SENATE BILL 491 (LRB -0643)

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). (FE)

2010			
01-25.	S.	Introduced by LAW REVISION COMMITTEE.	
01-25.	S.	Read first time and referred to committee on Public Health, Senior Issues, Long-Term Care, and Job Creation	504
02-09.	S.	Fiscal estimate received.	
02-17.	S.	Public hearing held.	
03-03.	S.	Executive action taken.	
03-04.	S.	Report passage recommended by committee on Public Health, Senior Issues, Long-Term Care, and Job Creation, Ayes 5, Noes 0	613
03-04.	S.	Available for scheduling.	60
04-08.	S.	Placed on calendar 4-13-2010 pursuant to Senate Rule 18(1)	600
04-13.	S.	Read a second time	600
04-13.	S.	Ordered to a third reading	600
04-13.	S.	Rules suspended	606
04-13.	S.	Read a third time and passed	70
04-13.	S.		
04-14.	Α.		
04-14.		Read first time and referred to committee on Rules	
04-15.	Α.		80
04-20.		Read a second time.	
04-20.		Ordered to a third reading.	
04-20.		Rules suspended.	
04-20.		Read a third time and concurred in.	
04-20.	A.	Ordered immediately messaged.	
04-21.	S.	Received from Assembly concurred in.	



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ADOPTED DOCUMENT	S:	00 -	0643 /1
□ Orig □ Engr	SubAmut		1
Amendments to above (if none, write "NONE	"): None	
v			
Corrections - show date	e (if none, write "NON	JE"): NONE	
Topic REGATING (1)	4v5E		
	5/3/10 Date	Cast J	iter

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State of Misconsin 2009 - 2010 LEGISLATURE

LRB-0643/1 TJD:cjs:jf

2009 SENATE BILL 491

January 25, 2010 – Introduced by LAW REVISION COMMITTEE. Referred to Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation.

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).

Analysis by the Legislative Reference Bureau

Under current law, the Department of Health Services (DHS) contracts with an aging and disability resource center (resource center) to provide information and referral services in areas where the Family Care program is operating. The resource center currently must provide information about its services to all older persons and persons with a physical disability who reside in a nursing home, community—based residential facility, adult family home, or residential care apartment complex (collectively "facility"). The resource center also screens individuals to determine whether they are eligible for the Family Care program. The resource center must perform a functional screening and a financial and cost—sharing screening for older persons and persons with a physical disability who are residents or prospective residents of a facility and who request a screening. The resource center must then assist an individual who chooses to enroll in a care management organization, which administers benefits under the Family Care program.

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Currently, DHS also administers the self-directed services option, known as IRIS. This self-directed services option operates under a waiver of federal Medicaid laws and allows elderly and physically and developmentally disabled individuals to direct how their benefit is spent and select their own providers.

This bill requires the resource center to provide information about the self-directed services option and expands the people to whom information must be given to include adults with developmental disabilities. The bill specifies that the resource center needs to provide the information only to facility residents who are residents at the time when the Family Care benefit becomes available in the county where the facility is located. The bill also requires the resource center to assist those residents who choose to enroll in the self-directed services option.

For further information, see the Notes provided by the Law Revision Committee of the Joint Legislative Council.

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:

Law Revision Committee Prefatory Note: This bill is a remedial legislation proposal, requested by the Department of Health Services and introduced by the Law Revision Committee under s. 13.83 (1) (c) 4. and 5., stats. After careful consideration of the various provisions of the bill, the Law Revision Committee has determined that this bill makes minor substantive changes in the statutes, and that these changes are desirable as a matter of public policy.

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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:

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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).

NOTE: SECTION 3 defines the term "self-directed services option." SECTION 4 deletes language defining that term that is redundant, due to the creation of the definition in SECTION 3 of the bill.

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

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or developmental disability who are residents of nursing homes, community-based residential facilities, adult family 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.

Note: This Section provides that information on family care and the self—directed services option must be provided to current residents of facilities at the point when a resource center begins providing pre-admission consultation to persons who are seeking admission to a residential facility.

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.

NOTE: The amendments in Sections 1, 2, and 6 provide that the financial and cost-sharing screening and the functional screening and the functional screening under family care screen for eligibility for the self-directed services option, in addition to eligibility for the Family Care benefit.

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