

# State of Wisconsin



2009 Senate Bill 491

Date of enactment: **May 5, 2010**  
Date of publication\*: **May 19, 2010**

## 2009 WISCONSIN ACT 247

AN ACT to amend 46.2805 (6r), 46.2805 (7), 46.281 (1n) (e), 46.283 (4) (e) and 46.283 (4) (f); and to create 46.2805 (10m) of the statutes; relating to: requiring an aging and disability resource center to perform a financial screening for, provide information to, and assist individuals choosing to participate in the self-directed services option (suggested as remedial legislation by the Department of Health Services).

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

**SECTION 1.** 46.2805 (6r) of the statutes is amended to read:

46.2805 (6r) "Financial and cost-sharing screening" means a screening to determine financial eligibility under s. 46.286 (1) (b) or the self-directed services option and cost-sharing under s. 46.286 (2) using a uniform tool prescribed by the department.

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

46.2805 (7) "Functional screening" means a screening to determine functional eligibility under s. 46.286 (1) (a) or the self-directed services option using a uniform tool prescribed by the department.

**SECTION 3.** 46.2805 (10m) of the statutes is created to read:

46.2805 (10m) "Self-directed services option" means the program that is operated under a waiver from the secretary of the federal department of health and human services under 42 USC 1396n (c) in which an enrolled individual selects his or her own services and service providers.

**SECTION 4.** 46.281 (1n) (e) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

46.281 (1n) (e) Contract with a person to provide the advocacy services described under s. 16.009 (2) (p) 1. to 5. to actual or potential recipients of the family care benefit who are under age 60 or to their families or guardians. The department may not contract under this paragraph with a county or with a person who has a contract with the department to provide services under s. 46.283 (3) and (4) as a resource center or to administer the family care benefit as a care management organization. The contract under this paragraph shall include as a goal that the provider of advocacy services provide one advocate for every 2,500 individuals under age 60 who receive the family care benefit or who participates in the self-directed services option, ~~which is operated under a waiver from the secretary of the federal department of health and human services under 42 USC 1396n (e).~~

**SECTION 5.** 46.283 (4) (e) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

46.283 (4) (e) Provide information about the services of the resource center, including the services specified in sub. (3) (d), about assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c), and about the family care benefit and the self-directed services option to all older persons and ~~persons~~ adults with a physical or developmental disability who are residents of nursing homes, community-based residential facilities, adult family

\* Section 991.11, WISCONSIN STATUTES 2007-08 : Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

homes, as defined in s. 50.01 (1) (a) or (b), and residential care apartment complexes in the area of the resource center when the benefit under s. 46.286 first becomes available in the county where the nursing home, community-based residential facility, adult family home, or residential care apartment complex is located.

**SECTION 6.** 46.283 (4) (f) of the statutes is amended

to read:

46.283 (4) (f) Perform a functional screening and a financial and cost-sharing screening for any resident, as specified in par. (e), who requests a screening and assist any resident who is eligible and chooses to enroll in a care management organization or the self-directed services option to do so.

---