

2001 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-SB55)

Received: **06/21/2001**

Received By: **kenneda**

Wanted: **As time permits**

Identical to LRB:

For: **Assembly Republican Caucus 7-4887**

By/Representing: **Hughes**

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

Drafter: **kenneda**

May Contact: **LFB**
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Addl. Drafters:

Subject: **Health - long-term care**
Mental Health - miscellaneous

Extra Copies: **MGD**
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Submit via email: **NO**

Requester's email:

Pre Topic:ARC:.....Hughes -

Topic:AM22--Legislative Council Study on Developmental Disabilities; non-fiscal items

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 06/23/2001	csicilia 06/26/2001		_____ _____			
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FE Sent For:

<END>

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FE Sent For:

<END>

Memorandum

H

To: Fred Ammerman – Fiscal Bureau
Cathlene Hanaman – Reference Bureau

CC: Heather Smith – Assembly Republican Caucus

From: Paul Tessmer – Assembly Republican Caucus

Date: 06/21/01

Re: ARC Amendments – Passed 6-20-01

Please find enclosed copies of the budget amendments passed by the Assembly Republicans in Caucus on Tuesday, June 20, 2001. The amendments are provided in the following four areas:

- The Health Care Working Group Package. Associated freestanding amendments incorporated in this package are also provided. Contact Carolyn Hughes (ARC) at 7-4887.
- The Agriculture Working Group Package. Associated freestanding amendments incorporated in this package are also provided. Contact Mark Jefferson (ARC) at 7-0900.
- The Higher Education Working Group Package. Associated freestanding amendments incorporated in this package are also provided. Contact Jim Emerson (ARC) at 7-0904.
- Other Freestanding Amendments. Contact the ARC analyst listed on the amendment at 6-1452.

NOTE: The Working Group Package document takes precedence over its associated freestanding amendments. Please call the contact person listed above (or the ARC analyst listed on the amendment) for supporting documentation.

Hard copies of the Working Group Packages are also being sent to your office. The hard copies may contain supporting documentation not included in the Word document.

I am also available to help answer questions at 4-8587.



Requires that all IGT received by the state of Wisconsin after June 30, 2001 in excess of \$75 million in each fiscal year shall be retained and expended solely to increase Medicaid nursing home per diem payments and county and Municipal supplemental IGT payments in the next biennium.

21. Health Insurance Risk Sharing Pool (HIRSP):

Direct the HIRSP Board of Governors to study alternative funding sources for the Health Insurance Risk Sharing program, and state that the recommendations of the Board shall be reported to the Joint Committee on Finance and the Senate and Assembly Health Committees by January 1, 2002.

22. Comprehensive Quality Assessment – Pilot Program:

Pathway Health Services - Create a pilot program of Comprehensive Quality Assessment (CQA). A CQA is a comprehensive assessment of the quality of care/services provided to residents in long term care settings (nursing homes) and clients of assisted living centers. The CQA is considered an "Alternative Survey Process" aimed at giving providers a more positive process to determine if they are providing quality care and services to residents/clients. (See attached)

Pilot this program in the following counties:

- a) Waukesha
- b) Brown
- c) Polk
- d) Grant

23. Cemetery Plots Deletion:

Delete JFC language created by motion #122 relating to conveyance of Cemetery plots. Under this motion, the person holding the rights of burial to a cemetery plot would be allowed to transfer that right to a member of his/her immediate family (spouse, child, sister, brother or parent). The person owning the rights to that plot would not need to have the permission of the cemetery authority or religious society to make such a transfer. This provision deletes this language

24. Legislative Council Study on Developmental Disabilities Non-Fiscal Items:

Include non-fiscal language from the Legislative Council Study Committee on Developmental Disabilities which includes:

- ✓ a. Requiring the Governor to include 4 legislative members, one from each caucus, to the Wisconsin Council on Developmental Disabilities
- ✓ b. Amending current CIP IB statute to include the Brain Injury Waiver program.
- ✓ c. Requires the Department to seek waivers of federal MA statutes and regulations that are necessary to implement the Children's Long-Term Support Redesign in pilot sites.
- ✓ d. Requiring DHFS to promulgate rules to require that the written plan of care for persons receiving personal care services be reviewed at least every 60 days.
- ✓ e. Requires the Department of Health and Family Services to develop a plan to administer and fund services for persons with developmental disabilities, and to submit that plan to the department of Administration as part of the department's budget request for the 2003-2005 biennium.

25. Supply Requirement for Nursing Home Medications:

*From Carolyn Hughes:
This refers to
WLC: 0151/1*

2001

Date (time)
needed

SOON - In edit
6/23

LRB b 140211

ARC CAUCUS BUDGET AMENDMENT
[ONLY FOR CAUCUS]

DAY: 1 :
95

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

D-NOTE
CAUCUS AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1
TO 2001 SENATE BILL 55

>>FOR CAUCUS SUPERAMENDMENT — NOT FOR INTRODUCTION<<

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

#. Page 29, line 8...: after that line insert :

#. Page, line

#. Page, line

#. Page, line

#. Page, line

#. Page, line



State of Wisconsin
2001 - 2002 LEGISLATURE

LRB-3357/P1
DAK....:kjf

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 **AN ACT ...; relating to:** adding legislative members to the council on
2 developmental disabilities, and requiring an annual report to the legislature;
3 permitting counties to provide the nonfederal share of medical assistance to
4 create additional brain injury waiver slots; piloting the children's long-term
5 support redesign; requiring the department of health and family services to
6 promulgate rules relating to registered nurse visits as part of a review of a plan
7 of care for persons receiving personal care services under the medical
8 assistance program; requiring the department of health and family services to
9 develop a plan to require one subunit within the department of health and
10 family services to administer all institutional and community-based services
11 for persons with developmental disabilities, and to combine all funding under

1 the medical assistance program for institutional and community-based
2 services into one appropriation; and requiring rule-making.

Analysis by the Legislative Reference Bureau

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

PREFATORY NOTE: This draft was prepared for the joint legislative council's special committee on developmental disabilities. The draft contains the following provisions:

1. Legislative Members: Wisconsin Council on Developmental Disabilities

Under current law, the council on developmental disabilities consists of representatives from the following state agencies: (1) the department of workforce development; (2) the department of health and family services; (3) the department of public instruction; and (4) the University of Wisconsin.

Also, under current law, the governor appoints additional members to the council for staggered 4-year terms, to represent the following: (1) public and private nonprofit agencies of the state's political subdivisions that provide direct services to persons with developmental disabilities; and (2) nongovernmental agencies and groups concerned with services to persons with developmental disabilities. The governor must make additional appointments to ensure that at least 1/2 of the council's membership consists of persons with developmental disabilities or their parents or guardians.

The draft requires the governor to appoint 4 legislative members to the council on developmental disabilities, as designated by the speaker of the assembly, the assembly minority leader, the senate majority leader and the senate minority leader.

The draft also requires the council to evaluate the waiting lists for developmental disabilities services compiled by the department and to submit an annual report regarding the status of the waiting lists to the legislature at the end of each calendar year.

2. Brain Injury Waiver Program

Under current law, the brain injury home and community-based waiver does not have a statutory reference and does not permit counties to provide the nonfederal share of medical assistance (MA), which would enable counties to increase the number of brain injury waiver slots.

Current law specifies that the MA waiver for the community integration program (CIP) IB permits counties to create additional slots by providing the nonfederal share of MA.

The draft amends the CIP IB statute to include the brain injury waiver program. These amendments allow nonfederal local funds to be used as the state match for funding additional brain injury waiver slots and permits the department to reimburse counties in an amount equal to the state's share of service costs under the brain injury.

3. Children's Long-Term Support Redesign

The Wisconsin department of health and family services appointed a children's committee on long-term care as part of the effort to redesign the state system on long-term care. The children's long-term support redesign committee developed a model to redesign the current system of care for children and their families, to be implemented as a pilot program and funded by federal medicaid waiver funding. The children's home and community-based waiver would define children with physical, sensory, developmental and significant health care needs as eligible. The waiver would permit the blending of the family support program, the community options program (COP), and MA waiver funding into a single funding stream. The intended effects are to streamline services and secure additional federal matching funds. The department would offer the waiver to children and families currently receiving services through family support, COP, MA home and community-based waivers and MA fee-for-service. Under the waiver, the funds for these programs would be managed within individual budgets based upon the child's functional needs. The department would pilot this waiver on a statewide, voluntary basis. The current family care pilot counties would have the option of piloting the children's waiver and coordinating it with the family care program. Families already receiving long-term support services would be offered the opportunity to enroll in the children's waiver on a voluntary basis.

This draft requires the department to seek waivers of federal MA statutes and regulations that are necessary to implement the program in pilot sites. If the waivers are approved, the draft requires the department to seek statutory language to implement the children's long-term support redesign on a piloted basis.

4. Nurse Home Visits to Persons Receiving MA Personal Care

Currently, administrative rules of the department of health and family services (DHFS) require personal care services under the MA program to be provided according to a written plan of care, and to be supervised by a registered nurse. Currently, review of the plan of care, evaluation of the recipient's condition and supervisory review of the personal care worker must be made by a registered nurse at least every 60 days. The review must include: a visit to the recipient's home; review of the personal care worker's daily written record and discussion with the physician of any necessary changes in the plan of care.

This draft requires DHFS to promulgate rules to require that the written plan of care for persons receiving personal care services be reviewed at least every 60 days, as under current law. However, this draft provides that the written plan of care shall designate an interval for visits to the recipient's home by a registered nurse as part of the review of the plan of care. The designated interval must be based on the individual recipient's needs. The rules must also provide that a nurse visit to the recipient is required if, in the course of the nurse's review of the plan of care, a change in the recipient's condition has occurred that may warrant a change in the plan of care. In addition, all recipients must be visited in their home by a registered nurse at least once in every 12-month period. These rules will authorize a nurse visit at intervals tailored to the individual recipient's needs, rather than every 60 days for all recipients, as is currently required.

5. Administration and Funding of Developmental Disabilities Services

This draft requires the department of health and family services to develop a plan to administer and fund services for persons with developmental disabilities, and to submit that plan to the department of administration as part of the department's budget request for the 2003-05 biennium. The plan that is submitted shall include any recommended statutory language changes that are needed to implement the plan. The plan must require all institutional and community-based services for persons with developmental disabilities to be administered within one administrative subunit of the department. The subunit designated to do this must be the subunit that is administering

community-based services for persons with developmental disabilities as of the effective date of this act.

Further, the plan must provide that funding under the medical assistance program for institutional services and home and community-based waiver services for persons with developmental disabilities shall be combined into one appropriation to the extent permissible under federal law. The department must apply for any necessary waivers of federal MA statutes and regulations from the federal department of health and human services.

174g
1 SECTION 1. 15.197 (11n) (cm) of the statutes is created to read: of which
2 15.197 (11n) (cm) Four members of the legislature, ~~and~~ one each shall be is
3 designated by the speaker of the assembly, the senate majority leader and the
4 minority leader in each house of the legislature and appointed by the governor.

174 h
5 SECTION 2. 15.197 (11n) (e) of the statutes is created to read:
6 15.197 (11n) (e) ~~Annual Report~~ By January 31 of each year, the council shall
7 prepare a report for the preceding calendar year and shall submit the report to the
8 legislature under s. 13.172 (2). The report shall evaluate the waiting lists for services
9 for persons with developmental disabilities ~~and the waiting lists~~ compiled by the
10 department of health and family services. ←

11 SECTION 3. 20.435 (7) (bd) (title) of the statutes is amended to read:
12 20.435 (7) (bd) (title) *Community options program; pilot projects; family care*
13 *benefit; children's long-term support redesign.*

#, Page 506, line 18; after that line insert:
14 SECTION 4. 46.278 (title) and (1) of the statutes are amended to read:
15 46.278 (title) 1508rg **Community integration program and brain injury waiver**
16 **program for persons with mental retardation developmental disabilities.**

17 (1) LEGISLATIVE INTENT. The intent of the ~~program~~ programs under this section
18 is to provide home or community-based care to serve in a noninstitutional
19 community setting a person who meets eligibility requirements under 42 USC 1396n
20 (c) and who is diagnosed as developmentally disabled under the definition specified

1 in s. 51.01 (5) and relocated from an institution other than a state center for the
2 developmentally disabled or who meets the intermediate care facility for the
3 mentally retarded or brain injury rehabilitation facility level of care requirements
4 for medical assistance reimbursement in an intermediate care facility for the
5 mentally retarded ^a or brain injury rehabilitation facility and is ineligible for services

6 under s. 46.275 or 46.277. ~~Persons eligible for the brain injury waiver must meet all~~
7 ~~financial requirements and meet the definition of brain injury in s. 51.01 (2g).~~

8 The intent of the program is also that counties use all existing services for providing
9 care under this section, including those services currently provided by counties.

10 SECTION ^{1508rh} 46.278 (1m) (a) of the statutes is created to read:

11 46.278 (1m) (a) "Brain injury rehabilitation facility" means a nursing facility
12 or hospital designated as a facility for brain injury rehabilitation by the department
13 under the approved state medicaid plan.

Restore to plain text

14 SECTION ^{1508ri} 46.278 (1m) (c) of the statutes is amended to read:

15 46.278 (1m) (c) "Program" ~~Program~~ means the community integration
16 program ^{or} ~~and~~ ⁰² the brain injury waiver program ² for facilities certified as medical
17 assistance providers, for which a waiver has been received under sub. (3).

18 SECTION ^{1508rj} 46.278 (2) (a) of the statutes is amended to read:

19 46.278 (2) (a) The department may request ~~a waiver~~ ^{one or more} waivers from the secretary
20 of the federal department of health and human services, under 42 USC 1396n (c),
21 authorizing the department to serve medical assistance recipients, who meet the
22 level of care requirements for medical assistance reimbursement in an intermediate
23 care facility for the mentally retarded or in a brain injury rehabilitation facility, in
24 their communities by providing home or community-based services as part of

1 medical assistance. If the department requests a waiver, it shall include all
2 assurances required under 42 USC 1396n (c) (2) in its request.

3 **SECTION 8.** 46.278 (3) ~~not to read~~ (a) of the statutes ~~and~~ ^{is} amended to read:

4 **46.278 (3) WAIVER; EXTENSION; DUTIES.** (intro.) If the department receives a
5 ~~waiver~~ waivers requested under sub. (2) (a), it may request a 3-year extension of the
6 ~~waiver~~ waivers under 42 USC 1396n (c) and shall perform the following duties:

7 46.278 (3) (a) Evaluate the effect of the ~~program~~ ^{each} ~~programs~~ on medical
8 assistance costs and on the ~~program's~~ ^{strike} ~~programs~~ ability to provide community care
9 alternatives to institutional care in facilities certified as medical assistance
10 providers.

11 **SECTION 9.** 46.278 (4) (a) of the statutes is amended to read:

12 46.278 (4) (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to
13 county participation in ~~this~~ ^{strike} ~~program~~ ^a, except that services provided in the ~~program~~
14 ~~programs~~ shall substitute for care provided a person in an intermediate care facility
15 for the mentally retarded or brain injury rehabilitation facility who meets the
16 intermediate care facility for the mentally retarded or brain injury rehabilitation
17 facility level of care requirements for medical assistance reimbursement to that
18 facility rather than for care provided at a state center for the developmentally
19 disabled.

20 **SECTION 10.** 46.278 (4) (b) 2. of the statutes is amended to read:

21 46.278 (4) (b) 2. Each county department participating in the ~~program~~ ^a
22 ~~community integration program or the brain injury waiver program~~ shall provide
23 home or community-based care to persons eligible under this section, except that the
24 number of persons who receive home or community-based care under this section

RESTORE TO PLAIN TEXT

1508rk

is

each

1508rL

1508rm

strike

a

1 may not exceed the number that are approved under the waiver received under sub.
2 (3). ^{1508rn}

strike → an applicable

RESTORE TO PLAIN TEXT

3 SECTION 11. 46.278 (5) (a) and (b) of the statutes are amended to read:

4 46.278 (5) (a) Any medical assistance recipient who meets the level of care
5 requirements for medical assistance reimbursement in an intermediate care facility
6 for the mentally retarded or in a brain injury rehabilitation facility and is ineligible
7 for service under s. 46.275 or 46.277 is eligible to participate in the ^aprogram

8 ~~program~~ except that the number of participants may not exceed the number
9 approved under the waiver received under sub. (3). Such a recipient may apply, or
10 any person may apply on behalf of such a recipient, for participation in the ^aprogram
11 ~~community integration program or the brain injury waiver program~~. Section 46.275

12 (4) (b) applies to participation in the ^aprogram ~~programs~~.

13 (b) To the extent authorized under 42 USC 1396n, if a person discontinues
14 participation in the ^aprogram ~~community integration program or the brain injury~~
15 ~~waiver program~~, a medical assistance recipient may participate in the ^aeither
16 program in place of the participant who discontinues if that recipient meets the
17 ~~intermediate care facility for the mentally retarded or brain injury rehabilitation~~
18 ~~facility~~ level of care requirements for medical assistance reimbursement in an
19 intermediate care facility for the mentally retarded ~~or brain injury rehabilitation~~
20 ~~facility~~ except that the number of participants concurrently served may not exceed
21 the number approved under the waiver received under sub. (3). ^{requirements under par. (a)}

22 SECTION 12. ^{1508rp} 46.278 (6) (a), (b), ^{and} (c) ~~(d) and (e)~~ of the statutes are amended
23 to read:

24 46.278 (6) (a) The provisions of s. 46.275 (5) (a), (b) and (d) apply to funding
25 received by counties under the program programs.

except that persons eligible for the brain injury waiver program must meet the definition of brain injury under s. 51.01 (2g); and

SECTION 12

RESTORE TO PLAIN TEXT

a

1 (b) Total funding to counties for relocating each person under the program
 2 ~~programs~~ may not exceed the amount approved in the waiver received under sub. (3).
 3 (c) Funding may be provided under the program ~~programs~~ for services of a
 4 family consortium. ~~programs~~ strike

5 (d) If a county makes available nonfederal funds equal to the state share of
 6 service costs under the waiver ~~waivers~~ received under sub. (3), the department may,
 7 from the appropriation under s. 20.435 (4) (o), provide reimbursement for services
 8 that the county provides under this section to persons who are in addition to those
 9 who may be served under this section with funds from the appropriation under s.
 10 20.435 (4) (b).

INSERT 8-10

11 SECTION 1509g, A.M.; 46.278 (6)(e) 1.
 12 (e) 1. The department may provide enhanced reimbursement for services under
 13 the community integration program for an individual who was relocated to the
 14 community by a county department from one of the following:

15 SECTION 1509h, A.M.; 46.278 (f) (6)
 16 (f) If a county owns the institution or intermediate care facility for the mentally
 17 retarded from which an individual is relocated to the community under this section,
 18 in order to receive funding under the community integration program, the county
 shall submit a plan for delicensing a bed of the institution or intermediate care
 facility for the mentally retarded that is approved by the department. "

MOVE TO 20.13, after 20.14

19 SECTION 13. 46.984 of the statutes is created to read:
 20 ~~46.984 Children's long-term support redesign. (1) DEFINITIONS.~~

21 (2) "Program" means the children's long-term support pilot program redesigning the
 22 system of care for children with disabilities and their families.

INSERT A

23 (2) PROGRAM CHARACTERISTICS. The department of health and family services
 24 shall, as soon as possible before July 1, 2002, seek waivers of federal medical
 25 assistance statutes and regulations from the federal department of health and

NON STAT

no 1
If the waivers are granted,

(1) human services that are necessary to implement, in pilot sites, the program. The
2 program shall have all of the following characteristics:

(3) *#1.* ~~Medical assistance coverage of services~~ under ~~ss. 46.985~~ *sections* 46.27 (11), 46.275,
4 46.277, 46.278 and 51.44 of the statutes *Eligibility* ~~would~~ be expanded to include children with
5 severe disabilities and long-term care needs, *and* ~~as well as~~ children eligible for medical
6 assistance with high medical costs, and to include services focused on children *the needs of* and
7 families *needs.* *Medical assistance coverage of services shall be expanded*

(8) *#2.* ~~The administration of this~~ *the* program shall be consistent with ~~§~~ 46.985,
9 including a family-centered assessment and planning process. *of the statutes*

(10) *#3.* ~~The program shall operate within rate settings based upon a child's level of~~
11 ~~care and support needs. The department shall promulgate rules that specify rates~~ *of health and family services*
12 ~~that are consistent with federal medical assistance home and community-based~~
13 ~~waiver regulations.~~ *The department of health and family services shall coordinate*

(14) *#4.* ~~Supports and services shall be coordinated~~ with the medical assistance
15 fee-for-service system, including the prior authorization process. *under the program*

(16) *#5.* ~~The lead agency for the program shall meet the definition of an~~
17 ~~administering agency prescribed in s. 46.985(1)(a).~~ *be*

(18) *#6.* ~~Counties in which the program is located shall provide, contract for the~~
19 ~~provision of, organize or arrange for long-term care supports~~ *for* eligible children up
20 to age 24 years, consistent with ~~§~~ 46.985 (1) (b) and (6) (f). *section of the statutes*

(21) *#7.* ~~Information and assistance services operated~~ *under the* program shall provide,
22 ~~contract or arrange for the provision of all of the following:~~

23 *1 a #* Information and referral services and other assistance at hours that are
24 convenient for the public.

25 *1 b #* Within the limits of available funding, prevention and intervention services.

with developmental disabilities and their

*NON
STAT*

SECTION 13

of children and parents

1 7 (c) Counseling concerning public and private benefits programs.

2 7 (d) Assistance with understanding child and parent rights within the long-term
3 care system.

The administering agency shall

4 # 8, (E) Determine functional and financial eligibility for the program by
5 coordinating with the department in completing all of the following:

of health and family services

6 7 (a) A determination of functional eligibility for the children's long-term support
7 benefit.

8 7 (b) A determination of financial eligibility and of the maximum amount of cost
9 sharing required for a family who is seeking long-term care services, under
10 standards prescribed by the department.

11 # (c) Assistance to a child and the child's family who is eligible for the children's
12 long-term support benefit with respect to the choice of whether or not to participate
13 in the waiver pilot.

and to the child's family

(a)

14 7 (d) Assistance in enrolling in a program for families who choose to enroll their
15 children.

the (1)

16 # 9, (E) The cost of the program shall not exceed the cost of existing services under
17 ~~46.985~~ 46.27 (11), 46.275, 46.277, 46.278 and 51.44 of the statutes.

may

46.985

Sections

18 # 10, (E) The program shall blend the costs per child served in the areas of the sites
19 under ~~46.985, 51.44~~ 46.27 (11), 46.275, 46.277, and 46.278 of the statutes.

Sections

46.985 and 51.44

in which services are provided

20 # 11, (E) The department may develop a methodology to distribute funding to
21 programs on a per child per month basis.

of health and family services

of health and family services

under the

22 # 12, (E) The department shall reinvest any funding saved by this new methodology
23 into the children's long-term support system.

24 (m) Any new resources for children's long-term program supports and services
25 shall be managed under this program after approval of the federal waivers specified

NON
TAT

for program applicants

1 under ~~sub 13~~ and enactment of the necessary statutory language to implement the
2 model under ~~sub 13~~

3 #13. The department shall equitably assign priority on any necessary waiting
4 lists, consistent with criteria prescribed by ~~the~~ department, for children who are
5 eligible for the program, but for whom resources are not available.

NON
STAT

6 #14. The department shall provide transitional services to families whose
7 children with physical or developmental disabilities are preparing to enter the adult
8 service system.

of health and family services

9 #15. The department shall determine eligibility for state supplemental
10 payments under ~~§~~ 49.77, medical assistance under ~~§~~ 49.46, ~~and~~ the federal food stamp
11 program under 7 USC 2011 to 2029.

section

paragraph (b)

12 #16. IMPLEMENTATION. If the federal waivers specified under ~~sub 13~~ are
13 approved, the department shall, as soon as possible before July 1, 2002, seek
14 enactment of statutory language, including appropriation of necessary funding, to
15 implement the model described under ~~sub 13~~, as approved under the federal
16 waivers.

INSERT B

paragraph (b)

#. Page 621, line 12: after that line insert:
SECTION 14. 49.45 (2) (a) 24. of the statutes is created to read:

17 49.45 (2) (a) 24. Promulgate rules that require the written plan of care for
18 persons receiving personal care services under medical assistance to be reviewed by
19 a registered nurse at least every 60 days. The rules shall provide that the written
20 plan of care shall designate an interval for visits to the recipient's home by a
21 registered nurse as part of the review of the plan of care. The designated intervals
22 for visits shall be based on the individual recipient's needs, and each recipient shall
23 be visited in ~~their~~ home by a registered nurse at least once in every 12-month period.
24 The rules shall provide that a visit to the recipient is also required if, in the course

also

1 of the nurse's review of the plan of care, there is evidence that a change in the
2 recipient's condition has occurred that may warrant a change in the plan of care. "

NOTE: Requires DHFS to promulgate administrative rules that require the written plan of care for persons receiving personal care services under medical assistance to be reviewed at least every 60 days, as under current law. This draft provides that the written plan of care shall designate an interval for visits by a registered nurse as part of the review of the plan of care, instead of requiring a home visit at least once every 60 days, as under current law. The designated interval must be based on the individual recipient's needs. Each recipient must be visited in their home by a registered nurse at least once in every 12-month period. The rules must also provide that a nurse visit to the recipient is required if, in the course of the nurse's review of the plan of care, there is evidence that a change in the recipient's condition has occurred that may warrant a change in the plan of care.

Page ~~1338~~ ⁽¹³³⁸⁾ line 20 : after that line insert:

~~Section 15. Nonstatutory provisions, health and family services.~~ (CS)

4 ^(cc) ^(16r) ^(a) PLAN FOR SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

5 The department of health and family services shall develop a plan to
6 administer and fund services for persons with developmental disabilities. The plan,
7 which shall include any recommended statutory language changes that are needed
8 to implement the plan, shall be included in ~~the~~ ^{that} department's budget request that is
9 submitted to the department of administration for the 2003-05 biennium. The plan
shall include the following components:

10 (a) Institutional and community-based services for persons with
11 developmental disabilities shall be administered within one administrative subunit
12 of the department. of health and family services The subunit that is designated to administer these services shall
13 be the subunit that is administering community-based services for persons with
14 developmental disabilities ~~as of~~ ^{on} the effective date of this ~~act~~ ^{rule}.

15 (b) Funding under the medical assistance program for institutional services
16 and home and community-based waiver services for persons with developmental
17 disabilities shall be combined into one appropriation, to the extent permissible under
18 federal law. ~~Funding shall be allocated from this appropriation to persons with~~
19 ~~developmental disabilities who need services.~~ The funding in this appropriation

NON
STAT

paragraph ✓

MEDICAL ASSISTANCE WAIVERS FOR DEVELOPMENTAL DISABILITIES SERVICES.

1 ~~shall~~ ^{may} not be tied to any specific program or service setting, but shall be individually
2 tailored to enable the person to live in the least restrictive setting appropriate to his
3 or her needs and preferences.

of health and family services

4 ^{16rr} (a) The department shall determine whether any new waivers under the
5 medical assistance program are necessary to administer funding for medical
6 assistance services as described in ~~part (b)~~ ^{subsection (16r)} (b). ~~The~~ department shall apply for any
7 waivers of federal medical assistance statutes and regulations from the federal
8 department of health and human services that ~~is~~ ^{that} ~~determines~~ ^{the department of health and family services} are necessary to
9 administer funding for medical assistance services as described in ~~part (b)~~ (b).

NON
STAT

10 ~~SECTION 16. Nonstatutory provisions; health and family services.~~ The
11 department of health and family services shall submit in proposed form the rules
12 required under section 49.45 (2) (a) 24. of the statutes, as created by this act, to the
13 legislative council staff under section 227.15 (1) of the statutes no later than the first
14 day of the fourth month beginning after the effective date of this ~~act~~ ^{subsection}.

NOTE: Requires DHFS to submit rules in proposed form to the legislative council rules clearinghouse no later than the first day of the fourth month beginning after the effective date of this act.

MATERIAL
from
pp. 8 to
11 goes
HERE

15 ~~SECTION 17. Effective date. This act takes effect on the day after publication.~~

(END)

^{16rr} (a) WRITTEN PLANS OF CARE FOR PERSONAL CARE SERVICES; RULES. (CS)

INSERT A

(a) In this subsection:

1. "Administering agency" means a county department under section 46.23, 51.42, or 51.437 of the statutes or a human services agency that administers the program under a contract with such a county department.

~~# 2.~~

NON STAT

INSERT B

NO# Any new resources for supports and services
(for long-term care for children with disabilities and their families)
shall be managed under the program after

approval of the federal waivers specified in

paragraph (b) and enactment of necessary

statutory language to implement the model

under paragraph (b) (1) (e)

NON JTA

INSERT 8-10

✓ /
. Page 566, line 21: delete "the waiver" and
substitute "the a waiver". ✓

. Page 566, line 25: after that line insert: A ✓

DAK:cjs:

D-NOTE

¶ I included s. 15.197(11n)(e) (the annual report
by the Council on Developmental Disabilities) in
this amendment, because it appears to be non-fiscal.

Is that what you want?

¶ It has been necessary to make numerous
technical changes to the material in WLC: 0151/1
to draft this amendment. I would suggest that
Laura Rose of the Legislative Council staff
be asked to review the draft.

DAK

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBb1402/1dn
DAK:cjs:pg

June 26, 2001

I included s. 15.197 (11n) (e) (the annual report by the Council on Developmental Disabilities) in this amendment, because it appears to be non-fiscal. Is that what you want?

It has been necessary to make numerous technical changes to the material in WLC: 0151/1 to draft this amendment. I would suggest that Laura Rose of the Legislative Council staff be asked to review the draft.

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Managing Attorney
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ARC:.....Hughes - AM22—Legislative Council Study on Developmental
Disabilities; non-fiscal items

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS ASSEMBLY AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 2001 SENATE BILL 55

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

2 **1.** Page 29, line 8: after that line insert:

3 **"SECTION 174g.** 15.197 (11n) (cm) of the statutes is created to read:

4 15.197 (11n) (cm) Four members of the legislature, of which one each is
5 designated by the speaker of the assembly, the senate majority leader, and the
6 minority leader in each house of the legislature and appointed by the governor.

7 **SECTION 174h.** 15.197 (11n) (e) of the statutes is created to read:

8 15.197 (11n) (e) By January 31 of each year, the council shall prepare a report
9 for the preceding calendar year and shall submit the report to the legislature under
10 s. 13.172 (2). The report shall evaluate the waiting lists compiled by the department

1 of health and family services for services for persons with developmental
2 disabilities.”.

3 **2.** Page 566, line 18: after that line insert:

4 “SECTION 1508rg. 46.278 (title) and (1) of the statutes are amended to read:

5 **46.278 (title) Community integration program and brain injury waiver**
6 **program for persons with mental retardation developmental disabilities.**

7 (1) LEGISLATIVE INTENT. The intent of the ~~program~~ programs under this section
8 is to provide home or community-based care to serve in a noninstitutional
9 community setting a person who meets eligibility requirements under 42 USC 1396n
10 (c) and who is diagnosed as developmentally disabled under the definition specified
11 in s. 51.01 (5) and relocated from an institution other than a state center for the
12 developmentally disabled or who meets the intermediate care facility for the
13 mentally retarded or a brain injury rehabilitation facility level of care requirements
14 for medical assistance reimbursement in an intermediate care facility for the
15 mentally retarded or brain injury rehabilitation facility and is ineligible for services
16 under s. 46.275 or 46.277. The intent of the program is also that counties use all
17 existing services for providing care under this section, including those services
18 currently provided by counties.

19 SECTION 1508rh. 46.278 (1m) (a) of the statutes is created to read:

20 46.278 (1m) (a) “Brain injury rehabilitation facility” means a nursing facility
21 or hospital designated as a facility for brain injury rehabilitation by the department
22 under the approved state medicaid plan.

23 SECTION 1508ri. 46.278 (1m) (c) of the statutes is amended to read:

1 46.278 (1m) (c) “Program” means the community integration program or the
2 brain injury waiver program, for facilities certified as medical assistance providers,
3 for which a waiver has been received under sub. (3).

4 **SECTION 1508rj.** 46.278 (2) (a) of the statutes is amended to read:

5 46.278 (2) (a) The department may request ~~a waiver~~ one or more waivers from
6 the secretary of the federal department of health and human services, under 42 USC
7 1396n (c), authorizing the department to serve medical assistance recipients, who
8 meet the level of care requirements for medical assistance reimbursement in an
9 intermediate care facility for the mentally retarded or in a brain injury rehabilitation
10 facility, in their communities by providing home or community–based services as
11 part of medical assistance. If the department requests a waiver, it shall include all
12 assurances required under 42 USC 1396n (c) (2) in its request.

13 **SECTION 1508rk.** 46.278 (3) (a) of the statutes is amended to read:

14 46.278 (3) (a) Evaluate the effect of the each program on medical assistance
15 costs and on the program’s ability to provide community care alternatives to
16 institutional care in facilities certified as medical assistance providers.

17 **SECTION 1508rL.** 46.278 (4) (a) of the statutes is amended to read:

18 46.278 (4) (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to
19 county participation in ~~this a~~ program, except that services provided in the program
20 shall substitute for care provided a person in an intermediate care facility for the
21 mentally retarded or brain injury rehabilitation facility who meets the intermediate
22 care facility for the mentally retarded or brain injury rehabilitation facility level of
23 care requirements for medical assistance reimbursement to that facility rather than
24 for care provided at a state center for the developmentally disabled.

25 **SECTION 1508rm.** 46.278 (4) (b) 2. of the statutes is amended to read:

1 46.278 (4) (b) 2. Each county department participating in ~~the~~ a program shall
2 provide home or community–based care to persons eligible under this section, except
3 that the number of persons who receive home or community–based care under this
4 section may not exceed the number that are approved under ~~the~~ an applicable waiver
5 received under sub. (3).

6 **SECTION 1508rn.** 46.278 (5) (a) and (b) of the statutes are amended to read:

7 46.278 (5) (a) Any medical assistance recipient who meets the level of care
8 requirements for medical assistance reimbursement in an intermediate care facility
9 for the mentally retarded or in a brain injury rehabilitation facility and is ineligible
10 for service under s. 46.275 or 46.277 is eligible to participate in ~~the~~ a program, except
11 that persons eligible for the brain injury waiver program must meet the definition
12 of brain injury under s. 51.01 (2g), and except that the number of participants may
13 not exceed the number approved under the waiver received under sub. (3). Such a
14 recipient may apply, or any person may apply on behalf of such a recipient, for
15 participation in ~~the~~ a program. Section 46.275 (4) (b) applies to participation in ~~the~~
16 a program.

17 (b) To the extent authorized under 42 USC 1396n, if a person discontinues
18 participation in ~~the~~ a program, a medical assistance recipient may participate in ~~the~~
19 a program in place of the participant who discontinues if that recipient meets the
20 ~~intermediate care facility for the mentally retarded level of care requirements for~~
21 ~~medical assistance reimbursement in an intermediate care facility for the mentally~~
22 ~~retarded except that the number of participants concurrently served may not exceed~~
23 ~~the number approved under the waiver received under sub. (3)~~ requirements under
24 par. (a).

25 **SECTION 1508rp.** 46.278 (6) (a), (b) and (c) of the statutes are amended to read:

1 46.278 (6) (a) The provisions of s. 46.275 (5) (a), (b) and (d) apply to funding
2 received by counties under the ~~program~~ programs.

3 (b) Total funding to counties for relocating each person under ~~the~~ a program
4 may not exceed the amount approved in the waiver received under sub. (3).

5 (c) Funding may be provided under ~~the~~ a program for services of a family
6 consortium.”.

7 **3.** Page 566, line 21: delete “the waiver” and substitute “~~the~~ a waiver”.

8 **4.** Page 566, line 25: after that line insert:

9 “SECTION 1509g. 46.278 (6) (e) 1. of the statutes is amended to read:

10 46.278 (6) (e) 1. The department may provide enhanced reimbursement for
11 services under the community integration program for an individual who was
12 relocated to the community by a county department from one of the following:

13 SECTION 1509h. 46.278 (6) (f) of the statutes is amended to read:

14 46.278 (6) (f) If a county owns the institution or intermediate care facility for
15 the mentally retarded from which an individual is relocated to the community under
16 this section, in order to receive funding under the community integration program,
17 the county shall submit a plan for delicensing a bed of the institution or intermediate
18 care facility for the mentally retarded that is approved by the department.”.

19 **5.** Page 621, line 12: after that line insert:

20 “SECTION 1750w. 49.45 (2) (a) 24. of the statutes is created to read:

21 49.45 (2) (a) 24. Promulgate rules that require that the written plan of care for
22 persons receiving personal care services under medical assistance be reviewed by a
23 registered nurse at least every 60 days. The rules shall provide that the written plan
24 of care shall designate intervals for visits to the recipient’s home by a registered

1 nurse as part of the review of the plan of care. The designated intervals for visits
2 shall be based on the individual recipient's needs, and each recipient shall be visited
3 in his or her home by a registered nurse at least once in every 12-month period. The
4 rules shall also provide that a visit to the recipient is also required if, in the course
5 of the nurse's review of the plan of care, there is evidence that a change in the
6 recipient's condition has occurred that may warrant a change in the plan of care.”.

7 **6.** Page 1338, line 20: after that line insert:

8 “(16r) PLAN FOR SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES. The
9 department of health and family services shall develop a plan to administer and fund
10 services for persons with developmental disabilities. The plan, which shall include
11 any recommended statutory language changes that are needed to implement the
12 plan, shall be included in that department's budget request that is submitted to the
13 department of administration for the 2003–05 biennium. The plan shall include the
14 following components:

15 (a) Institutional and community-based services for persons with
16 developmental disabilities shall be administered within one administrative subunit
17 of the department of health and family services. The subunit that is designated to
18 administer these services shall be the subunit that is administering
19 community-based services for persons with developmental disabilities on the
20 effective date of this paragraph.

21 (b) Funding under the medical assistance program for institutional services
22 and home and community-based waiver services for persons with developmental
23 disabilities shall be combined into one appropriation, to the extent permissible under
24 federal law. The funding in this appropriation may not be tied to any specific