

State of Misconsin

RESEARCH APPENDIX PLEASE DO NOT REMOVE FROM DRAFTING FILE

Date Transfer Requested: 02/21/2005 (Per: DAK)

■ The <u>2005</u> drafting file for LRB 05–0029/2

The 2005 drafting file for LRB 05-0030/1

™ The <u>2005</u> drafting file for LRB 05–0032/1

The 2005 drafting file for LRB 05–0034/1

™ The <u>2005</u> drafting file for LRB 05–1701/1

The 2005 drafting file for LRB 05-2109/P1

has been copied/added to the 2005 drafting file for

LRB 05-0035

This cover sheet was added to rear of the original 2005 drafting file. The drafting file was then returned, intact, to its folder and filed.



The attached 2005 draft was incorporated into the new 2005 draft listed above. For research purposes, this cover sheet and the attached drafting file were copied, and added, as a appendix, to the new 2005 drafting file. If introduced this section will be scanned and added, as a separate appendix, to the electronic drafting file folder.

Received By: dkennedy

2005 DRAFTING REQUEST

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Received: 08/25/2004

Wanted: As time permits				Identical to LRB:				
For: Peggy Krusick (608) 266-1733				By/Representing: Herself				
This file may be shown to any legislator: NO				Drafter: dkennedy				
May Co	ntact: Board	on Aging and	Long-Term	n Car	Addl. Drafters:			
Subject:	Health	- long-term ca	are		Extra Copies: RLR			
Submit	via email: YE S	S						
Requeste	er's email:	Rep.Krus	ick@legis.s	tate.wi.us				
Carbon o	copy (CC:) to:	robin.rya	n@legis.sta	te.wi.us				
Pre Top	oic:							
No speci	fic pre topic g	iven						
Topic:								
Provision lease pro	Provision of home and community-based services under CIP II to persons relocated from facilities (life lease program)							
Instruct	ions:							
Same as	AB 920 (03-4	038)						
Drafting History:								
Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required	
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FE Sent F	or:							

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2005 DRAFTING REQUEST

Bill

Received: 08/25/2004

Received By: dkennedy

Wanted: As time permits

Identical to LRB:

For: Peggy Krusick (608) 266-1733

By/Representing: Herself

This file may be shown to any legislator: NO

Drafter: dkennedy

May Contact: Board on Aging and Long-Term Car

Addl. Drafters:

Subject:

Health - long-term care

Extra Copies:

RLR

Submit via email: YES

Requester's email:

Rep.Krusick@legis.state.wi.us

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Provision of home and community-based services under CIP II to persons relocated from facilities (life lease program)

Instructions:

Same as AB 920 (03-4038)

Drafting History:

Vers.

Drafted

Reviewed

Proofed

Submitted

Jacketed

Required

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dkennedy

FE Sent For:

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STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU - LEGAL SECTION

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STATE OF WISCONSIN – **LEGISLATIVE REFERENCE BUREAU** – LEGAL SECTION (608–266–3561)

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Krusick 2005 Aging Initiatives

Ombudsmen in Residential Care Apartment Complexes (AB 644)

- \$12 annual fee for each apartment
- RCAC residents get same rights as residents of nursing homes and CBRFs
- Each complex must post these rights in a prominent place and provide appropriate staff training to implement each resident's rights.

Nursing Home Staffing (AB 192)

- Convert from hours per resident day to a ratios of caregivers to residents for each work shift
- DHFS reports on:
 - (1) methods nursing homes can use to better recruit and retain caregivers;
 - (2) proposed new minimum nursing home staffing ratios that facilitate the highest quality resident care and maximize access to such care;
 - (3) a proposed new nursing home reimbursement formula that advance caregiver wages and benefits.
- Annual Audit Bureau report for each nursing home on wages, benefits, usage of pool help, staff turnover, total revenue and expenses, staff training, code violations and other related information.

Fit and Qualified (AA2 to AB 842)

- All long term care providers would be held to F & Q standards at initial license application and periodically throughout lifetime of license.
- Financial
 - --Fiscal reserves should be sufficient to support a facility's needs for one year. (Currently nursing homes must have 6 months of financial reserves).
 - --Regulators allowed to identify and follow links between local facilities and any parent corporations.

Ownership

- -- Includes all individual and corporate owners, regardless of where they're located.
- --Out-of-state corporate owners must have operating unit located in Wisconsin in order to operate a facility.
- --Requirements for owners should be created to ensure that they are of good character and professional competence.

Conditional license

--Period of heightened scrutiny increased from 12 to 30 months. Conditional licenses may be extended for only one additional term. (Currently there's no limit on license extensions). Conditional licenses are imposed for quality or fiscal concerns.

Pattern of noncompliance

--Exists when more than 25% of facilities owned by a corporation have fiscal problems or provide substandard care.

Life Lease (AB 920)

- Enhanced CIP II (Community Integration Program) funds follow nursing home resident from facility to community.
- Currently these enhanced CIP funds are only available if the program participant's nursing home bed is closed. The bill eliminates this requirement.
- Saves state Medicaid budget (GPR) almost \$700,000 for 2005 b/c community care is about \$33 cheaper a day per recipient.

Kennedy, Debora

From:

Rep.Krusick

Sent:

Wednesday, September 01, 2004 12:15 PM

To:

Kennedy, Debora

Subject:

Bill drafting request (long-term care package)

Debora,

As discussed at our meeting of August 10, please draft the following legislation as one Assembly bill for the 2005-06 session. At this point, the only addition will be a provision relating to the benefit specialists program. Draft language is being prepared.

- -Life Lease (2003 AB 920)
- -Fit and Qualified (AA2 to 2003 AB 842)
- -Nursing Home Staffing (2003 AB 192)
- -Ombudsmen in Residential Care Apartment Complexes (2003 AB 644)
- -Medicaid Discrimination (2003 AB 241)
- -Nursing Home Forfeitures (2003 AB 842 as amended by AA1)
- -Extending SeniorCare coverage to the disabled (2003 SB 114). Remove cigarette tax increase provision.
- -Reducing SeniorCare deductible from \$850 to \$650.

Thanks. Just call with any questions.

Peggy 6-1733 500N- Inede 10/7

2005-2006

2003 = 2004 LEGISLATURE

0032/1

LRB-4038/1 DAKAL

2003 ASSEMBLY BILL 920

March 2, 2004 - Introduced by Representatives Pope-Roberts, Krusick, Boyle, MILLER, BERCEAU, YOUNG and VRUWINK, cosponsored by Senators HANSEN and JAUCH. Referred to Joint Committee on Finance.

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AN ACT to renumber 46.277 (1m) (a); to amend 46.277 (1), 46.277 (2) (intro.),

46.277 (3) (a), 46.277 (3) (b) 1., 46.277 (3) (b) 2., 46.277 (4) (a), 46.277 (4) (b), 2

46.277 (5) (g) and 46.277 (5g) (a); and to create 46.277 (1m) (ag) and 46.277 (4)

(c) of the statutes; relating to: provision of home and community-based

services under a community integration program to persons relocated from

facilities, during the period of the relocation.

Analysis by the Legislative Reference Bureau

Currently, the Department of Health and Family Services (DHFS) administers a Community Integration Program (commonly known as "CIP II"), under which Medical Assistance (MA) moneys are paid to counties to provide home and community-based services, under a waiver of federal Medicaid laws, to elderly and physically disabled persons who meet the level of care requirements for MA-reimbursed nursing home care or are relocated from facilities. DHFS must establish a uniform daily rate for CIP II and reimburse counties up to that rate for each person enrolled in CIP II. Under 2003 Wisconsin Act 33 (the biennial budget DHFS may provide enhanced reimbursement for CIP II services for a person who is relocated to the community from a nursing home by a county after July 2003, if the nursing home bed used by the person is delicensed upon the person's relocation.

This bill authorizes DHFS to provide CIP II funding for home and 26 community-based services to an MA-eligible person who relocates from a facility to

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the community. Reimbursement is not conditioned on delicensure of a nursing home bed upon the person's relocation. The funding begins on the date of the relocation and ends on the date that the person discontinues program participation or no longer meets the level of care requirements for MA reimbursement in a nursing home. Funding in the aggregate for these relocated persons may not exceed the total MA costs for the persons if served in nursing homes. DHFS may provide an enhanced reimbursement rate for the services. The total number of persons who may participate in this particular aspect of CIP II is not restricted by limitations on numbers participating in the remainder of CIP II.

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:

SECTION 1. 46.277 (1) of the statutes is amended to read:

46.277 (1) Legislative intent. The intent of the program under this section is to provide home or community—based care to serve in a noninstitutional community setting a person who meets eligibility requirements under 42 USC 1396n (c) and is relocated from an institution other than a state center for the developmentally disabled or meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility, except that the number of persons who receive home or community—based care under this section is not intended, other than under sub. (4) (c), to exceed the number of nursing home beds that are delicensed as part of a plan submitted by the facility and approved by the department. The intent of the program is also that counties use all existing services for providing care under this section, including those services currently provided by counties.

SECTION 2. 46.277 (1m) (a) of the statutes is renumbered 46.277 (1m) (ak).

SECTION 3. 46.277 (1m) (ag) of the statutes is created to read:

46.277 (1m) (ag) "Delicensed" means deducted from the number of beds stated on a facility's license, as specified under s. 50.03 (4) (e).

SECTION 4. 46.277 (2) (intro.) of the statutes is amended to read:

46.277 (2) Departmental powers and duties. (intro.) The department may request a waiver from the secretary of the federal department of health and human services, under 42 USC 1396n (c), authorizing the department to serve medical assistance recipients, who meet the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility, in their communities by providing home or community-based services as part of medical assistance. The Except under sub. (4) (c), the number of persons for whom the waiver is requested may not exceed the number of nursing home beds that are delicensed as part of a plan submitted by the facility and approved by the department. If the department requests a waiver, it shall include all assurances required under 42 USC 1396n (c) (2) in its request. If the department receives this waiver, it may request one or more 3-year extensions of the waiver under 42 USC 1396n (c) and shall perform the following duties:

SECTION 5. 46.277 (3) (a) of the statutes is amended to read:

46.277 (3) (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to county participation in this program, except that services provided in the program shall substitute for care provided a person in a skilled nursing facility or intermediate care facility who meets the level of care requirements for medical assistance reimbursement to that facility rather than for care provided at a state center for the developmentally disabled. The Except in sub. (4) (c), the number of persons who receive services provided by the program under this paragraph may not exceed the number of nursing home beds, other than beds specified in sub. (5g) (b),

that are delicensed as part of a plan submitted by the facility and approved by the department.

Section 6. $^{\lor}46.277$ (3) (b) 1. of the statutes is amended to read:

46.277 (3) (b) 1. If Except under sub. (4) (c), if the provision of services under this section results in a decrease in the statewide nursing home bed limit under s. 150.31 (3), the facility affected by the decrease shall submit a plan for delicensing all or part of the facility that is approved by the department.

SECTION 7. 46.277 (3) (b) 2. of the statutes is amended to read:

46.277 (3) (b) 2. Each county department participating in the program shall provide home or community-based care to persons eligible under this section, except that the number of persons who receive home or community-based care under this section may not exceed, other than under sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

SECTION 8. 46.277 (4) (a) of the statutes is amended to read:

46.277 (4) (a) Any medical assistance recipient who meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility is eligible to participate in the program, except that the number of participants may not exceed, other than under par. (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department. Such a recipient may apply, or any person may apply on behalf of such a recipient, for participation in the program. Section 46.275 (4) (b) applies to participation in the program.

SECTION 9. 46.277 (4) (b) of the statutes is amended to read:

(21)

46.277 (4) (b) To the extent authorized under 42 USC 1396n and except under par. (c), if a person discontinues participation in the program, a medical assistance recipient may participate in the program in place of the participant who discontinues if that recipient meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility, except that the number of participants may not exceed the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

SECTION 10. 46.277 (4) (c) of the statutes is created to read:

46.277 (4) (c) The department may, under this paragraph, provide funding under this section for services for a medical assistance recipient who relocates from a facility to the community, beginning on the date of the relocation and ending on the date that the individual discontinues participation in the program or no longer meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility. Funding for medical assistance costs for individuals relocated under this paragraph may not exceed, in the aggregate, total medical assistance costs for the individuals if served in facilities. The total number of individuals who may participate in the program under this paragraph is not restricted by any otherwise applicable limitation on the number of individuals who may participate in the program under this section.

SECTION 11. 46.277 (5) (g) of the statutes, as greated by 2003 Wisconsin Let 3.

46.277 (5) (g) The department may provide enhanced reimbursement for services provided under this section to an individual who is relocated to the community from a nursing home by a county department on or after July 26, 2003,

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of the individual or if the individual is relocated under sub. (4) (c). The department shall develop and utilize a formula to determine the enhanced reimbursement rate.

SECTION 12. 46.277 (5g) (a) of the statutes is amended to read:

46.277 (5g) (a) The Except under sub. (4) (c), the number of persons served under this section may not exceed the number of nursing home beds that are delicensed as part of a plan submitted by the facility and approved by the department.

(END)

State of Wisconsin 2005 - 2006 LEGISLATURE

LRB-0032/1 DAK:jld:rs

2005 BILL

1	AN ACT to renumber 46.277 (1m) (a); to amend 46.277 (1), 46.277 (2) (intro.),
2	46.277 (3) (a), 46.277 (3) (b) 1., 46.277 (3) (b) 2., 46.277 (4) (a), 46.277 (4) (b),
3	46.277 (5) (g) and 46.277 (5g) (a); and <i>to create</i> 46.277 (1m) (ag) and 46.277 (4)
4	(c) of the statutes; relating to: provision of home and community-based
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that are delicensed as part of a plan submitted by the facility and approved by the department.

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46.277 (4) (a) Any medical assistance recipient who meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility is eligible to participate in the program, except that the number of participants may not exceed, other than under par. (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department. Such a recipient may apply, or any person may apply on behalf of such a recipient, for participation in the program. Section 46.275 (4) (b) applies to participation in the program.

SECTION 9. 46.277 (4) (b) of the statutes is amended to read:

46.277 (4) (b) To the extent authorized under 42 USC 1396n and except under par. (c), if a person discontinues participation in the program, a medical assistance recipient may participate in the program in place of the participant who discontinues if that recipient meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility, except that the number of participants may not exceed the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

SECTION 10. 46.277 (4) (c) of the statutes is created to read:

46.277 (4) (c) The department may, under this paragraph, provide funding under this section for services for a medical assistance recipient who relocates from a facility to the community, beginning on the date of the relocation and ending on the date that the individual discontinues participation in the program or no longer meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility. Funding for medical assistance costs for individuals relocated under this paragraph may not exceed, in the aggregate, total medical assistance costs for the individuals if served in facilities. The total number of individuals who may participate in the program under this paragraph is not restricted by any otherwise applicable limitation on the number of individuals who may participate in the program under this section.

SECTION 11. 46.277 (5) (g) of the statutes is amended to read:

46.277 (5) (g) The department may provide enhanced reimbursement for services provided under this section to an individual who is relocated to the community from a nursing home by a county department on or after July 26, 2003, if the nursing home bed that was used by the individual is delicensed upon relocation

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(END)

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Bill

Received: 08/25/2004				Received By: dkennedy				
Wanted: As time permits				Identical to LRB:				
For: Peggy Krusick (608) 266-1733					By/Representing: Herself			
This file	may be show	n to any legisla	itor: NO		Drafter: dkennedy			
May Co	ntact: Board	on Aging and	Long-Term	ı Car	Addl. Drafters:			
Subject:	Health	- medical assi	stance		Extra Copies: RLR			
Submit	via email: YES	5						
Requesto	er's email:	Rep.Krus	ick@legis.st	tate.wi.us				
Carbon o	copy (CC:) to:							
Pre Top	oic:							
No speci	fic pre topic g	iven						
Topic:								
Medical	Assistance dis	crimination; nu	rsing homes	and commun	ity-based resident	ial facilities		
Instruct	ions:		***************************************					
Same as	03-0281							
Drafting	History:							
Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required	
/?	dkennedy 10/07/2004	jdyer 11/01/2004					S&L	
/1			pgreensl 11/01/200	4	sbasford 11/01/2004			

LRB-0034 11/01/2004 12:31:43 PM Page 2

FE Sent For:

<END>

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Drafter: dkennedy

May Contact: Board on Aging and Long-Term Car

Addl. Drafters:

Subject:

Health - medical assistance

Extra Copies:

RLR

Submit via email: YES

Requester's email:

Rep.Krusick@legis.state.wi.us

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Medical Assistance discrimination; nursing homes and community-based residential facilities

Instructions:

Same as 03-0281

Drafting History:

Vers.

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Reviewed Ty

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Submitted

<u>Jacketed</u>

Required

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dkennedy

FE Sent For:

<END>

Kennedy, Debora

From:

Rep.Krusick

Sent:

Wednesday, September 01, 2004 12:15 PM

To:

Kennedy, Debora

Subject:

Bill drafting request (long-term care package)

Debora,

As discussed at our meeting of August 10, please draft the following legislation as one Assembly bill for the 2005-06 session. At this point, the only addition will be a provision relating to the benefit specialists program. Draft language is being prepared.

- -Life Lease (2003 AB 920)
- -Fit and Qualified (AA2 to 2003 AB 842)
- -Nursing Home Staffing (2003 AB 192)
- -Ombudsmen in Residential Care Apartment Complexes (2003 AB 644)
- -Medicaid Discrimination (2003 AB 241)
- -Nursing Home Forfeitures (2003 AB 842 as amended by AA1)
- -Extending SeniorCare coverage to the disabled (2003 SB 114). Remove cigarette tax increase provision.
- -Reducing SeniorCare deductible from \$850 to \$650.

Thanks. Just call with any questions.

Peggy 6-1733

Krusick 2005 Aging Initiatives

Ombudsmen in Residential Care Apartment Complexes (AB 644)

- \$12 annual fee for each apartment
- RCAC residents get same rights as residents of nursing homes and CBRFs
- Each complex must post these rights in a prominent place and provide appropriate staff training to implement each resident's rights.

Nursing Home Staffing (AB 192)

- Convert from hours per resident day to a ratios of caregivers to residents for each work shift
- DHFS reports on:
 - (1) methods nursing homes can use to better recruit and retain caregivers;
 - (2) proposed new minimum nursing home staffing ratios that facilitate the highest quality resident care and maximize access to such care;
 - (3) a proposed new nursing home reimbursement formula that advance caregiver wages and benefits.
- Annual Audit Bureau report for each nursing home on wages, benefits, usage of pool help, staff turnover, total revenue and expenses, staff training, code violations and other related information.

Fit and Qualified (AA2 to AB 842)

- All long term care providers would be held to F & Q standards at initial license application and periodically throughout lifetime of license.
- Financial
 - --Fiscal reserves should be sufficient to support a facility's needs for one year. (Currently nursing homes must have 6 months of financial reserves).
 - --Regulators allowed to identify and follow links between local facilities and any parent corporations.

<u>Ownership</u>

- --Includes all individual and corporate owners, regardless of where they're located.
- --Out-of-state corporate owners must have operating unit located in Wisconsin in order to operate a facility.
- --Requirements for owners should be created to ensure that they are of good character and professional competence.

Conditional license

--Period of heightened scrutiny increased from 12 to 30 months. Conditional licenses may be extended for only one additional term. (Currently there's no limit on license extensions). Conditional licenses are imposed for quality or fiscal concerns.

Pattern of noncompliance

--Exists when more than 25% of facilities owned by a corporation have fiscal problems or provide substandard care.

Life Lease (AB 920)

- Enhanced CIP II (Community Integration Program) funds follow nursing home resident from facility to community.
- Currently these enhanced CIP funds are only available if the program participant's nursing home bed is closed. The bill eliminates this requirement.
- Saves state Medicaid budget (GPR) almost \$700,000 for 2005 b/c community care is about \$33 cheaper a day per recipient.