

2001 DRAFTING REQUEST

Senate Amendment (SA-SSA1-SB55)

Received: 06/15/2001

Received By: kenneda

Wanted: As time permits

Identical to LRB:

For: Senate Democratic Caucus

By/Representing: Keckhaver

This file may be shown to any legislator: NO

Drafter: kenneda

May Contact:

Addl. Drafters:

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

Extra Copies: **ISR**

Submit via email: NO

Requester's email:

Pre Topic:

SDC:.....Keckhaver - CN3021,

Topic:

Eliminate bed-size restriction on use of COP funds for service in C-BRFs

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 06/16/2001	gilfokm 06/17/2001		_____			
/1			pgreensl 06/17/2001	_____	lrb docadmin 06/17/2001		

FE Sent For:

<END>

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1?	kenneda	1-6/Kmg 1/17-01	6/17 pg	6/17 KG/PG			

FE Sent For:

<END>

Agency: Health and Family Services - Community Aids and Supportive Living

caucus number 3021

duplicate flag:

duplicate with:

Other reference numbers:	LFB Sum #:
bill number/amendment number:	
LRB draft #	LRB P-draft:

description: This motion eliminates the bed size restriction under COP-R and the four bed restriction under COP-W/CIP II for provision of services in a CBRF and raises service provision to 20-bed CBRF's

other notes LFB memo states if the bed limit is raised to 20 beds, GPR savings could be obtained of \$1,212,600 in 2001-02, and \$2,425,000 by 2002-03

Description2: This motion eliminates the bed size restriction under COP-R and the four bed restriction under COP-W/CIP II for provision of services in a CBRF and raises service provision to 20-bed CBRF's

drafting instructions:

more instructions:

Agency: Health and Family Services - Community Aids and Supportive Living

Number of Amendments: 1

*Don't reduce COP slots; Reduces funding for COP
 If you count on these savings, will have to reduce \$ for COP*

DAK

Should reduce funding for COP if want to get savings -

This is billed as a savings, but moves to C-W "saves" money, but is no real savings unless you actually reduce the COP GPR approp. doc. just gets spent for more COP

From Doug Burnett 6/15: reduce the COP GPR approp. commensurate with these savings.

SENATE BUDGET AMENDMENT

Agency name: Department of Health and Family Services

Related Fiscal Bureau papers and motions:

CN 3021

Description: This motion Eliminates the bed size restriction under COP-R and the four-bed restriction under COP-W / CIP II for provision of services in a CBRF and raises service provision to 20-bed CBRFs.

Fiscal effect: see attached memo

Attachments: 1999 SB 505 and fiscal estimate

Motion: (Based on Assembly Bill 880)

This motion Eliminates the bed size restriction under COP-R and the four-bed restriction under COP-W / CIP II for provision of services in a CBRF and limits service provision to 20-bed CBRFs, unless otherwise approved by DHFS under current standards requiring a "Home Like Setting". The approximate biennial GPR savings of \$4,249,523 could then be used to assist more individuals on the COP waiting lists.

Wisconsin already provides COP-R funding (100% GPR) for individuals in CBRFs with more than 8 beds. Surprisingly, Wisconsin statutes prohibit COP-W (40% State / 60% FED) from being used in CBRFs with more than 4 beds. Meaning, Wisconsin is once again throwing away GPR by not matching federal dollars that could be used to assist people on COP waiting lists.

If we simply make COP-R and COP-W consistent by allowing individuals in CBRFs with more than 8 beds to be served we can provide another \$4 million GPR for COP and CIP II and assist more persons on the waiting list.

Legislative Fiscal Bureau has calculated that if the bed limit is raised to 20 beds, GPR savings could be obtained of \$1,212,600 in 2001-02. A full year of savings \$2,425,000 GPR could be achieved by 2002-03.

Using the numbers contained in the Legislative Fiscal Bureau memo, if the CBRF COP bed size limits were removed entirely additional GPR savings might be obtained of \$407,949 per year. (\$203,974 FY 2001-02 and \$407,949 FY 2002-03).

Please note: The Legislative Fiscal Bureau estimates that the average cost of CBRF care is \$860 per month. The Wisconsin Counties Association recently sampled 5 counties (Ashland, Sheboygan, Winnebago, Grant-Iowa and Dane). This sample revealed that the average CBRF cost (9-20 beds) is closer to \$2,000 - \$3,000 per month.

1999 SENATE BILL 505

March 23, 2000 - Introduced by Senators GROBSCHMIDT, ERPENBACH, HUELSMAN, ROBSON and BRESKE, cosponsored by Representatives HUNDERTMARK, WAUKAU, BRANDEMUEHL, BOYLE, SUDER, LA FAVE, PORTER, RYBA, LADWIG, KELSO, HAHN, PLOUFF, MONTCOMERY, MUSSER, F. LASEE, BALOW, STEINBRINK, JOHNSRUD, MEYER, POWERS, SCHOOFF, RHOADES, HANDRICK, SPILLNER, AINSWORTH, MEYERHOFER, STONE, JESKEWITZ and J. LEHMAN. Referred to Committee on Health, Utilities, Veterans and Military Affairs.

1 AN ACT *to repeal* 46.27 (7b) and 46.27 (11) (c) 5p.; *to consolidate, renumber*
 2 *and amend* 46.27 (11) (c) 6. (intro.) and a.; *to amend* 46.27 (3) (f), 46.27 (7) (cm)
 3 1. (intro.), 46.27 (7) (cm) 1. c., 46.27 (11) (c) 6. b., 46.277 (5) (d) 1m. (intro.), 46.277
 4 (5) (d) 1n. (intro.) and 46.277 (5) (d) 2. (intro.); *to repeal and recreate* 46.277
 5 (5) (d) 2. a.; and *to create* 46.277 (5) (d) 4. of the statutes; **relating to:** the use
 6 of community options program funds and community integration program
 7 funds to provide services in community-based residential facilities.

Analysis by the Legislative Reference Bureau

Currently, home and community-based long-term care is provided to persons who are elderly, physically or developmentally disabled, chronically mentally ill or chemically dependent as a benefit under the long-term support community options program (COP). COP provides assessments of functionality and home and community-based care as an alternative to institutionalized care; one part of COP (commonly referred to as "COP-Regular") is funded by state general purpose revenues and the other part (commonly referred to as "COP-Waiver") is funded by the joint federal-state program of medical assistance, under a waiver of federal medicaid laws. Also under a waiver of federal medicaid laws, a community integration program (commonly referred to as "CIP II") provides home and community-based services and continuity of care for persons who meet medical

SENATE BILL 505

assistance eligibility requirements and are relocated from certain institutions or meet requirements for medical assistance reimbursement in nursing homes. Numerous restrictions exist on the use of COP-Regular, COP-Waiver or CIP II funds to provide eligible individuals with services in community-based residential facilities (C-BRFs). Among these restrictions is the requirement that a county annually establish a maximum total amount, from the county's annual allocation, that may be encumbered in a calendar year for COP services to eligible individuals in C-BRFs, unless the department of health and family services (DHFS) grants a hardship exception for an individual or waives the requirement. Other provisions restrict the licensed capacity of a C-BRF in which an individual may reside and receive COP services. Under COP-Regular, a county, non-profit agency or aging unit may not use funds to provide services in a C-BRF that has more than eight beds, unless DHFS approves service provision in a C-BRF that was licensed on July 29, 1995, or is licensed for 20 or fewer beds and meets certain standards; or unless the C-BRF entirely consists of independent apartments and the residents are aged or physically disabled and eligible for COP-Regular. Under COP-Waiver, a county, nonprofit agency or aging unit may not use funds to provide services in a C-BRF that has more than four beds, unless DHFS approves service provision in a C-BRF that entirely consists of independent apartments with residents who are aged or physically disabled and eligible for COP-Waiver; or in a C-BRF that has five to eight beds. Subject to DHFS approval, a county may establish more restrictive conditions than these on the provision of services to a person in a C-BRF. CIP II restrictions with respect to C-BRFs are similar to those under COP-Waiver.

Under 1999 Wisconsin Act 9 (the biennial budget act), DHFS must establish a pilot project in Chippewa County under which that county, in determining the cost effectiveness of a placement for COP-Regular services in a C-BRF, must consider all state and federal funds needed for all options considered. Further, in that county, the county, a private nonprofit agency or an aging unit may use COP-Regular funds to provide services in any C-BRF that has 20 or fewer beds, but must meet certain restrictions for provision of services in a C-BRF with more than 20 beds.

This bill eliminates the eight-bed restriction under COP-Regular and the four-bed restriction under COP-Waiver and CIP II for provision of services in a C-BRF and limits service provision to 20-bed C-BRFs, unless otherwise approved by DHFS under current standards. Lastly, the bill eliminates the COP-Regular pilot project in Chippewa County.

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.** 46.27 (3) (f) of the statutes is amended to read:

FISCAL ESTIMATE FORM

1999 Session

- ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

LRB # -4208/2

INTRODUCTION # SB 505

Admin. Rule #

Subject

Eliminate the eight-bed restriction under COP-R and the four-bed restriction for COP-W/CIP II for provision of services in a CBRF up to 20 beds.

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

Increase Costs - May be possible to Absorb Within Agency's Budget Yes No

- Increase Existing Appropriation Increase Existing Revenues
 Decrease Existing Appropriation Decrease Existing Revenues
 Create New Appropriation

Decrease Costs

Local: No local government costs

1. Increase Costs
 Permissive Mandatory
 Decrease Costs
 Permissive Mandatory

3. Increase Revenues
 Permissive Mandatory
 Decrease Revenues
 Permissive Mandatory

5. Types of Local Governmental Units Affected:
 Towns Villages Cities
 Counties Others _____
 School Districts WTCS Districts

Fund Sources Affected

- GPR FED PRO PRS SEG SEG-S

Affected Ch. 20 Appropriations

20.435(4)(o)


Assumptions Used in Arriving at Fiscal Estimate:

This bill eliminates the eight-bed restriction under COP-R and the four-bed restriction under COP-W/CIP II for provision of services in a CBRF and limits service provision to 20-bed CBRFs, unless otherwise approved by DHFS under current standards. Currently, use of COP-R funds to provide services in CBRFs is restricted to eight-bed facilities and use of COP-W/CIP II funds to provide services in CBRFs is restricted to four-bed facilities, unless certain standards are met. The bill also eliminates the COP-R pilot project in Chippewa County.

Currently, counties may provide COP funded services for clients in CBRFs with greater than eight beds if the CBRF meets certain conditions. In 1998, there were 640 elderly clients and 25 physically disabled clients receiving COP funded services in CBRFs that had greater than eight beds. If counties shift clients from COP funding, which is 100% GPR funded, to COP-W/CIP II funding, which is funded approximately 40% GPR and 60% federal Medicaid funds, additional federal Medicaid funds will be claimed to cover the 60% federal match for these new waiver clients. Counties will be able to use the GPR funds that will become available when COP-R clients are moved to COP-W/CIP II for other COP program needs. Because the Department does not have precise information on CBRF size and CBRF costs for all existing COP clients, it is not possible to estimate the amount of additional federal revenue.

Long-Range Fiscal Implications:

Prepared By: / Phone # / Agency Name
 Lisa Kelly 266-5362
 DHFS/OSF

Authorized Signature / Telephone No.

 John Kiesow, 266-9622

Date
 4/5/00



Legislative Fiscal Bureau

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

May 23, 2001

TO: Representative Kitty Rhoades
Room 302 North, State Capitol

FROM: Richard Megna, Fiscal Analyst

SUBJECT: Projected Savings from Increasing the CBRF Bed Limit For MA Waiver Programs

In response to your request, this memorandum provides an estimate of the savings that would result if the community options waiver (COP-W) and community integration II program (CIP II) could fund services for persons in community based residential facilities (CBRFs) with nine to 20 beds.

Under current law, counties may use COP-W and CIP-II funds to support residential services for persons in CBRFs with up to four beds without receiving approval from DHFS, but may use COP-W and CIP II funds to support residential services in CBRFs with up to eight beds with the approval of DHFS. The Governor's 2001-03 biennial budget would authorize counties to use COP-W and CIP II funds to support residential services in CBRFs with up to 20 beds, with the approval of DHFS.

The elderly and physically disabled are the two target groups that are served under COP-W and CIP II. The COP-W and CIP II programs are the same, except that the CIP II requires that a nursing home bed be closed before a slot can be created under the program.

Currently, there are 667 elderly and physically disabled persons who live in CBRFs with more than eight beds who are participating in the state-only community options (COP-R) program. An estimated 10% to 12% of these individuals live in CBRFs with over 20 beds. Further, the eligibility requirements for COP-R and the two MA waiver programs (COP-W and CIP II) are different. Some services reimbursed under COP-R are not reimbursed under the MA waiver programs. As a result, some of the 667 individuals are ineligible for the MA waiver programs. Data is not available to precisely estimate the percentage that is ineligible for the waiver programs. It may be reasonable to assume that one-third could not be transferred to an MA waiver program.

Given this assumption, approximately 400 persons on COP-R could be transferred to an MA waiver program. The 1999 average cost of a COP-R recipient was \$860 per month, and based on this cost, the 400 persons would have an annual service cost of \$4,128,000 GPR. Under a MA waiver program, approximately 59% of the costs would be supported by federal matching funds. This would generate GPR savings of \$2,425,000 annually once all the individuals were converted to a waiver program. Since it would take time to notify counties, to identify these individuals and to transfer them to a waiver program, it is likely that savings would only total \$1,212,600 in 2001-02. A full year of savings (\$2,425,000 GPR) could be achieved by 2002-03.

It should be emphasized that this projection is somewhat speculative, since data is not readily available on the 667 persons who could potentially transfer to a MA waiver program. Data is not available to objectively determine what proportion will actually be able to convert to a waiver program.

I hope this information meets your needs. If you have any additional questions, please do not hesitate to call.

RM/sas

2001

Date (time) needed

Soon - In edit 6/16

LRB b 1050 1 1

AMDT TO BUDGET SUB AMDT

DAK : *King* :

See form AMENDMENTS — COMPONENTS & ITEMS.

SENATE AMENDMENT
TO ~~SENATE AMENDMENT~~ _____,
TO SENATE SUBSTITUTE AMENDMENT 1,
TO 2001 SENATE BILL 55

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

✓ INSERT A

✓ #. Page 565, line 4.: after that line insert :

~~#. Page , line :~~

~~#. Page , line :~~

~~#. Page , line :~~

~~#. Page , line :~~

~~#. Page , line :~~

1999 SENATE BILL 505

March 23, 2000 - Introduced by Senators GROBSCHMIDT/ERPENBACH, HUELSMAN, ROBSON and BRESKE, cosponsored by Representatives HUNDERTMARK, WAUKAU, BRANDEMUEHL, BOYLE, SUDER, LA FAVE, PORTER, RYBA, LADWIG, KELSO, HAHN, PLOUFF, MONTGOMERY, MUSSER, F. LASEE, BALOW, STEINBRINK, JOHNSRUD, MEYER, POWERS, SCHOOFF, RHOADES, HANDRICK, SPILLNER, AINSWORTH, MEYERHOFER, STONE, JESKEWITZ and J. LEHMAN. Referred to Committee on Health, Utilities, Veterans and Military Affairs.

1 AN ACT to repeal 46.27 (7b) and 46.27 (11) (c) 5p.; to consolidate, renumber
 2 and amend 46.27 (11) (c) 6. (intro.) and a.; to amend 46.27 (3) (f), 46.27 (7) (cm)
 3 1. (intro.), 46.27 (7) (cm) 1. c., 46.27 (11) (c) 6. b., 46.277 (5) (d) 1m. (intro.), 46.277
 4 (5) (d) 1n. (intro.) and 46.277 (5) (d) 2. (intro.); to repeal and recreate 46.277
 5 (5) (d) 2. a.; and to create 46.277 (5) (d) 4. of the statutes; relating to: the use
 6 of community options program funds and community integration program
 7 funds to provide services in community-based residential facilities.

Analysis by the Legislative Reference Bureau

Currently, home and community-based long-term care is provided to persons who are elderly, physically or developmentally disabled, chronically mentally ill or chemically dependent as a benefit under the long-term support community options program (COP). COP provides assessments of functionality and home and community-based care as an alternative to institutionalized care; one part of COP (commonly referred to as "COP-Regular") is funded by state general purpose revenues and the other part (commonly referred to as "COP-Waiver") is funded by the joint federal-state program of medical assistance, under a waiver of federal medicaid laws. Also under a waiver of federal medicaid laws, a community integration program (commonly referred to as "CIP II") provides home and community-based services and continuity of care for persons who meet medical

SENATE BILL 505

assistance eligibility requirements and are relocated from certain institutions or meet requirements for medical assistance reimbursement in nursing homes. Numerous restrictions exist on the use of COP-Regular, COP-Waiver or CIP II funds to provide eligible individuals with services in community-based residential facilities (C-BRFs). Among these restrictions is the requirement that a county annually establish a maximum total amount, from the county's annual allocation, that may be encumbered in a calendar year for COP services to eligible individuals in C-BRFs, unless the department of health and family services (DHFS) grants a hardship exception for an individual or waives the requirement. Other provisions restrict the licensed capacity of a C-BRF in which an individual may reside and receive COP services. Under COP-Regular, a county, non-profit agency or aging unit may not use funds to provide services in a C-BRF that has more than eight beds, unless DHFS approves service provision in a C-BRF that was licensed on July 29, 1995, or is licensed for 20 or fewer beds and meets certain standards; or unless the C-BRF entirely consists of independent apartments and the residents are aged or physically disabled and eligible for COP-Regular. Under COP-Waiver, a county, nonprofit agency or aging unit may not use funds to provide services in a C-BRF that has more than four beds, unless DHFS approves service provision in a C-BRF that entirely consists of independent apartments with residents who are aged or physically disabled and eligible for COP-Waiver; or in a C-BRF that has five to eight beds. Subject to DHFS approval, a county may establish more restrictive conditions than these on the provision of services to a person in a C-BRF. CIP II restrictions with respect to C-BRFs are similar to those under COP-Waiver.

Under 1999 Wisconsin Act 9 (the biennial budget act), DHFS must establish a pilot project in Chippewa County under which that county, in determining the cost effectiveness of a placement for COP-Regular services in a C-BRF, must consider all state and federal funds needed for all options considered. Further, in that county, the county, a private nonprofit agency or an aging unit may use COP-Regular funds to provide services in any C-BRF that has 20 or fewer beds, but must meet certain restrictions for provision of services in a C-BRF with more than 20 beds.

This bill eliminates the eight-bed restriction under COP-Regular and the four-bed restriction under COP-Waiver and CIP II for provision of services in a C-BRF and limits service provision to 20-bed C-BRFs, unless otherwise approved by DHFS under current standards. Lastly, the bill eliminates the COP-Regular pilot project in Chippewa County.

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:

LPS: Proof all amended state. w/ folio.

①

1502 ✓
SECTION 4. 46.27 (3) (f) of the statutes is amended to read:

SENATE BILL 505

1 46.27 (3) (f) Beginning on January 1, 1996, from the annual allocation to the
2 county for the provision of long-term community support services under subs. (7) (b)
3 and (11), annually establish a maximum total amount that may be encumbered in
4 a calendar year for services for eligible individuals in community-based residential
5 facilities, unless the department waives the requirement under sub (2) (i) or
6 approves a request for an exception under sub. (6r) (c).

(7) SECTION 2. ¹⁵⁰²ⁿ 46.27 (7) (cm) 1. (intro.) of the statutes, ~~as affected by 1999~~
(8) ~~Wisconsin Act 9,~~ is amended to read:

9 46.27 (7) (cm) 1. (intro.) ~~Except as provided sub. (7b), beginning~~ Beginning on
10 January 1, 1996, no county, private nonprofit agency or aging unit may use funds
11 received under par. (b) to provide services in any community-based residential
12 facility that has more than 8 20 beds, unless one of the following applies:

(13) SECTION 3. ^{1502p} 46.27 (7) (cm) 1. c. of the statutes is amended to read:
14 46.27 (7) (cm) 1. c. The department approves the provision of services in a
15 community-based residential facility that is initially licensed after July 29, 1995,
16 that is licensed for more than 20 or fewer beds and that meets standards established
17 under subd. 2.

(18) SECTION 4. 46.27 (7b) of the statutes ~~as created by 1999 Wisconsin Act 9,~~ is
(19) repealed. "
✓# . Page 565, line 20: after that line insert :

(20) SECTION 5. 46.27 (11) (c) 5p. of the statutes is repealed. "
✓# . Page 565, line 21: delete lines 21 to 24 and substitute :

21 SECTION 6. ^{1505a} 46.27 (11) (c) 6. (intro.) and a. of the statutes are consolidated,
22 renumbered 46.27 (11) (c) 6. a. and amended to read:

23 46.27 (11) (c) 6. a. No county, private nonprofit agency or aging unit may use
24 funds received under this subsection to provide residential services in any
25 ~~community-based residential facility, as defined in s. 50.01 (1g), or a group home, as~~

SENATE BILL 505

1 defined in s. 48.02 (7), that has more than ~~4~~ 5 beds, unless one of the following
 2 applies: ~~The~~ ^{strike spaces} ~~the~~ department approves the provision of services in a
 3 community-based residential facility or group home that has 5 6 to 8 beds.

4 SECTION ~~7.~~ ^{1505a} 46.27 (11) (c) 6. b. of the statutes is amended to read:

5 46.27 (11) (c) 6. b. The No county, private nonprofit agency or aging unit may
 6 use funds received under this subsection to provide residential services in a
 7 community-based residential facility, as defined in s. 50.01 (1g), that has more than
 8 20 beds, unless the department approves the provision of services in a
 9 community-based residential facility that entirely consists of independent
 10 apartments, each of which has an individual lockable entrance and exit and
 11 individual separate kitchen, bathroom, sleeping and living areas, to individuals who
 12 are eligible under this subsection and are physically disabled or are at least 65 years
 13 of age. "

✓ # Page 566, line 14 : after that line insert:

14 " SECTION ~~8.~~ ^{1507s} 46.277 (5) (d) 1m. (intro.) of the statutes is amended to read:

15 46.277 (5) (d) 1m. (intro.) No county may use funds received under this section
 16 to provide services to a person who does not live in his or her own home or apartment
 17 unless, subject to the limitations under subds. 2. and, 3. ² and 4. and par. (e), one of
 18 the following applies: ^{1507t}

19 SECTION ~~9.~~ 46.277 (5) (d) 1n. (intro.) of the statutes is amended to read:

20 46.277 (5) (d) 1n. (intro.) A county may also use funds received under this
 21 section, subject to the limitations under subds. 2. and, 3. ² and 4. and par. (e), to provide
 22 services to a person who does not live in his or her own home or apartment if the
 23 services are provided to the person in a community-based residential facility and the
 24 county department or aging unit has determined that all of the following conditions
 25 have been met:

SENATE BILL 505

1507u

1 SECTION ~~19~~ 46.277 (5) (d) 2. (intro.) of the statutes is amended to read:

2 46.277 (5) (d) 2. (intro.) No county may use funds received under this section
3 to provide residential services in any community-based residential facility, as
4 defined in s. 50.01 (1g), ~~or group home, as defined in s. 48.02 (7), that has more than~~

5 4 beds, unless one of the following applies: "

. Page 566, line 15: delete lines 15 to 18 and substitute:

6 SECTION ~~11~~ 46.277 (5) (d) 2. a. of the statutes is repealed and recreated to read:

1508 a b

7 46.277 (5) (d) 2. a. The requirements of s. 46.27 (7) (cm) 1. a. or c. are met.

8 SECTION ~~12~~ 46.277 (5) (d) 4. of the statutes is created to read:

1508 d

9 46.277 (5) (d) 4. No county may use funds received under this section to provide
10 residential services in a group home, as defined in s. 48.02 (7), that has more than
11 5 beds, unless the department approves the provision of services in a group home that
12 has 6 to 8 beds. "

13 (END)

2001

INSERT A

AMENDMENTS

LRB _____ / _____

\$\$\$ INCREASE/DECREASE

In the component bar, for a "regular" amendment item:

For the item text, execute: create → item: → m: → \$inc-dec

✓ #. Page 214, line 5: ~~in(de)crease~~ the dollar amount for fiscal year 2001-02 by \$ 1, 212, 600 . . and ~~in(de)crease~~ the dollar amount for fiscal year 2002-03 by \$ 2, 425, 000 . . [to . . .crease funding for the [purpose] [purposes] for which the appropriation is made] ~~to de.crease funding for assessments, case planning, and services under the long-term support community options program under §46.27(2)(am) of the statutes.~~

#. Page , line : in(de)crease the dollar amount for fiscal year ~~2001-02~~ ^{section} by \$, , and in(de)crease the dollar amount for fiscal year 2002-03 by \$, , [to . . .crease funding for the [purpose] [purposes] for which the appropriation is made] [to . . .crease funding for]*.

In the component bar, for a "frozen" amendment item (used in amendments to amendments):

For the item text, execute: create → item: → afterline [or the applicable item]

For the "frozen" item text, execute: create → item: → frz: → m: → \$inc-dec

#. Page , line :

.... Page , line : in(de)crease the dollar amount for fiscal year 2001-02 by \$, , and in(de)crease the dollar amount for fiscal year 2002-03 by \$, , [to . . .crease funding for the [purpose] [purposes] for which the appropriation is made] [to . . .crease funding for]*.

* Use the 2nd alternative if the purpose of the increase or decrease is more limited than the purpose or purposes of the appropriation as currently shown in the text of ch. 20, stats.

SDC:.....Keckhaver – CN3021, Eliminate bed–size restriction on use of COP funds for service in C–BRF's

FOR 2001–03 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS SENATE AMENDMENT

TO SENATE SUBSTITUTE AMENDMENT 1,

TO 2001 SENATE BILL 55

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

2 **1.** Page 214, line 5: decrease the dollar amount for fiscal year 2001–02 by
3 \$1,212,600 and decrease the dollar amount for fiscal year 2002–03 by \$2,425,000 to
4 decrease funding for assessments, case planning, and services under the long–term
5 support community options program under section 46.27 (7) (am) of the statutes.

6 **2.** Page 565, line 4: after that line insert:

7 “**SECTION 1502L.** 46.27 (3) (f) of the statutes is amended to read:

8 46.27 (3) (f) Beginning on January 1, 1996, from the annual allocation to the
9 county for the provision of long–term community support services under subs. (7) (b)
10 and (11), annually establish a maximum total amount that may be encumbered in

1 a calendar year for services for eligible individuals in community-based residential
2 facilities, unless the department waives the requirement under sub (2) (i) or
3 approves a request for an exception under sub. (6r) (c).

4 **SECTION 1502n.** 46.27 (7) (cm) 1. (intro.) of the statutes is amended to read:

5 46.27 (7) (cm) 1. (intro.) ~~Except as provided sub. (7b), beginning~~ Beginning on
6 January 1, 1996, no county, private nonprofit agency or aging unit may use funds
7 received under par. (b) to provide services in any community-based residential
8 facility that has more than ~~8~~ 20 beds, unless one of the following applies:

9 **SECTION 1502p.** 46.27 (7) (cm) 1. c. of the statutes is amended to read:

10 46.27 (7) (cm) 1. c. The department approves the provision of services in a
11 community based residential facility that is initially licensed after July 29, 1995,
12 that is licensed for more than 20 ~~or fewer~~ beds and that meets standards established
13 under subd. 2.

14 **SECTION 1502r.** 46.27 (7b) of the statutes is repealed.”.

15 **3.** Page 565, line 20: after that line insert:

16 “**SECTION 1504r.** 46.27 (11) (c) 5p. of the statutes is repealed.”.

17 **4.** Page 565, line 21: delete lines 21 to 24 and substitute:

18 “**SECTION 1505b.** 46.27 (11) (c) 6. (intro.) and a. of the statutes are consolidated,
19 renumbered 46.27 (11) (c) 6. a. and amended to read:

20 46.27 (11) (c) 6. a. No county, private nonprofit agency or aging unit may use
21 funds received under this subsection to provide residential services in any
22 community-based residential facility, ~~as defined in s. 50.01 (1g), or a group home, as~~
23 defined in s. 48.02 (7), that has more than ~~4~~ 5 beds, unless ~~one of the following~~

1 applies: a.—The the department approves the provision of services in a
2 ~~community-based residential facility or group home~~ that has 5 ~~6~~ to 8 beds.

3 **SECTION 1505d.** 46.27 (11) (c) 6. b. of the statutes is amended to read:

4 46.27 (11) (c) 6. b. The No county, private nonprofit agency, or aging unit may
5 use funds received under this subsection to provide residential services in a
6 community-based residential facility, as defined in s. 50.01 (1g), that has more than
7 20 beds, unless the department approves the provision of services in a
8 community-based residential facility that entirely consists of independent
9 apartments, each of which has an individual lockable entrance and exit and
10 individual separate kitchen, bathroom, sleeping and living areas, to individuals who
11 are eligible under this subsection and are physically disabled or are at least 65 years
12 of age.”.

13 **5.** Page 566, line 14: after that line insert:

14 “**SECTION 1507s.** 46.277 (5) (d) 1m. (intro.) of the statutes is amended to read:

15 46.277 (5) (d) 1m. (intro.) No county may use funds received under this section
16 to provide services to a person who does not live in his or her own home or apartment
17 unless, subject to the limitations under subds. 2. ~~and~~, 3., ~~and~~ 4. and par. (e), one of
18 the following applies:

19 **SECTION 1507t.** 46.277 (5) (d) 1n. (intro.) of the statutes is amended to read:

20 46.277 (5) (d) 1n. (intro.) A county may also use funds received under this
21 section, subject to the limitations under subds. 2. ~~and~~, 3., ~~and~~ 4. and par. (e), to
22 provide services to a person who does not live in his or her own home or apartment
23 if the services are provided to the person in a community-based residential facility

1 and the county department or aging unit has determined that all of the following
2 conditions have been met:

3 **SECTION 1507u.** 46.277 (5) (d) 2. (intro.) of the statutes is amended to read:

4 46.277 (5) (d) 2. (intro.) No county may use funds received under this section
5 to provide residential services in any community-based residential facility, as
6 defined in s. 50.01 (1g), ~~or group home, as defined in s. 48.02 (7), that has more than~~
7 ~~4 beds,~~ unless one of the following applies:".

8 **6.** Page 566, line 15: delete lines 15 to 18 and substitute:

9 "SECTION 1508b. 46.277 (5) (d) 2. a. of the statutes is repealed and recreated
10 to read:

11 46.277 (5) (d) 2. a. The requirements of s. 46.27 (7) (cm) 1. a. or c. are met.

12 **SECTION 1508d.** 46.277 (5) (d) 4. of the statutes is created to read:

13 46.277 (5) (d) 4. No county may use funds received under this section to provide
14 residential services in a group home, as defined in s. 48.02 (7), that has more than
15 5 beds, unless the department approves the provision of services in a group home that
16 has 6 to 8 beds.".

17 (END)