives the requirement under s. 46.283
10 (4) (g), unless the person will be eligible for medical assistance within 6 months after
11 performance of the financial screen.”.

12 **INSERT 3-7**

13 **3.** Page 748, line 18: after that line insert:

14 “4. For performance of a financial screen, the person, if seeking admission or
15 about to be admitted on a private pay basis, waives the requirement under s. 46.283
16 (4) (g), unless the person will be eligible for medical assistance within 6 months after
17 performance of the financial screen.”.

18 **4.** Page 749, line 17: after “(1)” insert “. For performance of a financial screen,
19 the individual who consents, if seeking admission for the individual or if the
20 individual is about to be admitted on a private pay basis, may waive the requirement
21 under s. 46.283 (4) (g), unless the person will be eligible for medical assistance within
22 6 months after performance of the financial screen”.

(END OF INSERT)

cmH

D-NOTE

To Lance Walter:

This redraft adds nursing homes, adult

family homes and residential care apartment

complexes to the facilities for admission

to which a private pay individual may

want the financial screen by resource

centers under Family Care. These provisions

were inadvertently omitted in the first

draft.

DAK

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

LRBb1399/2dn
DAK:cmh:mrc

June 28, 1999

To Lance Walter:

This redraft adds nursing homes, adult family homes and residential care apartment complexes to the facilities for admission to which a private pay individual may waive the financial screen by resource centers under Family Care. These provisions were inadvertently omitted in the first draft.

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



State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb1399/2
DAK:jlg&cmh:mrc

SDC:.....Walter - #3804, Family Care and COP financial assessments for private pay persons are voluntary

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 1999 ASSEMBLY BILL 133

1 At the locations indicated, amend the substitute amendment as follows:

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6 unless the person will be eligible for medical assistance within 6 months of
7 assessment.”.

8 **2.** Page 570, line 4: after that line insert:

9 “SECTION 1045g. 46.27 (7) (cL) of the statutes is created to read:

1 46.27 (7) (cL) No county department or aging unit may deny services to a
2 person under par. (cj) who refused to have an assessment completed as required
3 under par. (cj) 3. a. before the effective date of this paragraph [revisor inserts
4 date].”.

5 **3.** Page 574, line 8: after that line insert:

6 “**SECTION 1056r.** 46.27 (11) (c) 5q. of the statutes is created to read:

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8 person under subd. 5n. who refused to have an assessment completed as required
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10 date].”.

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19 ~~admittee at the time of admission.~~ except that a person seeking admission or about
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21 will be eligible for medical assistance within 6 months of assessment.”.

22 **6.** Page 594, line 9: after “supervision.” insert “A resource center need not
23 provide a financial screen for a person seeking admission or about to be admitted on
24 a private pay basis who waives the requirement for a financial screen under this

1 paragraph, unless the person will be eligible for medical assistance within 6 months
2 after performance of the financial screen.”.

3 **7.** Page 742, line 12: after that line insert:

4 “(d) For performance of a financial screen, the person, if seeking admission or
5 about to be admitted on a private pay basis, waives the requirement under s. 46.283
6 (4) (g), unless the person will be eligible for medical assistance within 6 months after
7 performance of the financial screen.”.

8 **8.** Page 743, line 11: after that line insert:

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16 (4) (g), unless the person will be eligible for medical assistance within 6 months after
17 performance of the financial screen.”.

18 **10.** Page 748, line 18: after that line insert:

19 “4. For performance of a financial screen, the person, if seeking admission or
20 about to be admitted on a private pay basis, waives the requirement under s. 46.283
21 (4) (g), unless the person will be eligible for medical assistance within 6 months after
22 performance of the financial screen.”.

23 **11.** Page 749, line 17: after “(1)” insert “. For performance of a financial screen,
24 the individual who consents, if seeking admission for the individual or if the”.

1 individual is about to be admitted on a private pay basis, may waive the requirement
2 under s. 46.283 (4) (g), unless the person will be eligible for medical assistance within
3 6 months after performance of the financial screen”.

4 (END)