Received By: rryan

Bill

Received: 11/04/2008

Wanted: As time permits					Identical to LRB:					
For: Le	For: Legislative Council - LRC					By/Representing: Laura Rose				
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May Co	ontact:				Addl. Drafters:					
Subject	: Health	· social service	S		Extra Copies:					
Submit	via email: <b>YES</b>									
Request	ter's email:	laura.rose(	@legis.wisco	onsin.gov						
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**LRB-0643** 01/22/2010 11:58:53 AM Page 2

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FE Sent For:

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Received: 11/04/2008					Received By: rryan				
Wanted: A	Wanted: As time permits					Identical to LRB:			
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11/17/2009 01:18:04 PM Page 2

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# State of Wisconsin Department of Health Services

Jim Doyle, Governor Karen E. Timberlake, Secretary

October 31, 2008

Mr. Terry C. Anderson, Director Joint Legislative Council One East Main Street, Suite 401 P. O. Box 2536 Madison, WI 53701-2536

Dear Mr. Anderson:

Attached are four remedial proposals for consideration by the Law Revision Committee during the 2009-10 legislative session. As requested, each proposal highlights the specific statutory change being requested, the problem with the current statute, the need for the change, and any fiscal effect.

Questions regarding the proposals should be directed to Katie Plona, Legislative Liaison, 266-3262 or <u>Katie Plona@dhs.wisconsin.gov</u>. Katie will coordinate responses with the appropriate staff in the divisions.

Please feel free to contact Katie if you have any questions. We look forward to working with you and your staff.

Sincerely,

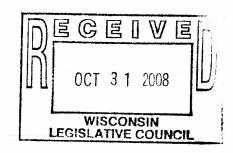
Karen E. Timberlake

Karen & Borlace

Secretary

Enclosures

c: Katie Plona



#### Financial Eligibility and Cost Share Determination

#### Specific Statutory Change Requested

Amend s.46.283(4)(f) to require that resource centers arrange, rather than perform, a financial and cost-sharing screening for facility residents who so request and to assist residents to enroll in IRIS as well as in a Family Care care management organization.

As amended, s. 46.283(4) (f) would read:

46.283(4) (f) Perform a functional screening and <u>arrange</u> 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 <u>or self-directed supports waiver</u> to do so.

#### **Problem with the Current Statute**

It is economic support units, not resource centers, which perform the financial eligibility and cost share determinations. Resource centers help people gather the information for the determination and may estimate whether the person is likely to be eligible, but refer individuals to economic support for the actual determination.

ADRCs have an obligation to inform people of all available options, including the IRIS program, which was not available at the time the original statutory language was enacted.

#### Need for the Change

To update and correct a minor inaccuracy in the statute.

#### **Estimate of Fiscal Effect**

None.

**DHS Contact:** 

Katie Plona

266-3262

#### STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

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### State of Misconsin 2009 - 2010 LEGISLATURE

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#### PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

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Services option

AN ACT relating to: requiring an aging and disability resource center to

arrange a financial and cost-sharing screening and allowing the resource

center to screen and assist individuals choosing a self-directed supports waiver

(suggested as remedial legislation by the Department of Health Services).

(DHS)

Analysis by the Legislative Reference Bureau

Under current law, the department of health services 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 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 nursing homes, community-based residential facilities, adult family homes, and residential care apartment complexes 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.

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

This bill requires the resource center to arrange for the financial and cost-sharing screening instead of performing the screening. The bill also requires

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the resource center to also assist those residents who choose to enroll in a self-directed services option.

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

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

**SECTION 1.** 46.2805 (10m) of the statutes is created to read:

46.2805 (10m) "Self-directed services option" means a 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 2.** 46.283 (4) (f) of the statutes is amended to read:

46.283 (4) (f) Perform a functional screening and <u>arrange</u> 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 <u>or a self-directed services option</u> to do so.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 386, 388; 2007 a. 20 ss. 966, 971 to 973, 976, 978 to 991.

SECTION 3. 46.283 (4) (g) of the statutes is amended to read:

46.283 (4) (g) Perform a functional screening and arrange a financial and cost-sharing screening for any person seeking admission to a nursing home, community-based residential facility, residential care apartment complex, or adult family home, as defined in s. 50.01 (1) (a) or (b), if the secretary has certified that the resource center is available to the person and the facility and the person is determined by the resource center to have a condition that is expected to last at least 90 days that would require care, assistance, or supervision. A resource center may not require a financial and cost-sharing screening for a person seeking admission

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or about to be admitted on a private pay basis who waives the requirement for a financial and cost-sharing screening under this paragraph, unless the person is expected to become eligible for medical assistance within 6 months. A resource center need not perform a functional screening for a person seeking admission or about to be admitted for whom a functional screening was performed within the previous 6 months.

History: 1999 a. 9, 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 386, 388; 2007 a. 20 ss. 969, 971 to 973, 976, 978 to 991; 2009 a. 2, 28.

\*\*\*\*NOTE: I amended this paragraph because it also refers to performing a financial and cost-sharing screening. Is that okay?

SECTION 4. 46.281 (3) of the statutes is amended to read:

46.281 (3) DUTY OF THE SECRETARY. The secretary shall certify to each county, hospital, nursing home, community-based residential facility, adult family home, as defined in s. 50.01 (1) (a) or (b), and residential care apartment complex the date on which a resource center that serves the area of the county, hospital, nursing home, community-based residential facility, adult family home, or residential care apartment complex is first available to perform functional screenings and arrange financial and cost-sharing screenings. To facilitate phase-in of services of resource centers, the secretary may certify that the resource center is available for specified groups of eligible individuals or for specified facilities in the county.

History: 1999 a. 9; 2001 a. 103; 2005 a. 25, 386; 2007 a. 20; 2009 a. 28.

\*\*\*\*NOTE: I amended this paragraph because it also refers to performing a financial and cost-sharing screening. Is that okay?

**SECTION 5.** 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

stat: leave as type

option and cost-sharing under s. 46.286 (2) using a uniform tool prescribed by the

department.

History: 1999 a. 9, 185; 2003 a. 33; 2007 a. 20, 141.

\*\*\*\*NOTE: Please note I expanded the definition to include the IRIS program to correspond to the change to s. 46.283 (4) (f). **Section 6.** 46.2805 (7) of the statutes is amended to read: 1 46.2805 (7) "Functional screening" means a screening to determine functional 2 STET: leave as typed eligibility under s. 46.286 (1) (a) or the self-directed services option using a uniform 3 tool prescribed by the department. 4 History: 1999 a. 9, 185; 2003 a. 33; 2007 a. 20, 141.

\*\*\*\*\*NOTE: Please note I expanded the definition to include the IRIS program to correspond to the change to s. 46.283 (4) (f). 5 (END) move to 2Insert 2-6

as affected by 2009 Wisconsin

Section #. 46.281 (1n) (e) of the statutes is amended

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

JSC 1396n (c) Colain period

History: 1999 a. 9; 2001 a. 103; 2005 a. 25, 386; 2007 a. 20; 2009 a. 28.

\*\*\* Note: Please note that I eliminated the description of the self-directed services option here since the definition created in this bill applied to this paragraph.

#### Dodge, Tamara

From:

Currans-Sheehan, Rachel H - DHS [Rachel.CurransSheehan@dhs.wisconsin.gov]

Sent:

Tuesday, November 03, 2009 4:06 PM

To:

Dodge, Tamara

Cc:

Dyke, Don; Young, Tracey; Rose, Laura

Subject:

RE: Draft review: LRB 09-0655/P1 Topic: Notice regarding self-directed care

Attachments: 0655 and 0643 edits.PDF

#### Tami:

We agree with your comments that 0655 and 0643 should be combined into one draft. We have a few edits which I have attached as well.

Rachel H. Currans-Sheehan Legislative Liaison Department of Health Services Phone: (608) 266-3262

Email: rachel.curranssheehan@wisconsin.gov

From: Rose, Laura [mailto:Laura.Rose@legis.wisconsin.gov]

Sent: Tuesday, October 27, 2009 8:11 AM
To: Currans-Sheehan, Rachel H - DHS

Cc: Dyke, Don - LEGIS; Young, Tracey - LEGIS

Subject: FW: Draft review: LRB 09-0655/P1 Topic: Notice regarding self-directed care

#### Rachel,

Here is one of the Law Revision drafts related to Family care. Please review this and let me know if you need any changes (or, you could let the drafter, Tami Dodge, know directly about any needed changes; just keep me in the loop).

#### Thanks!

#### Laura

Laura D. Rose, Deputy Director Wisconsin Legislative Council One East Main Street, Suite 401 PO Box 2536 Madison, WI 53701-2536 tel: 608.266.9791

fax: 608.266.3830

laura.rose@legis.wisconsin.gov

From: Barman, Mike

Sent: Monday, October 26, 2009 4:38 PM

To: Rose, Laura

Subject: Draft review: LRB 09-0655/P1 Topic: Notice regarding self-directed care

Following is the PDF version of draft LRB 09-0655/P1.



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### State of Misconsin 2009 – 2010 LEGISLATURE

LRB-0643/P1

TJD:cjs:rs

#### PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

AN ACT *to amend* 46.2805 (6r), 46.2805 (7), 46.281 (1n) (e), 46.281 (3), 46.283 (4) (f) and 46.283 (4) (g); and *to create* 46.2805 (10m) of the statutes; **relating to:** requiring an aging and disability resource center to arrange a financial and cost–sharing screening and to screen 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 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 nursing homes, community–based residential facilities, adult family homes, and residential care apartment complexes 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.

Currently, DHS also administers the self-directed services option, known as IRIS. This self-directed services option operates under a waiver of federal Medicaid

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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 arrange for the financial and cost-sharing screening instead of performing the screening. 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:

1 **SECTION 1.** 46.2805 (6r) of the statutes is amended to read: 2 46.2805 (6r) "Financial and cost-sharing screening" means a screening to 3 determine financial eligibility under s. 46.286 (1) (b) or the self-directed services 4 option and cost-sharing under s. 46.286 (2) using a uniform tool prescribed by the 5 department. \*\*\*\*NOTE: Please note I expanded the definition to include the IRIS program to correspond to the change to s. 46.283 (4) (f). good! Thanks. 6 **Section 2.** 46.2805 (7) of the statutes is amended to read: 7 46.2805 (7) "Functional screening" means a screening to determine functional 8 eligibility under s. 46.286 (1) (a) or the self-directed services option using a uniform 9 tool prescribed by the department. \*\*\*\*NOTE: Please note I expanded the definition to include the IRIS program to correspond to the change to s. 46.283 (4) (f). **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 sta	atutes, as al	ffected by 2009	Wisconsin Ac	et <b>28</b> ,
is amended to re	a <b>d</b> :					

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 (c).

\*\*\*\*NOTE: Please note that I eliminated the description of the self-directed services option here since the definition created in this bill applied to this paragraph.

**SECTION 5.** 46.281 (3) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

46.281 (3) Duty of the Secretary. The secretary shall certify to each county, hospital, nursing home, community-based residential facility, adult family home, as defined in s. 50.01 (1) (a) or (b), and residential care apartment complex the date on which a resource center that serves the area of the county, hospital, nursing home, community-based residential facility, adult family home, or residential care apartment complex is first available to perform functional screenings and arrange different financial and cost-sharing screenings. To facilitate phase-in of services of resource

1	centers, the secretary may certify that the resource center is available for specified
2	groups of eligible individuals or for specified facilities in the county.

 $\hbox{$\stackrel{\bullet}{\dots}$Note: I amended this paragraph because it also refers to performing a financial and cost-sharing screening. Is that okay? We are deleting this charge .$ 

**Section 6.** 46.283 (4) (f) of the statutes is amended to read:

46.283 (4) (f) Perform a functional screening and arrange 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.

**SECTION 7.** 46.283 (4) (g) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

46.283 (4) (g) Perform a functional screening and arrange a financial and cost-sharing screening for any person seeking admission to a nursing home, community-based residential facility, residential care apartment complex, or adult family home, as defined in s. 50.01 (1) (a) or (b), if the secretary has certified that the resource center is available to the person and the facility and the person is determined by the resource center to have a condition that is expected to last at least 90 days that would require care, assistance, or supervision. A resource center may not require a financial and cost-sharing screening for a person seeking admission or about to be admitted on a private pay basis who waives the requirement for a financial and cost-sharing screening under this paragraph, unless the person is expected to become eligible for medical assistance within 6 months. A resource center need not perform a functional screening for a person seeking admission or about to be admitted for whom a functional screening was performed within the previous 6 months.

\*\*\*\*NOTE: I amended this paragraph because it also refers to performing a financial and cost-sharing screening. Is that okay?

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### State of Misconsin 2009 - 2010 LEGISLATURE

LRB-0655/P1 TJD:cjs:rs

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

AN ACT *to amend* 46.281 (1n) (e) and 46.283 (4) (e); and *to create* 46.2805 (10m) of the statutes; **relating to:** requiring a resource center to provide information to adults with developmental disabilities and to provide information on the self-directed services option program and limiting the residents to whom the resource center provides information (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 available. The resource center also screens individuals to determine whether they are eligible for the Family Care program and assists the eligible individuals in enrolling in a care management organization, which administers the benefits for the Family Care program. 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.

Currently, DHS also administers the self-directed services option, known as IRIS. The 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.

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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 it is certified by DHS to begin providing information to those individuals and does not need to provide information to facility residents who participate in a publicly-funded, long-term care program.

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:

**SECTION 1.** 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 2.** 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

1	services option, which is operated under a waiver from the secretary of the rederdr
2	department of health and human services under 42 USC 1396n (c).
	••••Note: Please note that I eliminated the description of the self-directed services option here since the definition created in this bill applied to this paragraph.
3	SECTION 3. 46.283 (4) (e) of the statutes, as affected by 2009 Wisconsin Act 28,
4	is amended to read:
5	46.283 (4) (e) Provide information about the services of the resource center,
6	including the services specified in sub. (3) (d), about assessments under s. 46.284 (4)
7	(b) and care plans under s. 46.284 (4) (c), and about the family care benefit and the
8	self-directed services option to all older persons and persons adults with a physical
9	or developmental disability who are residents of nursing homes, community-based
10	residential facilities, adult family homes, as defined in s. 50.01 (1) (a) or (b), and
11	residential care apartment complexes in the area of the resource center when the when the benefit under 46.286 is available in the
12	secretary first certifies that the resource center is available to the person and the
13	county where the facility is lacated. facility. Resource centers are not required to provide information to residents who
14	are participants in the Family Care program under s. 46.286 or a program operated
15	under a waiver from the secretary of the federal department of health and human
16	services under 42 USC 1396n (c) or 42 USC 1396n (b) and (c).
sec la suggestión	services under 42 USC 1396n (c) or 42 USC 1396n (b) and (c). Note: I was unsure about the instruction for when the resource center is required to provide the information. Please confirm that my drafting of this provision meets your intent. Also, the change in this paragraph expands the types of people served under s. 46.283 (4) (f) by virtue of a cross-reference. Since that section is affected by the ther law revision draft, you should consider combining this draft with LRB-0643.  (END)
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### State of Misconsin 2009 - 2010 LEGISLATURE

In 11/9/09

LRB-0643/PD PZ
TJD:cjs:rs

Slams RMNR

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

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perform a financial
Screening for; provide
Screening for; provide
information to;

AN ACT to amend 46.2805 (6r), 46.2805 (7), 46.281 (1n) (e), 46.281 (3), 46.283 (4)

(f) and 46.283 (4) (g); and to create 46.2805 (10m) of the statutes; relating to:

requiring an aging and disability resource center to arrange a financial and)

cost-sharing screening and to screen 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 affective 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 nursing homes, community based residential facilities, adult family homes, and residential care apartment complexes 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.

Currently, DHS also administers the self-directed services option, known as IRIS. This self-directed services option operates under a waiver of federal Medicaid

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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 arrange for the financial and ost-sharing screening instead of performing the screening. 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:

**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.

\*\*\*\*NOTE: Please note I expanded the definition to include the IRIS program to correspond to the change to s. 46.283 (4) (f).

**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.

\*\*\*\*NOTE: Please note I expanded the definition to include the IRIS program to correspond to the change to s. 46.283 (4) (f).

**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 (c).

\*\*\*\*\*NOTE: Please note that I eliminated the description of the self-directed services option here since the definition created in this bill applied to this paragraph.

SECTION 5. 46.281 (3) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

46.281 (3) Duty of the Secretary. The secretary shall certify to each county, hospital, nursing home, community-based residential facility, adult family home, as defined in 5.50.01 (1) (a) or (b), and residential care apartment complex the date on which a resource center that serves the area of the county, hospital, nursing home, community-based residential facility, adult family home, or residential care apartment complex is first available to perform functional screenings and arrange financial and cost-sharing screenings. To facilitate phase-in of services of resource

centers, the secretary may certify that the resource center is available for specified groups of eligible individuals or for specified facilities in the county.

> \*\*\*\*NOTE: I amended this paragraph because it also refers to performing a financial and cost-sharing screening. Is that okay?

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**Section 6.** 46.283 (4) (f) of the statutes is amended to read:

46.283 (4) (f) Perform a functional screening and arrange 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.

SECTION 7. 46,283 (4) (g) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

46.283 (4) (g) Perform a functional screening and arrange a financial and cost-sharing screening for any person seeking admission to a nursing home, community-based residential facility, residential care apartment complex, or adult family home, as defined in s. 50 01 (1) (a) or (b), if the secretary has certified that the resource center is available to the person and the facility and the person is determined by the resource center to have a condition that is expected to last at least 90 days that would require care, assistance, or supervision. A resource center may not require a financial and cost-sharing screening for a person seeking admission or about to be admitted on a private pay basis who vaives the requirement for a financial and cost-sharing screening under this paragraph, unless the person is expected to become eligible for medical assistance within 6 months. A resource center need not perform a functional screening for a person seeking admission or about to be admitted for whom a functional screening was performed within the previous 6 months.

\*\*\*\*NOTE: I amended this paragraph because it also refers to performing a financial and cost-sharing screening. Is that okay?

(END)

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# RESEARCH APPENDIX - Draft Transfer/Copy Request Form

- Atty's please complete this form and give to Mike Barman

(Request Made By: 151)	(Date: $11/12009$ )
•	•
O Please tr	cansfer the drafting file for
<u>2007</u> LRB	to the drafting file
returned to the original 2007 drating fine. A relocation of the drafting five "crass"  For research purpose decause the 2 complete drafting file wilkbe transferred, as a second complete drafting file wilkbe transferred.	If the final header. Sheet will copied on yellow paper, and new copied string the new copied on yellow paper, and new copied o
N <sub>A</sub>	OR ——  copy the drafting file for
2009 LRB 0655 /	/ Pl_ (include the version) and place it in the

For research purposes, because the original 2009 draft was incorporated into another 2009 draft, the original drafting file will be copied on yellow paper (darkened/auto centered/reduced to 90%) and added, as a separate appendix, to the new 2009 drafting file. This request form will be inserted into the "guts" of the new 2009 draft. If introduced the appendix will be scanned/added to the electronic drafting file folder.

drafting file for 2009 LRB 0643

The original drafting file will then returned, intact, to its folder and filed. For future reference, a copy of the transfer/copy request form will also be added to the "guts" of the original draft.



# State of Misconsin 2009 - 2010 LEGISLATURE

LRB-0655/P1 TJD:cjs:rs

#### PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

5N

AN ACT *to amend* 46.281 (1n) (e) and 46.283 (4) (e); and *to create* 46.2805 (10m)

of the statutes; **relating to:** requiring a resource center to provide information

to adults with developmental disabilities and to provide information on the

self-directed services option program and limiting the residents to whom the

resource center provides information (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 available. The resource center also screens individuals to determine whether they are eligible for the Family Care program and assists the eligible individuals in enrolling in a care management organization, which administers the benefits for the Family Care program. 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 Vfacility)

Insert A-1

| Currently, DHS also administers the self-directed solvices option, known as IRIS. The 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.

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the family Care benefit I available in the 180 unty where the facility is located.

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 it is certified by DHS to begin providing information to those individuals and does not need to provide information to facility residents who participate in a publicly-funded, long-term care program.

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:

**SECTION 1.** 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 2. 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

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services option, which is operated under a waiver from the secretary of the federal department of health and human services under 42 USC 1396n (c).

option here since the definition created in this bill applied to this paragraph.

**SECTION 3.** 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 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 secretary first certifies that the resource center is available to the person and the facility. Resource centers are not required to provide information to residents who are participants in the Family Care program under s. 46.286 or a program operated under a waiver from the secretary of the federal department of health and human services under 42 USC 1396n (c) or 42 USC 1396n (b) and (c).

required to provide the information. Please confirm that my drafting of this provision meets your intent. Also, the change in this paragraph expands the types of people served under s. 46.283 (4) (f) by virtue of a cross reference. Since that section is affected by the other law revision draft, you should consider combining this draft with DRB-0643.

(END)

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when the benefit under s. 46.286 first becomes available in the county where the nursing home; community-based residential facilitys adult family home; or residential care apartment complex is located.

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### OH3P2 STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

TJD: (5: ...

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

LRB

D-note	
To Laura Rose:	
Please review the change to 5.46.283 (4)(e) to	
make sure it is correct.	
TTN	
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# DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-0643/P2dn TJD:cjs:ph

November 17, 2009

To Laura Rose:

Please review the change to s. 46.283 (4) (e) to make sure it is correct.

Tamara J. Dodge Legislative Attorney Phone: (608) 267-7380

E-mail: tamara.dodge@legis.wisconsin.gov

#### Dodge, Tamara

From:

Rose, Laura

Sent:

Monday, January 18, 2010 11:57 AM

To:

Dodge, Tamara

Subject:

DHS bill drafts for introduction by Law Revision Committee

Attachments:

SECTION Notes Irb 642.doc; SECTION Notes LRB 643.doc

Hi, Tami,

I'm attaching SECTION notes for the bill drafts that you drafted for DHS. These were approved for introduction by the Law Revision Committee. Please draft these as Senate bills and include the SECTION notes. Please give me a call with any questions or concerns.

Thank you very much!

Laura





SECTION Notes Irb SECTION Notes LRB 642.doc (24 ... 643.doc (24 ...

Laura D. Rose, Deputy Director Wisconsin Legislative Council One East Main Street, Suite 401 PO Box 2536 Madison, WI 53701-2536 tel: 608.266.9791

fax: 608.266.3830

laura.rose@legis.wisconsin.gov



# State of Misconsin 2009 - 2010 LEGISLATURE

In: 1/19/10

LRB-0643(P2) /
TJD:cjs:ph

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

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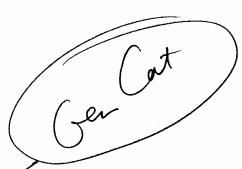
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AN ACT to amend 46.2805 (6r), 46.2805 (7), 46.281 (1n) (e), 46.283 (4) (e) and 46.283 (4) (f); and to create 46.2805 (10m) of the statutes; relating to: requiring an aging and disability resource center to perform a financial screening for, provide 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.

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.

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# 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.

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**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 (c).

**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 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.

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**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.

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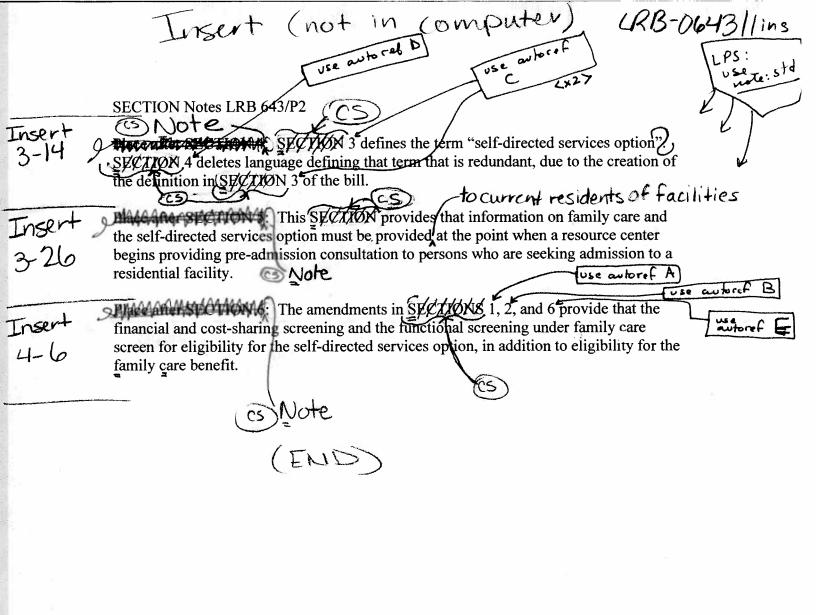
#### 2009-2010 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

#### 1 INSERT 2-1

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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(END)



#### **Duerst, Christina**

From:

Rose, Laura

Sent:

Friday, January 22, 2010 11:46 AM LRB.Legal

To:

Subject:

Draft Review: LRB 09-0643/1 Topic: financial eligibility and cost share determination

Please Jacket LRB 09-0643/1 for the SENATE.