

2001 DRAFTING REQUEST

Bill

Received: 09/08/2000

Received By: kenneda

Wanted: As time permits

Identical to LRB:

For: Administration-Budget 266-2288

By/Representing: Fossum

This file may be shown to any legislator: NO

Drafter: kenneda

May Contact: DHFS

Alt. Drafters:

Subject: Health - long-term care

Extra Copies: ISR

Pre Topic:

DOA:.....Fossum -

Topic:

Family care miscellaneous 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>
/?	kenneda 10/01/2000	csicilia 10/11/2000		_____			S&L
/1			martykr 10/11/2000	_____	lrb_docadmin 10/11/2000		S&L
/2	kenneda 12/21/2000	csicilia 12/22/2000	pgreensl 12/22/2000	_____	lrb_docadmin 12/27/2000		S&L
			pgreensl 12/27/2000	_____			
/3	kenneda	csicilia	martykr	_____	lrb_docadmin		

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
	02/07/2001	02/07/2001	02/07/2001	_____	02/07/2001		

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12/22
DSJ

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FE Sent For:

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Title: Family Care Corrections and Technical Changes

Current Language

46.2805 Definitions; long-term care.

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

46.282 Councils on long-term care.

(2) (a) 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 or other representatives 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 other representatives and by local organizations that represent older persons or persons with physical or developmental disabilities.

46.282 Councils on long-term care.

(2) (b) Membership. 1. A local long-term care council that serves a single-county area shall consist of 17 members, at least 9 of 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, as determined by the department, receiving long-term care in this state who are aged 65 or older or have a physical or developmental disability. The total remaining 8 members 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.

46.282 Councils on long-term care.

(2) (b) 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 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, as determined by the department, receiving long-term care in this state who are aged 65 or older or have a physical or developmental disability. The total remaining 11 members shall consist of all of the following:

46.283 Resource centers.

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

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

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

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

(d) Counseling concerning public and private benefits programs.

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

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

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

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

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

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

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

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

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

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

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

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

(e) Within 6 months after the family care benefit is available to all eligible persons in the area of the resource center, provide information about the services of the resource center, including the services specified in sub. (3) (d), about assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c) and about the family care benefit to all older persons and persons with a physical disability who are residents of nursing homes, community-based residential facilities, adult family homes and residential care apartment complexes in the area of the resource center.

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

(g) Provide a functional and financial screen to any person seeking admission to a nursing home, community-based residential facility, residential care apartment complex or adult family home if the secretary has certified that the resource center is available to the person and the facility and the person is determined by the resource center to have a condition that is expected to last at least 90 days that would require care, assistance or supervision. A resource center may not require a financial screen for a person seeking admission or about to be admitted on a private pay basis who waives the requirement for a financial screen under this paragraph, unless the person is expected to become eligible for medical assistance within 6 months. A resource center need not provide a functional screen for a person seeking admission or about to be admitted who has received a screen for functional eligibility under s. 46.286 (1) (a) within the previous 6 months.

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

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

46.284 Care management organizations.

(2) (b) Within each county, the department shall initially contract to operate a care management organization with the county or a family care district if the county elects to operate a care management organization and the care management organization meets the requirements of sub. (3) and performance standards prescribed by the department. A county that contracts under this paragraph may operate the care management organization for all of the target groups or for a selected group or groups. With respect to contracts exclusively with counties to operate a care management organization, all of the following apply:

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:

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.

46.285 Operation of resource center and care management organization. (1) In order to meet federal requirements and assure federal financial participation in funding of the family care benefit, a county, a tribe or band, a family care district or an organization, including a private, nonprofit corporation, may not directly operate both a resource center and a care management organization, except as follows:

46.287 Hearings.

2) (a) 1. f. Development of a plan of care that is unacceptable because the plan of care requires the enrollee to live in a place type of residence that is unacceptable to the enrollee or the plan of care provides care, treatment or support items that are insufficient to meet the enrollee's needs, are unnecessarily restrictive or are unwanted by the enrollee.

46.287 Hearings.

(2) (c) Information regarding the availability of advocacy services and notice of adverse actions taken and appeal rights shall be provided to a client by the resource center or care management organization in a form and manner that is prescribed by the department by rule.

Proposed Change

Change states:
Screen is a noun
the act of providing
it is a verb
(screening)

✓ 46.2805 (7) is amended to read:

(7) "~~Functional and Financial~~ eligibility and cost-sharing screen" means a ~~screen~~ uniform screening tool prescribed by the department that is used to determine ~~functional eligibility under s. 46.286 (1) (a) and financial eligibility and cost-sharing under s. 46.286 (1) (b) and (2).~~

✓ 46.2805 (7a) is created to read:

(7a) "Functional screen" means a uniform screening tool prescribed by the department that is used to determine functional eligibility under s. 46.286 (1) (a) and (1m).

✓ 46.282 (2) (a) 2. is amended to read:

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 or other representatives 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 other representatives and by local organizations that represent older persons or persons with physical or developmental disabilities.

✓ 46.282 (2) (b) 1. is amended to read:

1. A local long-term care council that serves a single-county area shall consist of 17 members, at least 9 of 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, as determined by the department, receiving long-term care in this state who are aged 65 or older or have a physical or developmental disability. The total remaining 8 members 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.

✓ 46.282 (2) (b) 2. is amended to read:

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 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, as determined by the department, receiving long-term care in this state who are aged 65 or older or have a physical or developmental disability. The total remaining 11 members shall consist of all of the following:

46.283 (3) (L) is created to read:

(L) Within 6 months after the family care benefit is available to all eligible persons in the area of the resource center, provision of information about the services of the resource center,

including the services specified in sub. ^{par}(3) (d), about assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c) and about the family care benefit persons who are members of a target population served by a CMO that operates in the county and who are residents of nursing homes, community-based residential facilities, adult family homes and residential care apartment complexes in the area of the resource center. different?

46.283 (3) (m) is created to read:

(m) Provision of a functional screen and a financial and cost sharing screen to any resident, as specified in par. (e), who requests a screen and assist any resident who is eligible and chooses to enroll in a care management organization to do so. already provided under (3)(b) + (e)

46.283 (3) (n) is created to read: ?

(n) Offer of, and if the offer is accepted, provision of a functional screen and a financial and cost sharing 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 that is expected to last at least 90 days that would require care, assistance or supervision. A resource center may not require a financial screen for a person seeking admission or about to be admitted on a private pay basis who waives the requirement for a financial screen under this paragraph, unless the person is expected to become eligible for medical assistance within 6 months. ^{The dept.} A resource center need not provide a functional screen for a person seeking admission or about to be admitted who has received a screen for functional eligibility under s. 46.286 (1) (a) within the previous 6 months. ^{The dept.}

46.283 (3) (o) is created to read:

(o) Provision of access to services under s. 46.90 and ch. 55 to a person who is eligible for the services, through cooperation with the county agency or agencies that provide the services.

46.283 (4) (e) is repealed.

46.283 (4) (f) is repealed.

46.283 (4) (g) is repealed.

46.283 (4) (h) is repealed.

46.283 (4) (i) is renumbered 46.283 (4) (e).

46.284 (2) (b) is amended to read:

(b) Within each county, the department shall initially contract to operate a care management organization with the county or a family care district if the county elects to operate, or to create a family care district to operate, a care management organization and the care management organization meets the requirements of sub. (3) and performance standards prescribed by the department. A county that contracts under this paragraph may operate the care

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

46.284 (2) (b) 1. is amended to read:

1. Before January 1, 2003, the department may not contract with an organization other than the county or a family care district created under s. 46.2895 to operate a care management organization in the county unless any of the following applies:

46.284 (2) (b) 1. a. is amended to read:

a. The county or family care district created under s. 46.2895 currently contracted to operate a care management organization and the local long-term care council agree in writing that at least one additional care management organization is necessary or desirable.

46.285 (1) is amended to read:

(1) In order to meet state and federal requirements and assure federal financial participation in funding of the family care benefit, a county, a tribe or band, a family care district or an organization, including a private, nonprofit corporation, may not directly operate both a resource center and a care management organization, except as follows:

46.287 (2) (a) 1. f. is amended to read:

f. Development of a plan of care that is unacceptable because the plan of care requires the enrollee to live in a ~~place~~ type of residence that is unacceptable to the enrollee or the plan of care provides care, treatment or support items that are insufficient to meet the enrollee's needs, are unnecessarily restrictive or are unwanted by the enrollee.

46.287 (2) (c) is amended to read:

(2) (c) Information regarding the availability of advocacy services and notice of adverse actions taken and appeal rights shall be provided to a client by the resource center or care management organization in a form and manner that is prescribed by the department by rule or by contract.

Effect of the Change

Correction of various technical inconsistencies between the meaning and intent of statutory language as written.

Rationale for the Change

Clarification.

Desired Effective Date:	Upon enactment
Agency:	DHFS
Agency Contact:	Charles Jones
Phone:	266-0991

9/29 Questions for Gretchen Fossum:

① 46.283⁽³⁾(L) recreates 46.284(4)(e)

↓

DHFS assurance
that all are
avail. to
someone who
contacts a
resource
center

Duties of resource
center

Ⓐ This means a resource center is no longer
required to do this - okay?

Ⓑ Will DHFS/resource center know what the
CMO's target pop. is?

② 46.283(3)(m) recreates 46.284(4)(p)

Ⓐ This means a res. center is no longer required
to provide screening - ok? (b)

Ⓑ Is in conflict w/ 46.283(3)(e), which are broader

③ 46.283(3n) recreates 46.284(4)(g)

Ⓐ See above

Ⓑ Has language about duty of resource center in
the provision

Ⓒ Is in compl - see ②(b)

9/29 Gretchen referred me to Charles Jones

9/29 According to Charles, it would be best to
avoid this conflict/overlap (particularly loc-
of 46.283(3)(intro.) by creating a new
subsection.



SOON - In edit 10/1

State of Wisconsin
2001 - 2002 LEGISLATURE

LRB-0205/1

DAK:.....

D-NOTE

[Handwritten signature]
cjs

DOA:.....Fossum - Family care miscellaneous changes

FOR 2001-03 BUDGET - NOT READY FOR INTRODUCTION

*do not
gen*

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

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES ✓

LONG-TERM CARE; FAMILY CARE ✓

Currently, under family care, a resource center in a county must, within six months after the family care benefit is available to all eligible persons in the resource center's area, provide information about the family care benefit and family care services to all older persons and persons with physical disabilities who reside in facilities in the area, must provide a functional and financial screening to those residents and to certain persons who are seeking admission to a facility, and must provide access for eligible persons to protective services or protective placement or elder abuse services.

This bill requires that DHFS, rather than a family care resource center, provide information about the family care benefit and family care services, functional and financial screenings, and access for eligible persons to protective services or protective placement and elder abuse services. Also, under the bill, persons who must receive information about the family care benefit and family care services and functional and financial screenings must be persons who are members of a target population served by a care management organization in the county or are residents of certain facilities. Lastly, the bill makes numerous minor changes to the laws relating to the family care program.

assure the provision

rather than requiring that a family care resource center provide these

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

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

1 SECTION 1. 46.2805 (7) of the statutes is amended to read:

2 46.2805 (7) "~~Functional and financial screen~~ Financial eligibility and
3 cost-sharing screening" means ~~a screen~~ the use of a uniform screening tool
4 prescribed by the department ~~that is used to determine functional eligibility under~~
5 ~~s. 46.286 (1) (a) and financial eligibility under s. 46.286 (1) (b) and cost-sharing~~
6 under s. 46.286 (2).

History: 1999 a. 9, 185.

7 SECTION 2. 46.2805 (7g) of the statutes is created to read:

8 46.2805 (7g) "Functional screening" means the use of a uniform screening tool
9 prescribed by the department to determine functional eligibility under s. 46.286 (1)
10 (a) and (1m).

11 SECTION 3. 46.281 (3) of the statutes is amended to read:

12 46.281 (3) DUTY OF THE SECRETARY. The secretary shall certify to each county,
13 hospital, nursing home, community-based residential facility, adult family home
14 and residential care apartment complex the date on which a resource center that
15 serves the area of the county, hospital, nursing home, community-based residential
16 facility, adult family home or residential care apartment complex is first available
17 to provide a functional screening and financial ~~screen~~ eligibility and cost-sharing
18 screening. To facilitate phase-in of services of resource centers, the secretary may
19 certify that the resource center is available for specified groups of eligible individuals
20 or for specified facilities in the county.

History: 1999 a. 9.

1 **SECTION 4.** 46.282 (2) (a) 2. of the statutes is amended to read:

2 46.282 (2) (a) 2. A county board of supervisors or, in a county with a county
3 executive or a county administrator, the county executive or county administrator
4 shall appoint members of the local long-term care council who are required to be
5 older persons or persons with physical or developmental disabilities or their
6 immediate family members or other representatives from nominations that are
7 submitted to the county board of supervisors or the county executive or county
8 administrator by older persons or persons with physical or developmental
9 disabilities or their immediate family members or other representatives and by local
10 organizations that represent older persons or persons with physical or
11 developmental disabilities.

History: 1999 a. 9.

12 **SECTION 5.** 46.282 (2) (b) 1. of the statutes is amended to read:

13 46.282 (2) (b) 1. A local long-term care council that serves a single-county area
14 shall consist of 17 members, at least 9 of whom are older persons or persons with
15 physical or developmental disabilities or their immediate family members or other
16 representatives. The age or disability represented by these 9 members shall
17 correspond to the proportion of numbers of persons, as determined by the
18 department, receiving long-term care in this state who are aged 65 or older or have
19 a physical or developmental disability. The total remaining 8 members shall consist
20 of providers of long-term care services, persons residing in the county with
21 recognized ability and demonstrated interest in long-term care and up to 3 members
22 of the county board of supervisors or other elected officials.

History: 1999 a. 9.

23 **SECTION 6.** 46.282 (2) (b) 2. (intro.) of the statutes is amended to read:

1 46.282 (2) (b) 2. (intro.) A local long-term care council that serves an area of
2 2 or more contiguous counties shall consist of 23 members, at least 12 of whom are
3 older persons or persons with physical or developmental disabilities or their
4 immediate family members or other representatives. The age or disability
5 represented by these 12 members shall correspond to the proportion of numbers of
6 persons, as determined by the department, receiving long-term care in this state
7 who are aged 65 or older or have a physical or developmental disability. The total
8 remaining 11 members shall consist of all of the following:

History: 1999 a. 9.

9 **SECTION 7.** 46.283 (3m) (intro.) of the statutes is created to read:

10 46.283 (3m) SPECIAL OUTREACH. The department shall assure that all of the
11 following are available for persons within the area of a resource center:

12 **SECTION 8.** 46.283 (4) (e) of the statutes is renumbered 46.283 (3m) (a) and
13 amended to read:

14 46.283 (3m) (a) Within 6 months after the family care benefit is available to
15 all eligible persons in the area of the resource center, provide provision of information
16 about the services of the resource center, including the services specified in sub. (3)
17 (d), about assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c)
18 and about the family care benefit to ~~all older persons and persons with a physical~~
19 ~~disability who are members of a target population served by a care management~~
20 organization that operates in the county or who are residents of nursing homes,
21 community-based residential facilities, adult family homes and residential care
22 apartment complexes in the area of the resource center.

History: 1999 a. 9.

23 **SECTION 9.** 46.283 (4) (f) of the statutes is renumbered 46.283 (3m) (b) and
24 amended to read:

1 46.283 (3m) (b) ~~Provide~~ Provision of a functional screening and financial
2 screen a financial eligibility and cost-sharing screening to any resident, as specified
3 in par. (e) (a), who requests a ~~screen~~ screening, and ~~assist~~ assistance in enrolling in
4 a care management organization to any such resident who is eligible and chooses to
5 ~~enroll in a care management organization to do so.~~

History: 1999 a. 9.

6 **SECTION 10.** 46.283 (4) (g) of the statutes is renumbered 46.283 (3m) (c) and
7 amended to read:

8 46.283 (3m) (c) ~~Provide a functional and financial screen~~ The offer to provide
9 and, if the offer is accepted, the provision of a functional screening and a financial
10 eligibility and cost-sharing screening to any person seeking admission to a nursing
11 home, community-based residential facility, residential care apartment complex or
12 adult family home if the secretary has certified that the resource center is available
13 to the person and the facility and the person is determined by the resource center to
14 have a condition that is expected to last at least 90 days that would require care,
15 assistance or supervision. ~~A resource center~~ The department may not require a
16 financial ~~screen~~ eligibility and cost-sharing screening for a person seeking
17 admission or about to be admitted on a private pay basis who waives the requirement
18 for a financial ~~screen~~ eligibility and cost-sharing screening under this paragraph,
19 unless the person is expected to become eligible for medical assistance within 6
20 months. ~~A resource center~~ The department need not provide a functional ~~screen~~
21 screening for a person seeking admission or about to be admitted who has received
22 a ~~screen~~ screening for functional eligibility under s. 46.286 (1) (a) within the previous
23 6 months.

History: 1999 a. 9.

SECTION 11

1 SECTION 11. 46.283 (4) (h) of the statutes is renumbered 46.283 (3m) (d) and
2 amended to read:

3 46.283 (3m) (d) Provide The provision of access to services under s. 46.90 and
4 ch. 55 to a person who is eligible for the services, through cooperation with the county
5 agency or agencies that provide the services.

History: 1999 a. 9.

6 SECTION 12. 46.284 (2) (b) (intro.) of the statutes is amended to read:

7 46.284 (2) (b) (intro.) Within each county, the department shall initially
8 contract to operate a care management organization with the county or a family care
9 district if the county elects to operate, or creates a family care district to operate, a
10 care management organization and the care management organization meets the
11 requirements of sub. (3) and performance standards prescribed by the department.

12 A county that contracts under this paragraph may operate the care management
13 organization for all of the target groups or for a selected group or groups. With
14 respect to contracts exclusively with counties to operate a care management
15 organization, all of the following apply: or family care districts

History: 1999 a. 9.

16 SECTION 13. 46.284 (2) (b) 1. (intro.) of the statutes is amended to read:

17 46.284 (2) (b) 1. (intro.) Before January 1, 2003, the department may not
18 contract with an organization other than the county or a family care district to
19 operate a care management organization in the county unless any of the following
20 applies:

History: 1999 a. 9.

21 SECTION 14. 46.284 (2) (b) 1. a. of the statutes is amended to read:

22 46.284 (2) (b) 1. a. The county or any family care district in the county that is
23 contracted to operate a care management organization and the local long-term care

1 council agree in writing that at least one additional care management organization
2 is necessary or desirable.

History: 1999 a. 9.

3 **SECTION 15.** 46.285 (1) (intro.) of the statutes is amended to read:

4 46.285 (1) (intro.) In order to meet state and federal requirements and assure
5 federal financial participation in funding of the family care benefit, a county, a tribe
6 or band, a family care district or an organization, including a private, nonprofit
7 corporation, may not directly operate both a resource center and a care management
8 organization, except as follows:

History: 1999 a. 9.

9 **SECTION 16.** 46.287 (2) (a) 1. f. of the statutes is amended to read:

10 46.287 (2) (a) 1. f. Development of a plan of care that is unacceptable because
11 the plan of care requires the enrollee to live in a place type of residence that is
12 unacceptable to the enrollee or the plan of care provides care, treatment or support
13 items that are insufficient to meet the enrollee's needs, are unnecessarily restrictive
14 or are unwanted by the enrollee.

History: 1999 a. 9.

15 **SECTION 17.** 46.287 (2) (c) of the statutes is amended to read:

16 46.287 (2) (c) Information regarding the availability of advocacy services and
17 notice of adverse actions taken and appeal rights shall be provided to a client by the
18 resource center or care management organization in a form and manner that is
19 prescribed by the department by rule or by contract.

History: 1999 a. 9.

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

SECTION 18

1 49.45 (3) (ag) Reimbursement shall be made to each entity contracted with
2 under s. 46.281 (1) (d) for functional ~~screens~~ screenings performed under s.46.281 (1)
3 (d).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6: 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185.

4 **SECTION 19.** 50.033 (2r) of the statutes is amended to read:

5 50.033 (2r) PROVISION OF INFORMATION REQUIRED. Subject to sub. (2t), an adult
6 family home shall, within the time period after inquiry by a prospective resident that
7 is prescribed by the department by rule, inform the prospective resident of the
8 services of a resource center under s. 46.283, the family care benefit under s. 46.286
9 and the availability of a functional screening and financial screen eligibility and
10 cost-sharing screening to determine the prospective resident's eligibility for the
11 family care benefit under s. 46.286 (1).

History: 1993 a. 327; 1995 a. 27; 1997 a. 27; 1999 a. 9.

12 **SECTION 20.** 50.033 (2s) (a) of the statutes is amended to read:

13 50.033 (2s) (a) For a person who has received a ~~screen~~ screening for functional
14 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
15 subsection need not include performance of an additional functional ~~screen~~
16 screening under s. 46.283 (4) (g) (3m) (c).

History: 1993 a. 327; 1995 a. 27; 1997 a. 27; 1999 a. 9.

17 **SECTION 21.** 50.033 (2s) (d) of the statutes is amended to read:

18 50.033 (2s) (d) For a person who seeks admission or is about to be admitted on
19 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
20 and cost-sharing screening under s. 46.283 (4) (g) (3m) (c), the referral under this
21 subsection may not include performance of a financial ~~screen~~ eligibility and

1 cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the person is expected
2 to become eligible for medical assistance within 6 months.

History: 1993 a. 327; 1995 a. 27; 1997 a. 27; 1999 a. 9.

3 **SECTION 22.** 50.034 (5m) of the statutes is amended to read:

4 50.034 (5m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (5p), a
5 residential care apartment complex shall, within the time period after inquiry by a
6 prospective resident that is prescribed by the department by rule, inform the
7 prospective resident of the services of a resource center under s. 46.283, the family
8 care benefit under s. 46.286 and the availability of a functional screening and
9 financial screen eligibility and cost-sharing screening to determine the prospective
10 resident's eligibility for the family care benefit under s. 46.286 (1).

History: 1995 a. 27; 1997 a. 13, 252; 1999 a. 9, 63, 185.

11 **SECTION 23.** 50.034 (5n) (a) of the statutes is amended to read:

12 50.034 (5n) (a) For a person who has received a ~~screen~~ screening for functional
13 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
14 subsection need not include performance of an additional functional ~~screen~~
15 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

History: 1995 a. 27; 1997 a. 13, 252; 1999 a. 9, 63, 185.

16 **SECTION 24.** 50.034 (5n) (d) of the statutes is amended to read:

17 50.034 (5n) (d) For a person who seeks admission or is about to be admitted on
18 a private pay basis and who waives the requirement for a financial screen eligibility
19 and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), the referral under this
20 subsection may not include performance of a financial ~~screen~~ screen eligibility and
21 cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the person is expected
22 to become eligible for medical assistance within 6 months.

History: 1995 a. 27; 1997 a. 13, 252; 1999 a. 9, 63, 185.

23 **SECTION 25.** 50.035 (4m) of the statutes is amended to read:

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

Remove screening &
 strike instead

8 History: 1983 a. 363; 1985 a. 176; 1987 a. 403 ss. 67, 256; 1989 a. 336; 1991 a. 39; 1995 a. 27 ss. 3235 to 3237, 9116 (5); 1997 a. 27, 114, 237; 1999 a. 9, 32, 103, 186.

9 **SECTION 26.** 50.035 (4n) (a) of the statutes is amended to read:

10 50.035 (4n) (a) For a person who has received a screen screening for functional
 11 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
 12 subsection need not include performance of an additional functional ~~screen~~
screening under s. 46.283 (4) (g) (3m) (c).

13 History: 1983 a. 363; 1985 a. 176; 1987 a. 403 ss. 67, 256; 1989 a. 336; 1991 a. 39; 1995 a. 27 ss. 3235 to 3237, 9116 (5); 1997 a. 27, 114, 237; 1999 a. 9, 32, 103, 186.

14 **SECTION 27.** 50.035 (4n) (d) of the statutes is amended to read:

15 50.035 (4n) (d) For a person who seeks admission or is about to be admitted on
 16 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
 17 and cost-sharing screening under s. 46.283 (4) (g) (3m) (c), the referral under this
 18 subsection may not include performance of a financial ~~screen~~ eligibility and
 19 cost-sharing screening under s. 46.283 (4) (g) (3m) (c), unless the person is expected
 to become eligible for medical assistance within 6 months.

20 History: 1983 a. 363; 1985 a. 176; 1987 a. 403 ss. 67, 256; 1989 a. 336; 1991 a. 39; 1995 a. 27 ss. 3235 to 3237, 9116 (5); 1997 a. 27, 114, 237; 1999 a. 9, 32, 103, 186.

21 **SECTION 28.** 50.04 (2g) (a) of the statutes is amended to read:

22 50.04 (2g) (a) Subject to sub. (2i), a nursing home shall, within the time period
 23 after inquiry by a prospective resident that is prescribed by the department by rule,
 24 inform the prospective resident of the services of a resource center under s. 46.283,
 the family care benefit under s. 46.286 and the availability of a functional screening

1 and financial screen eligibility and cost-sharing screening to determine the
2 prospective resident's eligibility for the family care benefit under s. 46.286 (1).

History: 1977 c. 170 ss. 6, 29; 1977 c. 272; 1979 c. 34; 1981 c. 20, 121, 317, 391; 1983 a. 27 s. 2200 (1); 1985 a. 29; 1985 a. 182 s. 57; 1985 a. 332 s. 251 (1), (7); 1987 a. 27, 127, 399; 1989 a. 31, 336; 1991 a. 39, 269, 315; 1995 a. 27; 1997 a. 27, 114, 237, 252, 280; 1999 a. 9, 32, 103.

3 **SECTION 29.** 50.04 (2h) (a) 1. of the statutes is amended to read:

4 50.04 (2h) (a) 1. For a person who has received a screen screening for functional
5 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
6 paragraph need not include performance of an additional functional screen
7 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

History: 1977 c. 170 ss. 6, 29; 1977 c. 272; 1979 c. 34; 1981 c. 20, 121, 317, 391; 1983 a. 27 s. 2200 (1); 1985 a. 29; 1985 a. 182 s. 57; 1985 a. 332 s. 251 (1), (7); 1987 a. 27, 127, 399; 1989 a. 31, 336; 1991 a. 39, 269, 315; 1995 a. 27; 1997 a. 27, 114, 237, 252, 280; 1999 a. 9, 32, 103.

8 **SECTION 30.** 50.04 (2h) (a) 4. of the statutes is amended to read:

9 50.04 (2h) (a) 4. For a person who seeks admission or is about to be admitted
10 on a private pay basis and who waives the requirement for a financial screen
11 eligibility and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), the referral
12 under this subsection may not include performance of a financial screen eligibility
13 and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the person
14 expected to become eligible for medical assistance within 6 months.

History: 1977 c. 170 ss. 6, 29; 1977 c. 272; 1979 c. 34; 1981 c. 20, 121, 317, 391; 1983 a. 27 s. 2200 (1); 1985 a. 29; 1985 a. 182 s. 57; 1985 a. 332 s. 251 (1), (7); 1987 a. 27, 127, 399; 1989 a. 31, 336; 1991 a. 39, 269, 315; 1995 a. 27; 1997 a. 27, 114, 237, 252, 280; 1999 a. 9, 32, 103.

15 **SECTION 31.** 50.06 (7) of the statutes is amended to read:

16 50.06 (7) An individual who consents to an admission under this section may
17 request that an assessment be conducted for the incapacitated individual under the
18 long-term support community options program under s. 46.27 (6) or, if the secretary
19 has certified under s. 46.281 (3) that a resource center is available for the individual,
20 a functional screening and financial screen eligibility and cost-sharing screening to
21 determine eligibility for the family care benefit under s. 46.286 (1). If admission is
22 sought on behalf of the incapacitated individual or if the incapacitated individual is
23 about to be admitted on a private pay basis, the individual who consents to the

SECTION 31

1 admission may waive the requirement for a financial screen eligibility and
2 cost-sharing screening under s. 46.283 (4) (g) (3m) (c), unless the incapacitated
3 individual is expected to become eligible for medical assistance within 6 months.

4 History: 1993 a. 187; 1999 a. 9.

(END)

D - NOTE

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0205/dn

DAK.....

1
gjs

To Gretchen Fossum and Charles Jones:

Please note that, instead of repealing s. 46.283 (4) (e) to (h), stats., and separately creating s. 46.283 (3) (L) to (o), as requested, I have created a new subsection (46.283 (3m)) and have renumbered s. 46.283 (4) (e) to (h) within that subsection. This avoids the conflict or overlapping that otherwise results with s. 46.283 (3) (b) and (e). Please review s. 46.283 (3m) (intro.) carefully to determine if this now does what you want.

Please note that I have corrected the incorrect use of the noun "screen" throughout the draft.

Lastly, please note that in s. 46.283 (3m) (a) (renumbered from s. 46.283 (4) (e)), I have substituted the word "or" for "and" in describing persons who must receive information about the services of the resource center. The proposed language would have required that the information be given only to persons who are *both* members of a CMO target population and residents of facilities; I have assumed that these groups are different and that you wanted information to be given to each group. If my assumption is incorrect, please let me know and I will redraft.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

← LRS: Format the new # w/o indenting, just like the other #'s

Your instructions were to delete the adjective "immediate", which in current law has modified "family member". It would be desirable to have a definition of "family member" to clarify your intent. Please look at, for example, ss. 108.04(7)(s)1-b. and 157.061(7).

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0205/1dn
DAK:cjs:km

October 11, 2000

To Gretchen Fossum and Charles Jones:

Please note that, instead of repealing s. 46.283 (4) (e) to (h), stats., and separately creating s. 46.283 (3) (L) to (o), as requested, I have created a new subsection (46.283 (3m)) and have renumbered s. 46.283 (4) (e) to (h) within that subsection. This avoids the conflict or overlapping that otherwise results with s. 46.283 (3) (b) and (e). Please review s. 46.283 (3m) (intro.) carefully to determine if this now does what you want.

Please note that I have corrected the incorrect use of the noun "screen" throughout the draft.

Your instructions were to delete the adjective "immediate", which in current law has modified "family member". It would be desirable to have a definition of "family member" to clarify your intent. Please look at, for example, ss. 108.04 (7) (s) 1. b. and 157.061 (7).

Lastly, please note that in s. 46.283 (3m) (a) (renumbered from s. 46.283 (4) (e)), I have substituted the word "or" for "and" in describing persons who must receive information about the services of the resource center. The proposed language would have required that the information be given only to persons who are *both* members of a CMO target population and residents of facilities; I have assumed that these groups are different and that you wanted information to be given to each group. If my assumption is incorrect, please let me know and I will redraft.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

Kennedy, Debora

From: Fossum, Gretchen
Sent: Thursday, December 21, 2000 3:46 PM
To: Kennedy, Debora
Subject: LRB Draft 205/1

Debora:

✓ 1. For the definition of a family use the example under s. 157.061(7) within the 2nd degree of kinship as computed under s. 990.001(16).

✓ 2. The department is requesting one change to the draft (from Charles Jones):

We think SECTION 8 of LRB-0205/1 needs to be modified. The intent is that this provision of information is to residents of facilities in the CMO's service area who are in the target population of a CMO in the county. (People who are not facility residents get information about Family Care in other ways--facility pre-admission or hospital discharge consultation, and general public information and outreach.) As drafted it says the provision of information is to anyone in the target population of a CMO in the county or to anyone who is a resident of a facility. The change we propose is as follows:

46.283 (3m) (a) Within 6 months after the family care benefit is available to all eligible persons in the area of the resource center, ~~provide~~ provide provision of information about the services of the resource center, including the services specified in sub. (3) (d), about assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c) and about the family care benefit to ~~all older persons and persons with a physical disability who are members of a target population served by a care management organization that operates in the county~~ or who are residents of nursing homes, community-based residential facilities, adult family homes and residential care apartment complexes in the area of the resource center and who are members of a target population served by a care management organization that operates in the county.

✓ 3. Everything else in the draft is ok.

Gretchen A. Fossum
State Budget Office
21 December 2000



SOON - Inedit 12/21
State of Wisconsin
2001 - 2002 LEGISLATURE

LRB-0205/2

DAK:cjs:lan

DOA:.....Fossum - Family care miscellaneous changes

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

Do NOT GEN

1

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

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

LONG-TERM CARE; FAMILY CARE

Currently, under family care, a resource center in a county must, within six months after the family care benefit is available to all eligible persons in the resource center's area, provide information about the family care benefit and family care services to all older persons and persons with physical disabilities who reside in facilities in the area, must provide a functional and financial screening to those residents and to certain persons who are seeking admission to a facility, and must provide access for eligible persons to protective services or protective placement or elder abuse services.

This bill requires that DHFS assure the provision of family care benefit and family care services information, functional and financial screenings, and access for eligible persons to protective services or protective placement and elder abuse services, rather than requiring that a family care resource center provide these. Also, under the bill, persons who must receive information about the family care benefit and family care services and functional and financial screenings must be persons who are members of a target population served by a care management organization in the county ~~are residents of certain facilities~~. Lastly, the bill makes numerous minor changes to the laws relating to the family care program.

residents of certain facilities and are ✓

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

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

INSERT
2-1

1 **SECTION 1.** 46.2805 (7) of the statutes is amended to read:

2 46.2805 (7) “~~Functional and financial screen~~ Financial eligibility and
3 cost-sharing screening” means ~~a screen~~ the use of a uniform screening tool
4 prescribed by the department ~~that is used to determine functional eligibility under~~
5 ~~s. 46.286 (1) (a) and financial eligibility under s. 46.286 (1) (b) and cost-sharing~~
6 under s. 46.286 (2).

7 **SECTION 2.** 46.2805 (7g) of the statutes is created to read:

8 46.2805 (7g) “Functional screening” means the use of a uniform screening tool
9 prescribed by the department to determine functional eligibility under s. 46.286 (1)
10 (a) and (1m).

11 **SECTION 3.** 46.281 (3) of the statutes is amended to read:

12 46.281 (3) DUTY OF THE SECRETARY. The secretary shall certify to each county,
13 hospital, nursing home, community-based residential facility, adult family home
14 and residential care apartment complex the date on which a resource center that
15 serves the area of the county, hospital, nursing home, community-based residential
16 facility, adult family home or residential care apartment complex is first available
17 to provide a functional screening and financial ~~screen~~ eligibility and cost-sharing
18 screening. To facilitate phase-in of services of resource centers, the secretary may
19 certify that the resource center is available for specified groups of eligible individuals
20 or for specified facilities in the county.

21 **SECTION 4.** 46.282 (2) (a) 2. of the statutes is amended to read:

1 46.282 (2) (a) 2. A county board of supervisors or, in a county with a county
2 executive or a county administrator, the county executive or county administrator
3 shall appoint members of the local long-term care council who are required to be
4 older persons or persons with physical or developmental disabilities or their
5 immediate family members or other representatives from nominations that are
6 submitted to the county board of supervisors or the county executive or county
7 administrator by older persons or persons with physical or developmental
8 disabilities or their immediate family members or other representatives and by local
9 organizations that represent older persons or persons with physical or
10 developmental disabilities.

~~INSECTUM~~
3-10
11 **SECTION 5.** 46.282 (2) (b) 1. of the statutes is amended to read:

12 46.282 (2) (b) 1. A local long-term care council that serves a single-county area
13 shall consist of 17 members, at least 9 of whom are older persons or persons with
14 physical or developmental disabilities or their immediate family members or other
15 representatives. The age or disability represented by these 9 members shall
16 correspond to the proportion of numbers of persons, as determined by the
17 department, receiving long-term care in this state who are aged 65 or older or have
18 a physical or developmental disability. The total remaining 8 members shall consist
19 of providers of long-term care services, persons residing in the county with
20 recognized ability and demonstrated interest in long-term care and up to 3 members
21 of the county board of supervisors or other elected officials.

22 **SECTION 6.** 46.282 (2) (b) 2. (intro.) of the statutes is amended to read:

23 46.282 (2) (b) 2. (intro.) A local long-term care council that serves an area of
24 2 or more contiguous counties shall consist of 23 members, at least 12 of whom are
25 older persons or persons with physical or developmental disabilities or their

1 ~~immediate~~ family members or other representatives. The age or disability
2 represented by these 12 members shall correspond to the proportion of numbers of
3 persons, as determined by the department, receiving long-term care in this state
4 who are aged 65 or older or have a physical or developmental disability. The total
5 remaining 11 members shall consist of all of the following:

6 **SECTION 7.** 46.283 (3m) (intro.) of the statutes is created to read:

7 46.283 (3m) SPECIAL OUTREACH. The department shall assure that all of the
8 following are available for persons within the area of a resource center:

9 **SECTION 8.** 46.283 (4) (e) of the statutes is renumbered 46.283 (3m) (a) and
10 amended to read:

11 46.283 (3m) (a) Within 6 months after the family care benefit is available to
12 all eligible persons in the area of the resource center, ~~provide~~ provision of information
13 about the services of the resource center, including the services specified in sub. (3)
14 (d), about assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c)
15 and about the family care benefit to ~~all older persons and persons with a physical~~
16 ~~disability~~ ^{and} (are members of a target population served by a care management
17 organization that operates in the county ~~who~~ who are residents of nursing homes,
18 community-based residential facilities, adult family homes and residential care
19 apartment complexes in the area of the resource center.

20 **SECTION 9.** 46.283 (4) (f) of the statutes is renumbered 46.283 (3m) (b) and
21 amended to read:

22 46.283 (3m) (b) ~~Provide~~ Provision of a functional ~~screening~~ and financial
23 ~~screen~~ a financial eligibility and cost-sharing screening to any resident, as specified
24 in par. (e) (a), who requests a screen ~~screening~~, and assist ~~assistance in enrolling in~~

1 a care management organization to any such resident who is eligible and chooses to
2 ~~enroll in a care management organization to do so.~~

3 **SECTION 10.** 46.283 (4) (g) of the statutes is renumbered 46.283 (3m) (c) and
4 amended to read:

5 46.283 (3m) (c) ~~Provide a functional and financial screen~~ The offer to provide
6 and, if the offer is accepted, the provision of a functional screening and a financial
7 eligibility and cost-sharing screening to any person seeking admission to a nursing
8 home, community-based residential facility, residential care apartment complex or
9 adult family home if the secretary has certified that the resource center is available
10 to the person and the facility and the person is determined by the resource center to
11 have a condition that is expected to last at least 90 days that would require care,
12 assistance or supervision. ~~A resource center~~ The department may not require a
13 financial screen eligibility and cost-sharing screening for a person seeking
14 admission or about to be admitted on a private pay basis who waives the requirement
15 for a financial screen eligibility and cost-sharing screening under this paragraph,
16 unless the person is expected to become eligible for medical assistance within 6
17 months. ~~A resource center~~ The department need not provide a functional screen
18 screening for a person seeking admission or about to be admitted who has received
19 a screen screening for functional eligibility under s. 46.286 (1) (a) within the previous
20 6 months.

21 **SECTION 11.** 46.283 (4) (h) of the statutes is renumbered 46.283 (3m) (d) and
22 amended to read:

23 46.283 (3m) (d) ~~Provide~~ The provision of access to services under s. 46.90 and
24 ch. 55 to a person who is eligible for the services, through cooperation with the county
25 agency or agencies that provide the services.

1 **SECTION 12.** 46.284 (2) (b) (intro.) of the statutes is amended to read:

2 46.284 (2) (b) (intro.) Within each county, the department shall initially
3 contract to operate a care management organization with the county or a family care
4 district if the county elects to operate, or creates a family care district to operate, a
5 care management organization and the care management organization meets the
6 requirements of sub. (3) and performance standards prescribed by the department.
7 A county or family care district that contracts under this paragraph may operate the
8 care management organization for all of the target groups or for a selected group or
9 groups. With respect to contracts exclusively with counties or family care districts
10 to operate a care management organization, all of the following apply:

11 **SECTION 13.** 46.284 (2) (b) 1. (intro.) of the statutes is amended to read:

12 46.284 (2) (b) 1. (intro.) Before January 1, 2003, the department may not
13 contract with an organization other than the county or a family care district to
14 operate a care management organization in the county unless any of the following
15 applies:

16 **SECTION 14.** 46.284 (2) (b) 1. a. of the statutes is amended to read:

17 46.284 (2) (b) 1. a. The county or any family care district in the county that is
18 contracted to operate a care management organization and the local long-term care
19 council agree in writing that at least one additional care management organization
20 is necessary or desirable.

21 **SECTION 15.** 46.285 (1) (intro.) of the statutes is amended to read:

22 46.285 (1) (intro.) In order to meet state and federal requirements and assure
23 federal financial participation in funding of the family care benefit, a county, a tribe
24 or band, a family care district or an organization, including a private, nonprofit

1 corporation, may not directly operate both a resource center and a care management
2 organization, except as follows:

3 **SECTION 16.** 46.287 (2) (a) 1. f. of the statutes is amended to read:

4 46.287 (2) (a) 1. f. Development of a plan of care that is unacceptable because
5 the plan of care requires the enrollee to live in a place type of residence that is
6 unacceptable to the enrollee or the plan of care provides care, treatment or support
7 items that are insufficient to meet the enrollee's needs, are unnecessarily restrictive
8 or are unwanted by the enrollee.

9 **SECTION 17.** 46.287 (2) (c) of the statutes is amended to read:

10 46.287 (2) (c) Information regarding the availability of advocacy services and
11 notice of adverse actions taken and appeal rights shall be provided to a client by the
12 resource center or care management organization in a form and manner that is
13 prescribed by the department by rule or by contract.

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

15 49.45 (3) (ag) Reimbursement shall be made to each entity contracted with
16 under s. 46.281 (1) (d) for functional ~~screens~~ screenings performed under s.46.281 (1)
17 (d).

18 **SECTION 19.** 50.033 (2r) of the statutes is amended to read:

19 50.033 (2r) PROVISION OF INFORMATION REQUIRED. Subject to sub. (2t), an adult
20 family home shall, within the time period after inquiry by a prospective resident that
21 is prescribed by the department by rule, inform the prospective resident of the
22 services of a resource center under s. 46.283, the family care benefit under s. 46.286
23 and the availability of a functional screening and financial ~~screen~~ eligibility and
24 cost-sharing screening to determine the prospective resident's eligibility for the
25 family care benefit under s. 46.286 (1).

1 **SECTION 20.** 50.033 (2s) (a) of the statutes is amended to read:

2 50.033 (2s) (a) For a person who has received a ~~screen~~ screening for functional
3 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
4 subsection need not include performance of an additional functional ~~screen~~
5 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

6 **SECTION 21.** 50.033 (2s) (d) of the statutes is amended to read:

7 50.033 (2s) (d) For a person who seeks admission or is about to be admitted on
8 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
9 and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), the referral under this
10 subsection may not include performance of a financial ~~screen~~ eligibility and
11 cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the person is expected
12 to become eligible for medical assistance within 6 months.

13 **SECTION 22.** 50.034 (5m) of the statutes is amended to read:

14 50.034 (5m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (5p), a
15 residential care apartment complex shall, within the time period after inquiry by a
16 prospective resident that is prescribed by the department by rule, inform the
17 prospective resident of the services of a resource center under s. 46.283, the family
18 care benefit under s. 46.286 and the availability of a functional screening and
19 financial ~~screen~~ eligibility and cost-sharing screening to determine the prospective
20 resident's eligibility for the family care benefit under s. 46.286 (1).

21 **SECTION 23.** 50.034 (5n) (a) of the statutes is amended to read:

22 50.034 (5n) (a) For a person who has received a ~~screen~~ screening for functional
23 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
24 subsection need not include performance of an additional functional ~~screen~~
25 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

1 **SECTION 24.** 50.034 (5n) (d) of the statutes is amended to read:

2 50.034 (**5n**) (d) For a person who seeks admission or is about to be admitted on
3 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
4 and cost-sharing screening under s. 46.283 (4) (~~g~~) (**3m**) (c), the referral under this
5 subsection may not include performance of a financial ~~screen~~ eligibility and
6 cost-sharing screening under s. 46.283 (4) (~~g~~) (**3m**) (c), unless the person is expected
7 to become eligible for medical assistance within 6 months.

8 **SECTION 25.** 50.035 (4m) of the statutes is amended to read:

9 50.035 (**4m**) PROVISION OF INFORMATION REQUIRED. Subject to sub. (4p), a
10 community-based residential facility shall, within the time period after inquiry by
11 a prospective resident that is prescribed by the department by rule, inform the
12 prospective resident of the services of a resource center under s. 46.283, the family
13 care benefit under s. 46.286 and the availability of a functional screening and
14 financial ~~screen~~ eligibility and cost-sharing screening to determine the prospective
15 resident's eligibility for the family care benefit under s. 46.286 (1).

16 **SECTION 26.** 50.035 (4n) (a) of the statutes is amended to read:

17 50.035 (**4n**) (a) For a person who has received a ~~screen~~ screening for functional
18 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
19 subsection need not include performance of an additional functional ~~screen~~
20 screening under s. 46.283 (4) (~~g~~) (**3m**) (c).

21 **SECTION 27.** 50.035 (4n) (d) of the statutes is amended to read:

22 50.035 (**4n**) (d) For a person who seeks admission or is about to be admitted on
23 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
24 and cost-sharing screening under s. 46.283 (4) (~~g~~) (**3m**) (c), the referral under this
25 subsection may not include performance of a financial ~~screen~~ eligibility and

1 cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the person is expected
2 to become eligible for medical assistance within 6 months.

3 **SECTION 28.** 50.04 (2g) (a) of the statutes is amended to read:

4 50.04 **(2g)** (a) Subject to sub. (2i), a nursing home shall, within the time period
5 after inquiry by a prospective resident that is prescribed by the department by rule,
6 inform the prospective resident of the services of a resource center under s. 46.283,
7 the family care benefit under s. 46.286 and the availability of a functional screening
8 and financial ~~screen~~ eligibility and cost-sharing screening to determine the
9 prospective resident's eligibility for the family care benefit under s. 46.286 (1).

10 **SECTION 29.** 50.04 (2h) (a) 1. of the statutes is amended to read:

11 50.04 **(2h)** (a) 1. For a person who has received a ~~screen~~ screening for functional
12 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
13 paragraph need not include performance of an additional functional ~~screen~~
14 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

15 **SECTION 30.** 50.04 (2h) (a) 4. of the statutes is amended to read:

16 50.04 **(2h)** (a) 4. For a person who seeks admission or is about to be admitted
17 on a private pay basis and who waives the requirement for a financial ~~screen~~
18 eligibility and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), the referral
19 under this subsection may not include performance of a financial ~~screen~~ eligibility
20 and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the person
21 expected to become eligible for medical assistance within 6 months.

22 **SECTION 31.** 50.06 (7) of the statutes is amended to read:

23 50.06 **(7)** An individual who consents to an admission under this section may
24 request that an assessment be conducted for the incapacitated individual under the
25 long-term support community options program under s. 16.27 (6) or, if the secretary

1 has certified under s. 46.281 (3) that a resource center is available for the individual,
2 a functional screening and financial ~~screen~~ eligibility and cost-sharing screening to
3 determine eligibility for the family care benefit under s. 46.286 (1). If admission is
4 sought on behalf of the incapacitated individual or if the incapacitated individual is
5 about to be admitted on a private pay basis, the individual who consents to the
6 admission may waive the requirement for a financial ~~screen~~ eligibility and
7 cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the incapacitated
8 individual is expected to become eligible for medical assistance within 6 months.

9 (END)

(INSERT 2-1) A

9 SECTION ~~X~~. CR; 46.2805 (6m)

9 46.2805 (6m) ^(b) "Family member" has the
= meaning given in s. 157.061 (7).