

State of Misconsin

LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX PLEASE DO NOT REMOVE FROM DRAFTING FILE

Date Transfer Requested: 01/28/2015

(Per: CMH & TJD)

Compile Draft – Appendix A ... Part II

Appendix A [™] The 2015 drafting file for LRB-0972

Appendix B [™] The <u>2015</u> drafting file for LRB–1035

Appendix C [™] The <u>2015</u> drafting file for LRB–1130

Appendix D [™] The <u>2015</u> drafting file for LRB–1255

has been copied/added to the drafting file for

2015 LRB-1461



State of Misconsin 2015 - 2016 LEGISLATURE



In: 1/19/15

DOA:.....Dombrowski, BB0315 – Statewide model for Family Care and other changes to Family Care

FOR 2015-2017 BUDGET — NOT READY FOR INTRODUCTION

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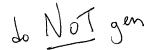
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AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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. 13.94 (4) (a) 1. of the statutes is amended to read:

13.94 (4) (a) 1. Every state department, board, examining board, affiliated credentialing board, commission, independent agency, council or office in the executive branch of state government; all bodies created by the legislature in the legislative or judicial branch of state government; any public body corporate and politic created by the legislature including specifically the Fox River Navigational

System Authority, the Lower Fox River Remediation Authority, the Wisconsin
Aerospace Authority, the Wisconsin Economic Development Corporation, a
professional baseball park district, a local professional football stadium district, and
a local cultural arts district and a long-term care district under s. 46.2895; every
Wisconsin works agency under subch. III of ch. 49; every provider of medical
assistance under subch. IV of ch. 49; technical college district boards; every county
department under s. 51.42 or 51.437; every nonprofit corporation or cooperative or
unincorporated cooperative association to which moneys are specifically
appropriated by state law; and every corporation, institution, association or other
organization which receives more than 50% of its annual budget from appropriations
made by state law, including subgrantee or subcontractor recipients of such funds.
SECTION 2. 13.94 (4) (b) of the statutes is amended to read:
10.04 (A) (A) T

13.94 (4) (b) In performing audits of long—term care districts under s. 46.2895, Wisconsin works agencies under subch. III of ch. 49, providers of medical assistance under subch. IV of ch. 49, corporations, institutions, associations, or other organizations, and their subgrantees or subcontractors, the legislative audit bureau shall audit only the records and operations of such providers and organizations which pertain to the receipt, disbursement or other handling of appropriations made by state law.

- 20 Section 3. 17.15 (5) of the statutes is repealed.
- 21 Section 4. 17.27 (3m) of the statutes is repealed.
- Section 5. 19.82 (1) of the statutes is amended to read:

19.82 (1) "Governmental body" means a state or local agency, board, commission, committee, council, department or public body corporate and politic created by constitution, statute, ordinance, rule or order; a governmental or

quasi-governmental corporation except for the Bradley center sports and entertainment corporation; a local exposition district under subch. II of ch. 229; -a long-term care district under s. 46.2895; or a formally constituted subunit of any of the foregoing, but excludes any such body or committee or subunit of such body which is formed for or meeting for the purpose of collective bargaining under subch. I, IV, or V of ch. 111.

SECTION 6. 20.145 (1) (g) (intro.) of the statutes is amended to read:

20.145 (1) (g) General program operations. (intro.) The amounts in the schedule for general program operations, including organizational support services and oversight of care management organizations, and for transferring to the appropriation account under s. 20.435 (4) (kv) the amount allocated by the commissioner of insurance. Notwithstanding s. 20.001 (3) (a), at the end of each fiscal year, the unencumbered balance in this appropriation account that exceeds 10 percent of that fiscal year's expenditure under this appropriation shall lapse to the general fund. All of the following shall be credited to this appropriation account:

SECTION 7. 20.145 (1) (g) 3. of the statutes is repealed.

Section 8. 20.435 (4) (b) of the statutes is amended to read:

20.435 (4) (b) Medical Assistance program benefits. Biennially, the amounts in the schedule to provide a portion of the state share of Medical Assistance program benefits administered under subch. IV of ch. 49, for a portion of the Badger Care health care program under s. 49.665, to provide a portion of the Medical Assistance program benefits administered under subch. IV of ch. 49 that are not also provided under par. (o), to fund the pilot project under s. 46.27 (9) and (10), to provide a portion of the facility payments under 1999 Wisconsin Act 9, section 9123 (9m), to fund services provided by resource centers under s. 46.283, for services under the family

care benefit program under s. 46.284 (5), for assisting victims of diseases, as provided
in ss. 49.68, 49.683, and 49.685, for distributing grants under s. 146.64, and for
reduction of any operating deficits as specified in 2005 Wisconsin Act 15, section 3.
Notwithstanding s. 20.002 (1), the department may transfer from this appropriation
account to the appropriation account under sub. (5) (kc) funds in the amount of and
for the purposes specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002
(1), the department may credit or deposit into this appropriation account and may
transfer between fiscal years funds that it transfers from the appropriation account
under sub. (5) (kc) for the purposes specified in s. 46.485 (3r). Notwithstanding s.
20.002 (1), the department may transfer from this appropriation account to the
appropriation account under sub. (7) (bd) funds in the amount and for the purposes
specified in s. 49.45 (6v).

****Note: I changed "family care benefit" to "family care program" in this and other DHS appropriations as seems to be a more appropriate reference in the context of the appropriation. Since the statutory reference is actually to the care management organization statute, it would be more appropriate to refer to services provided by care management organizations under s. 46.284 (5) instead of the family care program. Please advise if you would like me to change the language.

SECTION 9. 20.435 (4) (g) of the statutes is amended to read:

20.435 (4) (g) Family care benefit; cost sharing. All moneys received from client cost-sharing requirements under s. 46.286 (2) to be expended for the provision of services under the family care benefit program under s. 46.284 (5).

SECTION 10. 20.435 (4) (gm) of the statutes is amended to read:

20.435 (4) (gm) Medical assistance; provider refunds and collections. All moneys received from provider refunds, third party liability payments, drug rebates, audit recoveries, and other collections related to expenditures made from pars. (b), (jz), and (w), except for those moneys deposited in the appropriation accounts under par. (im) or (in) regardless of the fiscal year in which the expenditure from par. (b),

(jz), or (w) is made, to provide a portion of the state share of Medical Assistance program benefits administered under subch. IV of ch. 49; to provide a portion of the Badger Care health care program under s. 49.665; to provide a portion of the Medical Assistance program benefits administered under subch. IV of ch. 49 that are not also provided under par. (o); to fund the pilot project under s. 46.27 (9) and (10); to fund services provided by resource centers under s. 46.283; to fund services under the family care benefit program under s. 46.284 (5); and to assist victims of diseases, as provided in ss. 49.68, 49.683, and 49.685.

SECTION 11. 20.435 (4) (jt) of the statutes is repealed.

SECTION 12. 20.435 (4) (kv) of the statutes is repealed.

Section 13. 20.435 (7) (b) of the statutes is amended to read:

20.435 (7) (b) Community aids and Medical Assistance payments. The amounts in the schedule for human services under s. 46.40, to fund services provided by resource centers under s. 46.283 (5), for services under the family care benefit program under s. 46.284 (5), for Medical Assistance payment adjustments under s. 49.45 (52) (a) for services described in s. 49.45 (52) (a) 1., for Medical Assistance payments under s. 49.45 (6tw), and for Medical Assistance payments under s. 49.45 (53) for services described in s. 49.45 (53) that are provided before January 1, 2012. Social services disbursements under s. 46.03 (20) (b) may be made from this appropriation. Refunds received relating to payments made under s. 46.03 (20) (b) for the provision of services for which moneys are appropriated under this paragraph shall be returned to this appropriation. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department of health services may transfer funds between fiscal years under this paragraph. The department shall deposit into this appropriation funds it recovers under ss. 46.495 (2) (b) and 51.423 (15), from prior year audit adjustments

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year by the joint committee on finance.

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- 1 including those resulting from audits of services under s. 46.26, 1993 stats., or s. 2 46.27. Except for amounts authorized to be carried forward under s. 46.45, all funds 3 recovered under ss. 46.495 (2) (b) and 51.423 (15) and all funds allocated under s. 46.40 and not spent or encumbered by December 31 of each year shall lapse to the general fund on the succeeding January 1 unless carried forward to the next calendar
 - SECTION 14. 20.435 (7) (bd) of the statutes is amended to read:
 - 20.435 (7) (bd) Long-term care programs. The amounts in the schedule for assessments, case planning, services, administration and risk reserve escrow accounts under s. 46.27, for pilot projects under s. 46.271 (1), to fund services provided by resource centers under s. 46.283 (5), for services under the family care benefit program under s. 46.284 (5), for services and supports under s. 46.2803 (2), and for the payment of premiums under s. 49.472 (5). If the department transfers funds to this appropriation from the appropriation account under sub. (4) (b), the amounts in the schedule for the fiscal year for which the transfer is made are increased by the amount of the transfer for the purposes specified in s. 49.45 (6v). Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department may under this paragraph transfer moneys between fiscal years. Except for moneys authorized for transfer under this appropriation or under s. 46.27 (7) (fm) or (g), all moneys under this appropriation that are allocated under s. 46.27 and are not spent or encumbered by counties or by the department by December 31 of each year shall lapse to the general fund on the succeeding January 1 unless transferred to the next calendar year by the joint committee on finance.

SECTION 15. 20.435 (7) (g) of the statutes is amended to read:

20.435 (7) (g) Long-term care; county contributions. All moneys received from
counties as contributions to the family care program under s. 46.2805 to 46.2895, as
defined in s. 46.2805 (4m), the program of all-inclusive care for the elderly or Pace
program described under defined in s. 46.2805 (1) (a) (9m), and the Wisconsin Family
Care Partnership Program described under s. 46.2805 (1) (b) (4k), to fund services
under the family care benefit program under s. 46.284 (5) and services under the
Pace and Wisconsin Family Care Partnership programs.
SECTION 16. 20.927 (1m) of the statutes is amended to read:
20.927 (1m) Except as provided under subs. (2) and (3), no funds of this state
or of any county, city, village, or town or long-term care district under s. 46.2895 or

or of any county, city, village, or town or long-term care district under s. 46.2895 or of any subdivision or agency of this state, including an authority created in ch. 233, or of any subdivision or agency of any county, city, village or town and no federal funds passing through the state treasury shall be authorized for or paid to a physician or surgeon or a hospital, clinic or other medical facility for the performance of an abortion.

Section 17. 20.9275 (1) (b) of the statutes is amended to read:

20.9275 (1) (b) "Local governmental unit" means a city, village, town, or county or long-term care district under s. 46.2895 or an agency or subdivision of a city, village, town, or county.

SECTION 18. 25.50 (1) (d) of the statutes is amended to read:

25.50 (1) (d) "Local government" means any county, town, village, city, power district, sewerage district, drainage district, town sanitary district, public inland lake protection and rehabilitation district, local professional baseball park district created under subch. III of ch. 229, long—term care district under s. 46.2895, local professional football stadium district created under subch. IV of ch. 229, local

cultural arts district created under subch. V of ch. 229, public library system, school
district or technical college district in this state, any commission, committee, board
or officer of any governmental subdivision of this state, any court of this state, other
than the court of appeals or the supreme court, or any authority created under s.
114.61, 231.02, 233.02, or 234.02.

SECTION 19. 40.02 (28) of the statutes is amended to read:

40.02 (28) "Employer" means the state, including each state agency, any county, city, village, town, school district, other governmental unit or instrumentality of 2 or more units of government now existing or hereafter created within the state, any federated public library system established under s. 43.19 whose territory lies within a single county with a population of 500,000 or more, and a local exposition district created under subch. II of ch. 229, and a long-term care district created under s. 46.2895, except as provided under ss. 40.51 (7) and 40.61 (3). "Employer" does not include a local cultural arts district created under subch. V of ch. 229. Each employer shall be a separate legal jurisdiction for OASDHI purposes.

SECTION 20. 40.02 (36) of the statutes is amended to read:

40.02 (36) "Governing body" means the legislature or the head of each state agency with respect to employees of that agency for the state, the common council in cities, the village board in villages, the town board in towns, the county board in counties, the school board in school districts, or the board, commission or other governing body having the final authority for any other unit of government, for any agency or instrumentality of 2 or more units of government, for any federated public library system established under s. 43.19 whose territory lies within a single county with a population of 500,000 or more, or for a local exposition district created under

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subch. II of ch. 229 or for a long-term care district created under s. 46.2895, but does not include a local cultural arts district created under subch. V of ch. 229.

SECTION 21. 46.21 (2m) (c) of the statutes is amended to read:

46.21 (2m) (c) Exchange of information. Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), and 253.07 (3) (c), a subunit of a county department of human services or tribal agency acting under this subsection may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of human services or tribal agency, with a resource center, or a care management organization, or a long-term care district, with an elder-adult-at-risk agency, an adult-at-risk agency, or any agency to which referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of human services or tribal agency or with a resource center, or a care management organization, or a long-term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of human services or tribal agency to coordinate the delivery of services to the client. An agency that releases information under this paragraph shall document that a request for information was received and what information was provided.

Section 22. 46.215 (1) (r) of the statutes is amended to read:

46.215 (1) (r) If authorized under s. 46.283 (1) (a) 1., to apply to the department of health services to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), to operate the resource center.

SECTION 23. 46.215 (1) (s) of the statutes is amended to read:

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46.215 (1) (s) If authorized under s. 46.284 (1) (a) 1., to apply to the department of health services to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), to operate the care management organization and, if appropriate, place funds in a risk reserve.

SECTION 24. 46.215 (1m) of the statutes is amended to read:

46.215 (1m) Exchange of information; Long-term care. Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), a subunit of a county department of social services or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of social services or tribal agency, with a resource center, or a care management organization, or a long-term care district, with an elder–adult–at–risk agency, an adult–at–risk agency, or any agency to which referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of social services or tribal agency or with a resource center, or a care management organization, or a long-term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of social services or tribal agency to coordinate the delivery of services to the client. An agency that releases information under this subsection shall document that a request for information was received and what information was provided.

SECTION 25. 46.215 (1p) of the statutes is amended to read:

46.215 (1p) Exchange of information; statewide automated child welfare information system. Notwithstanding ss. 46.2895 (9), 48.396 (1) and (2) (a), 48.78

1	(2) (a), 48.981 (7), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7),
2	252.15, 253.07 (3) (c), 938.396 (1) (a) and (2), and 938.78 (2) (a), a county department
3	under this section may enter the content of any record kept or information received
4	by that county department into the statewide automated child welfare information
5	system established under s. 48.47 (7g).

SECTION 26. 46.22 (1) (b) 1. j. of the statutes is amended to read:

46.22 (1) (b) 1. j. If authorized under s. 46.283 (1) (a) 1., to apply to the department of health services to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), to operate the resource center.

Section 27. 46.22 (1) (b) 1. k. of the statutes is amended to read:

46.22 (1) (b) 1. k. If authorized under s. 46.284 (1) (a) 1., to apply to the department of health services to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), to operate the care management organization and, if appropriate, place funds in a risk reserve.

SECTION 28. 46.22 (1) (dm) of the statutes is amended to read:

46.22 (1) (dm) Exchange of information; long-term care. Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), a subunit of a county department of social services or tribal agency acting under this subsection may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of social services or tribal agency, with a resource center, or a care management organization, or a long-term care district, with an elder-adult-at-risk agency, an adult-at-risk agency, or any agency to which

referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of social services or tribal agency or with a resource center, or a care management organization, or a long—term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of social services or tribal agency to coordinate the delivery of services to the client. An agency that releases information under this paragraph shall document that a request for information was received and what information was provided.

SECTION 29. 46.22 (1) (dp) of the statutes is amended to read:

46.22 (1) (dp) Exchange of information; statewide automated child welfare information system. Notwithstanding ss. 46.2895 (9), 48.396 (1) and (2) (a), 48.78 (2) (a), 48.981 (7), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 252.15, 253.07 (3) (c), 938.396 (1) (a) and (2), and 938.78 (2) (a), a county department under this section may enter the content of any record kept or information received by that county department into the statewide automated child welfare information system established under s. 48.47 (7g).

SECTION 30. 46.23 (3) (e) of the statutes is amended to read:

46.23 (3) (e) Exchange of information; long-term care. Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), a subunit of a county department of human services or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of human services or tribal agency, with a resource center, or a care management organization, or a long-term care district,

with an elder-adult-at-risk agency, an adult-at-risk agency, or any agency to which referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of human services or tribal agency or with a resource center, or a care management organization, or a long-term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of human services or tribal agency to coordinate the delivery of services to the client. An agency that releases information under this paragraph shall document that a request for information was received and what information was provided.

SECTION 31. 46.23 (3) (ed) of the statutes is amended to read:

46.23 (3) (ed) Exchange of information; statewide automated child welfare information system. Notwithstanding ss. 46.2895 (9), 48.396 (1) and (2) (a), 48.78 (2) (a), 48.981 (7), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 252.15, 253.07 (3) (c), 938.396 (1) (a) and (2), and 938.78 (2) (a), a county department under this section may enter the content of any record kept or information received by that county department into the statewide automated child welfare information system established under s. 48.47 (7g).

Section 32. 46.27 (7) (fr) 3. c. of the statutes is repealed.

SECTION 33. 46.2803 (1) of the statutes is amended to read:

46.2803 (1) In order to facilitate the transition to the long—term care system specified in ss. family care program as defined in s. 46.2805 to 46.2895 (4m), within the limits of applicable federal statutes and regulations and if the secretary of health services finds it necessary, he or she may grant a county limited waivers to or exemptions from ss. 46.27 (3) (e) (intro.), 1. and 2. and (f), (5) (d) and (e), (6) (a) 1., 2.

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one of the following:

1	and 3. and (b) (intro.), 1. and 2., (6r) (c), (7) (b), (cj) and (cm) and (11) (c) 5m. (intro.)
2	and 6. and 46.277 (3) (a), (4) (a) and (5) (d) 1m., 1n. and 2. and rules promulgated
3	under those provisions.
4	SECTION 34. 46.2803 (2) of the statutes is amended to read:
5	46.2803 (2) Notwithstanding s. 46.27 (7), a county in which a care management
6	organization is operating pursuant to a contract under s. 46.284 (2) or a county in
7	which a program described under s. $46.2805 \frac{(1) \cdot (a)}{(4k)}$ or $\frac{(b)}{(9m)}$ is administered
8	may use funds appropriated under 20.435 (7) (bd) and allocated to the county under
9	s. 46.27 (7) to provide community mental health or substance abuse services and
LO	supports for persons with mental illness or persons in need of services or supports
11	for substance abuse and to provide services under the Family Support Program
12	under s. 46.985.
L3	SECTION 35. 46.2804 of the statutes is repealed.
	option in Family Care. If that is correct, this provision is duplicated at s. 46.284 (4) (e) and I clarify in this draft that this is the self-directed services option. Therefore, I recommend repealing s. 46.2804 to eliminate confusion.
L 4	SECTION 36. 46.2805 (intro.) of the statutes is amended to read:
L 5	46.2805 Definitions; long-term care. (intro.) In ss. 46.2805 to 46.2895
l6	<u>46.288</u> :
L7	SECTION 37. 46.2805 (1) (intro.) of the statutes is renumbered 46.2805 (1) and
18	amended to read:
19	46.2805 (1) (intro.) "Care management organization" means an entity that is
20	certified as meeting the requirements for a care management organization under s.
21	16 284 (3) and that has a contract under a 16 284 (2) "Care management

organization" does not mean an entity that contracts with the department to operate

****NOTE: I believe the existing definition for "care management organization" (CMO) is problematic and an improper definition. Under the current definition a CMO may only operate family care, and an entity that operates Pace or Family Care Partnership or a combination of those programs and family care is, by definition, not a CMO. Arguably the current statutes then do not apply to an entity that operates family care and either Pace or Family Care Partnership. It seems that current CMOs often operate more than one program, so this draft repeals the exception in the current definition. If further clarification is needed that certain statutes only apply to the operation of family care, I can add that clarification.

1	SECTION 38. 46.2805 (1) (a) of the statutes is repealed.
2	SECTION 39. 46.2805 (1) (b) of the statutes is repealed.
3	SECTION 40. 46.2805 (4) of the statutes is amended to read:
4	46.2805 (4) "Family care benefit" means financial assistance for long-term
5	care and support items for an enrollee and any financial assistance, as specified by
6	the department, for primary and acute care services for an enrollee. Under 5. 49.
7	SECTION 41. 46.2805 (4k) of the statutes is created to read:
8	46.2805 (4k) "Family Care Partnership Program" means an integrated health
9	and long-term care program operated under an amendment to the state Medical
10	Assistance plan under 42 USC 1396u-2 and a waiver under 42 USC 1396n (c).
11	SECTION 42. 46.2805 (4m) of the statutes is created to read:
12	46.2805 (4m) "Family care program" means the program under s. 46.2805 to
13	46.2895 that provides the family care benefit.
14	SECTION 43. 46.2805 (4m) of the statutes, as created by 2015 Wisconsin Act
15	(this act), is amended to read:
16	46.2805 (4m) "Family care program" means the program under s. 46.2805 to
17	46.2895 46.288 that provides the family care benefit.
18	SECTION 44. 46.2805 (7r) of the statutes is repealed.
19	SECTION 45. 46.2805 (7u) of the statutes is repealed.
20	SECTION 46. 46.2805 (9m) of the statutes is created to read:

1	46.2805 (9m) "Program of all-inclusive care for the elderly" means an
2	integrated health and long-term care program operated under 42 USC 1395eee or
3	1396u-4.
4	SECTION 47. 46.2805 (10m) of the statutes is amended to read:
5	46.2805 (10m) "Self-directed services option" means the option in the family
6	care program that is operated under a waiver from the secretary of the federal
7	department of health and human services under 42 USC 1396n (c) in which an
8	enrolled individual selects his or her own services and service providers.
9	SECTION 48. 46.281 (1d) of the statutes is amended to read:
10	46.281 (1d) WAIVER REQUEST. The department shall request from the secretary
11	of the federal department of health and human services any waivers of federal
12	medicaid laws necessary to permit the use of federal moneys to provide the family
13	care benefit to recipients of medical assistance. The department shall implement
14	any waiver that is approved and that is consistent with ss. 46.2805 to 46.2895 46.288.
15	Regardless of whether a waiver is approved, the department may implement
16	operation of resource centers, care management organizations, and the family care
17	benefit.
18	SECTION 49. 46.281 (1g) (a) of the statutes is renumbered 46.281 (1g) and
19	amended to read:
20	46.281 (1g) Contracting for resource centers and care management
21	ORGANIZATIONS. Subject to par. (b), the The department may contract with entities as
22	provided under s. 46.283 (2) to provide the services under s. 46.283 (3) and (4) as
23	resource centers in any geographic area in the state, and may contract with entities
24	as provided under s. 46.284 (2) to administer the family care benefit as care
25	management organizations in any geographic area in the state.

1	SECTION 50. 46.281 (1g) (b) of the statutes is repealed.
2	SECTION 51. 46.281 (1n) (b) 3. of the statutes is amended to read:
3	46.281 (1n) (b) 3. Conduct ongoing evaluations of managed care programs for
4	provision of long-term care services that are funded by medical assistance, as
5	defined in s. 46.278 (1m) (b), as to client access to services, the availability of client
6	choice of living and service options, quality of care, and cost-effectiveness. In
7	evaluating the availability of client choice, the department shall evaluate the
8	opportunity for a client to arrange for, manage, and monitor his or her family care
9	benefit directly or with assistance, self-directed services option as specified in s.
10	46.284 (4) (e).
11	SECTION 52. 46.281 (1n) (b) 4. of the statutes is amended to read:
12	46.281 (1n) (b) 4. Require that quality assurance and quality improvement
13	efforts be included throughout the long-term care system specified in ss. 46.2805 to
14	46.2895 family care program.
15	SECTION 53. 46.281 (4) (c) of the statutes is amended to read:
16	46.281 (4) (c) Each county in which the department has a contract with an
17	entity to administer the family care benefit, and in which the department had such
18	a contract before January 1, 2006, shall annually either pay the department or agree
19	to reduce the community aids distribution to the county under s. 46.40 (2) by the
20	amount that the county paid the department, or by which the county's community
21	aids distribution was reduced, in calendar year 2006 to fund the family care program
22	under ss. 46.2805 to 46.2895.
23	SECTION 54. 46.2825 (2) (a) of the statutes is amended to read:
24	46.2825 (2) (a) Evaluate the performance of care management organizations
25	and entities that operate-a-the program described under s. 46.2805 (1) (a) or (b) of



all-inclusive care for the elderly or the Family Care Partnership Program in the
committee's region with respect to responsiveness to recipients of their services,
fostering choices for recipients, and other issues affecting recipients; and make
recommendations based on the evaluation to the department and to the care
management organizations and entities, as appropriate.
SECTION 55. 46.2825 (2) (c) of the statutes is amended to read:
46.2825 (2) (c) Monitor grievances and appeals made to care management
organizations or entities that operate -a the program described under s. 46.2805 (1)
(a) or (b) of all-inclusive care for the elderly or the Family Care Partnership Program
within the committee's region.
SECTION 56. 46.283 (1) (a) (intro.) and 1. of the statutes are consolidated,
renumbered 46.283 (1) (a) and amended to read:
46.283 (1) (a) A county board of supervisors and, in a county with a county
executive or a county administrator, the county executive or county administrator,
may decide all of the following: 1. Whether whether to authorize one or more county
departments under s. 46.21, 46.215, 46.22 or 46.23 or an aging unit under s. 46.82
(1) (a) $1.,$ $2.,$ or $3.$ to apply to the department for a contract to operate a resource center
and, if so, which to authorize and what client group to serve.
 ****Note: Please note that every budget draft is drafted independently from other budget draft requests. This draft assumes that aging and disability resource centers will operate similar to the way they operate currently and on a regional basis. If this draft and BB0359 will both be included in the budget, they will be reconciled at a later time.
SECTION 57. 46.283 (1) (a) 2. of the statutes is repealed.
SECTION 58. 46.283 (2) (intro.) of the statutes is amended to read:
46.283 (2) Exclusive contract. (intro.) The department may contract to

operate a resource center with counties, long-term care districts, or the governing

body of a tribe or band or the Great Lakes Inter-Tribal Council, Inc., under a joint

1	application of any of these, or with a private nonprofit organization if the department
2	determines that the organization has no significant connection to an entity that
3	operates a care management organization and if any of the following applies:
4	SECTION 59. 46.283 (2) (b) of the statutes is amended to read:
5	46.283 (2) (b) A county agency or a long-term care district applies for a contract
6	but fails to meet the standards specified in sub. (3).
7	SECTION 60. 46.283 (3) (e) of the statutes is amended to read:
8	46.283 (3) (e) A determination of financial eligibility and of the maximum
9	amount of cost sharing required for a person who is seeking long-term care services
10	or the family care benefit, under standards prescribed by the department.
11	SECTION 61. 46.283 (4) (f) of the statutes is amended to read:
12	46.283 (4) (f) Perform a functional screening and a financial and cost-sharing
13	screening for any resident, as specified in par. (e), who requests a screening and
14	assist any resident who is eligible and chooses to enroll in a care management
15	organization or the self-directed services option to do so.
16	SECTION 62. 46.283 (6) (a) 2. of the statutes is amended to read:
17	46.283 (6) (a) 2. At least one-fourth of the members of the governing board shall
18	be individuals who belong to a client group served by the resource center or their
19	family members, guardians, or other advocates. The proportion of these board
20	members who belong to each client group, or their family members, guardians, or
21	advocates, shall be the same, respectively, as the proportion of individuals in this
22	state who receive services under s. 46.2805 to 46.2895 the family care program and
23	belong to each client group.
24	SECTION 63. 46.283 (6) (a) 3. of the statutes is amended to read:

46.283 (6) (a) 3. An individual who has a financial interest in, or serves on the
governing board of, a care management organization or an organization that
administers a program described under s. 46.2805 (1) (a) or (b) of all-inclusive care
for the elderly or a Family Care Partnership Program or a managed care program
under s. 49.45 for individuals who are eligible to receive supplemental security
income under 42 USC 1381 to 1383c, which serves any geographic area also served
by a resource center, and the individual's family members, may not serve as members
of the governing board of the resource center.
SECTION 64. 46.283 (7) (a) of the statutes is amended to read:
46.283 (7) (a) A resource center may provide information as required to comply
with s. 16.009 (2) (p) or 49.45 (4) or as necessary for the department to administer
the <u>family care</u> program under ss. 46.2805 to 46.2895 .
Section 65. 46.283 (7) (b) of the statutes is amended to read:
46.283 (7) (b) Notwithstanding ss. 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45
(14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a), a resource center
acting under this section may exchange confidential information about a client, as
defined in s. 46.287 (1), without the informed consent of the client, under s. 46.21
(2m) (c), 46.215 (1m), 46.22 (1) (dm), 46.23 (3) (e), 46.284 (7), 46.2895 (10), 51.42 (3)
(e) or 51.437 (4r) (b) in the county of the resource center, if necessary to enable the
resource center to perform its duties or to coordinate the delivery of services to the
client.
SECTION 66. 46.284 (1) (a) (intro.) and 1. of the statutes are consolidated,
renumbered 46.284 (1) (a) and amended to read:
46.284 (1) (a) A county board of supervisors and, in a county with a county

executive or a county administrator, the county executive or county administrator,

may decide all of the following: 1. Whether whether to authorize one or more county departments under s. 46.21, 46.215, 46.22 or 46.23 or an aging unit under s. 46.82 (1) (a) 1. or 2. to apply to the department for a contract to operate a care management organization and, if so, which to authorize and what client group to serve.

SECTION 67. 46.284 (1) (a) 2. of the statutes is repealed.

SECTION 68. 46.284 (2) (a) of the statutes is amended to read:

46.284 (2) (a) The department may contract for operation of a care management organization only with an entity that is certified by the department as meeting the requirements under sub. (3). No entity may operate as a care management organization under the requirements of this section unless so certified and under contract with the department.

SECTION 69. 46.284 (2) (bm) of the statutes is amended to read:

46.284 (2) (bm) The department may contract with counties, long-term care districts, the governing body of a tribe or band or the Great Lakes inter-tribal council, inc., or under a joint application of any of these, or with a private organization that has no significant connection to an entity that operates a resource center. Proposals for contracts under this subdivision shall be solicited under a competitive sealed proposal process under s. 16.75 (2m) and the department shall evaluate the proposals primarily as to the quality of care that is proposed to be provided, certify those The department may contract with any applicants that meet it certifies as meeting the requirements specified in sub. (3) (a), select certified applicants for contract and contract with the selected applicants. The department is not required to solicit proposals for contracts to be a care management organization under a competitive sealed proposal process.

SECTION 70. 46.284 (2) (bm) of the statutes, as affected by 2015 Wisconsin Act (this act), is amended to read:

46.284 (2) (bm) The department may contract with counties, long-term care districts, the governing body of a tribe or band or the Great Lakes inter-tribal council, inc., or under a joint application of any of these, or with a private organization that has no significant connection to an entity that operates a resource center. The department may contract with any applicants that it certifies as meeting the requirements specified in sub. (3) (a). The department is not required to solicit proposals for contracts to be a care management organization under a competitive sealed proposal process.

SECTION 71. 46.284 (2) (c) of the statutes is amended to read:

46.284 (2) (c) The department shall require, as a term of any contract with a care management organization under this section, that the care management organization contract for the provision of services that are covered under the family care benefit with any community-based residential facility under s. 50.01 (1g), residential care apartment complex under s. 50.01 (6d), nursing home under s. 50.01 (3), intermediate care facility for persons with an intellectual disability under s. 50.14 (1) (b), community rehabilitation program, home health agency under s. 50.49 (1) (a), provider of day services, or provider of personal care, as defined in s. 50.01 (4o), that agrees to accept the reimbursement rate that the care management organization pays under contract to similar providers for the same service and that satisfies any applicable quality of care, utilization, or other criteria that the care management organization requires of other providers with which it contracts to provide the same service. If the department chooses to provide primary and acute

-under 5.49.46(2)

1	term of any contract with a care management organization under this section, that	
2	the care management organization contract for the provision of services that are	
3	covered under the family care benefit with a Medical Assistance certified provider	
4	that agrees to accept the reimbursement rate that the care management	
5	organization pays under contract to similar providers for the same service and that	
6	satisfies any applicable quality of care, utilization, or other criteria that the care	
7	management organization requires of other providers with which it contracts to	
8	provide the same service.	
9	SECTION 72. 46.284 (3) (b) 10. of the statutes is amended to read:	
10	46.284 (3) (b) 10. Coverage statewide or for a geographic area specified by the	
11	department if the department grants the applicant an exception to statewide	
12	coverage.	
13	SECTION 73. 46.284 (3) (b) 11. of the statutes is amended to read:	
14	46.284 (3) (b) 11. The ability to develop strong linkages with systems and	
15	services that are not directly within the scope of the applicant's responsibility but	
16	that are important to the target group that it proposes to serve, including.	
17	11m. If the department chooses to make primary and acute health care services	
18	part of the family care benefit, the ability to provide or provide access to primary and	
19	acute health care services as determined by the department. SECTION 74. 46.284 (3m) of the statutes is repealed.	
20	SECTION 74. 46.284 (3m) of the statutes is repealed.	
21	SECTION 75. 46.284 (4) (e) of the statutes is amended to read:	
22	46.284 (4) (e) Provide, within guidelines established by the department, a	
23	mechanism self-directed services option by which an enrollee may arrange for,	
24	manage, and monitor his or her family care benefit directly or with the assistance of	
25	another person chosen by the enrollee. The care management organization shall	

provide each enrollee with a form on which the enrollee shall indicate whether he or she has been offered the <u>self-directed services</u> option under this paragraph and whether he or she has accepted or declined the <u>self-directed services</u> option. If the enrollee accepts the option, the care management organization shall monitor the enrollee's use of a fixed budget for purchase of services or support items from any qualified provider, monitor the health and safety of the enrollee, and provide assistance in management of the enrollee's budget and services at a level tailored to the enrollee's need and desire for the assistance.

****Note: Please advise if s. 46.284 (4) (e) is not sufficient to substitute for the current IRIS program.

SECTION 76. 46.284 (5) (d) 4. of the statutes is amended to read:

46.284 (5) (d) 4. The requirement that a care management organization place funds in a risk reserve and maintain the risk reserve in an interest-bearing escrow account with a financial institution, as defined in s. 69.30 (1) (b), or invest funds as specified in s. 46.2895 (4) (j) 2. or 3. Moneys in the risk reserve or invested as specified in this subdivision may be expended only for the provision of services under this section. If a care management organization ceases participation under this section, the funds in the risk reserve or invested as specified in this subdivision, minus any contribution of moneys other than those specified in par. (c), shall be returned to the department. The department shall expend the moneys for the payment of outstanding debts to providers of family care benefit services and for the continuation of family care benefit services to enrollees.

****NOTE: Please note that this draft eliminates the insurance provisions in ch. 648 but retains the funding and risk-sharing provisions in s. 46.284 (5). Please advise if you want those funding and risk-sharing provisions removed or altered.

SECTION 77. 46.284 (6) of the statutes is amended to read:

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46.284 (6) GOVERNING BOARD. A care management organization shall have a governing board that reflects the ethnic and economic diversity of the geographic area served by the care management organization. At least one-fourth of the members of the governing board shall be representative of the client group or groups whom the care management organization is contracted to serve or those clients' enrollees or the enrollees' family members, guardians, or other advocates.

SECTION 78. 46.284 (7) (a) of the statutes is amended to read:

46.284 (7) (a) A care management organization may provide information as required to comply with s. 16.009 (2) (p) or 49.45 (4) or as necessary for the department to administer the <u>family care program under ss. 46.2805 to 46.2895</u>.

SECTION 79. 46.284 (7) (b) of the statutes is amended to read:

46.284 (7) (b) Notwithstanding ss. 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a), a care management organization acting under this section may exchange confidential information about a client, as defined in s. 46.287 (1), without the informed consent of the client, under s. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm), 46.23 (3) (e), 46.283 (7), 46.2895 (10), 51.42 (3) (e) or 51.437 (4r) (b) in the county of the care management organization, if necessary to enable the care management organization to perform its duties or to coordinate the delivery of services to the client.

SECTION 80. 46.285 (intro.) of the statutes is amended to read:

46.285 Operation of resource center and care management organization. (intro.) In order to meet federal requirements and assure federal financial participation in funding of the family care benefit, a county, a tribe or band, a long-term care district or an organization, including a private, nonprofit

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SECTION 80 1 corporation, may not directly operate both a resource center and a care management repealed. $\mathbf{2}$ organization, except as follows: SECTION 81. 46.285 (2) of the statutes is amended to read: Component The department may approve separation of the functions of a resource center from those of a care management organization by a means other than 6 ereating a long term care district under s. 46.2895 to serve either as a resource 7 center or as a care management organization. 8 **SECTION 82.** 46.286 (3g) of the statutes is created to read: 9 46.286 (3g) Transferring care management organizations. An enrollee may 10 transfer his or her enrollment to a different care management organization but only 11 during an open enrollment period specified by the department, unless the enrollee 12 meets an exception specified by the department. 13 **SECTION 83.** 46.2895 of the statutes is repealed. 14 SECTION 84. 46.2895 (1) (a) (intro.) of the statutes is amended to read: 15 46.2895 (1) (a) (intro.) A Except as provided in par. (f), a county, a tribe or band, 16 or any combination of counties or tribes or bands, may create a special purpose 17 district that is termed a "long-term care district", that is a local unit of government, 18 that is separate and distinct from, and independent of, the state and the county or 19 tribe or band that created it, and that has the powers and duties specified in this 20 section, if each county or tribe or band that participates in creating the district does 21 all of the following: 22 **SECTION 85.** 46.2895 (1) (a) 1. b. of the statutes is amended to read: 23 46.2895 (1) (a) 1. b. Specifies the long-term care district's primary purpose, 24 which shall be to operate, under contract with the department, a resource center

under s. 46.283, a care management organization under s. 46.284, or a program

1	described under s. 46.2805 (1) (a) or (b) of all-inclusive care for the elderly or the
2	Family Care Partnership Program.
3	SECTION 86. 46.2895 (1) (c) of the statutes is amended to read:
4	46.2895 (1) (c) A long-term care district may not operate a care management
5	organization under s. 46.284 or, a program described under s. 46.2805 (1) (a) or (b)
6	of all-inclusive care for the elderly, or the Family Care Partnership Program if the
7	district operates a resource center under s. 46.283.
8	SECTION 87. 46.2895 (1) (f) of the statutes is created to read:
9	46.2895 (1) (f) No county, tribe, band, or combination of counties, tribes, or
10	bands, may create a long-term care district after June 30, 2015.
11	SECTION 88. 46.2895 (4) (intro.) of the statutes is amended to read:
12	46.2895 (4) Powers. (intro.) Subject to sub. subs. (1) (c) and (12m), a long-term
13	care district has all the powers necessary or convenient to carry out the purposes and
14	provisions of the family care program ss. 46.2805 to 46.2895. In addition to all these
15	powers, a long-term care district may do all of the following:
16	SECTION 89. 46.2895 (4) (dm) of the statutes is amended to read:
17	46.2895 (4) (dm) Subject to sub. (1) (c), enter into a contract with the
18	department to operate -a- the program described under s. 46.2805 (1) (a) or (b) of
19	all-inclusive care for the elderly or the Family Care Partnership Program and
20	provide services related to the contracted services.
21	SECTION 90. 46.2895 (8) (a) (intro.) of the statutes is amended to read:
22	46.2895 (8) (a) (intro.) A Subject to sub. (12m), a long-term care district board
23	that is created at least in part by a county shall do all of the following:
24	SECTION 91. 46.2895 (12m) of the statutes is created to read:

1	46.2895 (12m) REQUIRED DISSOLUTION. A long-term care district that exists on
2	June 30, 2015, shall dissolve under the procedures in sub. (13) before June 30, 2017,
3	or before a date established by the department, whichever is later.
4	SECTION 92. 46.2897 of the statutes is repealed.
5	SECTION 93. 46.2899 (1) of the statutes is repealed.
6	SECTION 94. 46.2899 (3) of the statutes is amended to read:
7	46.2899 (3) ELIGIBILITY. The department shall consider as eligible for the
8	waiver program described under sub. (2) only individuals who are receiving
9	post-secondary education in a setting that is distinguishable from the institution.
10	The department shall set the financial eligibility requirements and functional
11	eligibility requirements for the waiver program described under sub. (2) the same as
12	the financial eligibility requirements and functional eligibility requirements for the
13	self-directed services option of the family care program, as defined in s. 46.2805
14	(4m), except for the requirement to be an individual who is developmentally disabled
15	and who is receiving post-secondary education on the grounds of a institution.
16	SECTION 95. 46.2899 (4) of the statutes is amended to read:
17	46.2899 (4) Services and benefits. The department shall provide the same
18	services under the waiver program described in sub. (2) as it provides under the
19	self-directed services option of the family care program, as defined in s. 46.2805
20	(4m). The department shall determine the funding amount for a waiver program
21	participant under this section.
22	SECTION 96. 46.82 (3) (a) 19. of the statutes is amended to read:
23	46.82 (3) (a) 19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized
24	under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under

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s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.

SECTION 97. 46.82 (3) (a) 20. of the statutes is amended to read:

46.82 (3) (a) 20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

Section 98. 48.47 (7g) of the statutes is amended to read:

48.47 (7g) Statewide automated Child Welfare information system. Establish a statewide automated child welfare information system. Notwithstanding ss. 46.2895 (9), 48.396 (1) and (2) (a), 48.78 (2) (a), 48.981 (7), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 252.15, 253.07 (3) (c), 938.396 (1) (a) and (2), and 938.78 (2) (a), the department may enter the content of any record kept or information received by the department into the statewide automated child welfare information system, and a county department under s. 46.215, 46.22, or 46.23, the department, or any other organization that has entered into an information sharing and access agreement with the department or any of those county departments and that has been approved for access to the statewide automated child welfare information system by the department may have access to information that is maintained in that system, if necessary to enable the county department, department, or organization to perform its duties under this chapter, ch. 46, 51, 55, or 938, or 42 USC 670 to 679b or to coordinate the delivery of services under this chapter, ch. 46, 51, 55, or 938, or 42 USC 670 to 679b. The department may also transfer information that is maintained in the system to a court under s. 48.396 (3)

1	(bm), and the court and the director of state courts may allow access to that
2	information as provided in s. 48.396 (3) (c) 2.
3	SECTION 99. 49.475 (1) (e) 2. of the statutes is amended to read:
4	49.475 (1) (e) 2. An enrollee of the family care program, as defined in s. 46.2805
5	<u>(4m)</u> .
6	SECTION 100. 49.496 (1) (bk) 2. of the statutes is repealed.
. 7	SECTION 101. 50.034 (6) of the statutes is amended to read:
8	50.034 (6) Funding for supportive, personal or nursing services that
9	a person who resides in a residential care apartment complex receives, other than
10	private or 3rd-party funding, may be provided only under s. 46.27 (11) (c) 7. or 46.277
11	(5) (e), except if the provider of the services is a certified medical assistance provider
12	under s. 49.45 or if the funding is provided as a family care benefit under ss. the
13	family care program as defined in s. 46.2805 to 46.2895 (4m).
14	SECTION 102. 50.49 (6m) (b) of the statutes is amended to read:
15	50.49 (6m) (b) A program specified in s. 46.2805 (1) (a) (9m).
16	SECTION 103. 50.49 (6m) (c) of the statutes is amended to read:
17	50.49 (6m) (c) A demonstration program specified in s. 46.2805 (1) (b) (4k).
18	SECTION 104. 51.06 (8) (b) 6. of the statutes is amended to read:
19	51.06 (8) (b) 6. The extent of Medical Assistance provided to relocated or
20	diverted individuals that is in addition to Medical Assistance provided to the
21	individuals under s. 46.27 (11), 46.275, 46.277, or 46.278, as a <u>under the</u> family care
22	benefit under ss. program as defined in s. 46.2805 to 46.2895 (4m), or under any other
23	home-based or community-based program for which the department has received
24	a waiver under 42 USC 1396n (c).
25	SECTION 105. 51.42 (3) (ar) 17. of the statutes is amended to read:

51.42 (3) (ar) 17. If authorized under s. 46.283 (1) (a) 1., apply to the department of health services to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.

SECTION 106. 51.42 (3) (ar) 18. of the statutes is amended to read:

51.42 (3) (ar) 18. If authorized under s. 46.284 (1) (a) 1., apply to the department of health services to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

SECTION 107. 51.42 (3) (e) of the statutes is amended to read:

51.42 (3) (e) Exchange of information. Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), any subunit of a county department of community programs or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of community programs or tribal agency, with a resource center, or a care management organization, or a long-term care district, or with any person providing services to the client under a purchase of services contract with the county department of community programs or tribal agency or with a resource center, or care management organization, or long-term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of community programs or tribal agency to coordinate the delivery of services to the client. Any agency releasing information under this paragraph shall document that a request was received and what information was provided.

SECTION 108. 51.437 (4m) (n) of the statutes is amended to read:

51.437 (4m) (n) If authorized under s. 46.283 (1) (a) 1., apply to the department
of health services to operate a resource center under s. 46.283 and, if the department
contracts with the county under s. 46.283 (2), operate the resource center.

SECTION 109. 51.437 (4m) (p) of the statutes is amended to read:

51.437 (4m) (p) If authorized under s. 46.284 (1) (a) 1., apply to the department of health services to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

Section 110. 51.437 (4r) (b) of the statutes is amended to read:

51.437 (4r) (b) Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), any subunit of a county department of developmental disabilities services or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of developmental disabilities services or tribal agency, with a resource center, or a care management organization, or a long-term care district, or with any person providing services to the client under a purchase of services contract with the county department of developmental disabilities services or tribal agency or with a resource center, or a care management organization, or a long-term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of developmental disabilities services or tribal agency to coordinate the delivery of services to the client. Any agency releasing information under this paragraph shall document that a request was received and what information was provided.

SECTION 111. 66.0301 (1) (a) of the statutes is amended to read:

66.0301 (1) (a) Except as provided in pars. (b) and (c), in this section
"municipality" means the state or any department or agency thereof, or any city,
village, town, county, school district, public library system, public inland lake
protection and rehabilitation district, sanitary district, farm drainage district,
metropolitan sewerage district, sewer utility district, solid waste management
system created under s. 59.70 (2), local exposition district created under subch. II of
ch. 229, local professional baseball park district created under subch. III of ch. 229,
local professional football stadium district created under subch. IV of ch. 229, local
cultural arts district created under subch. V of ch. 229, long-term care district under
s. 46.2895, water utility district, mosquito control district, municipal electric
company, county or city transit commission, commission created by contract under
this section, taxation district, regional planning commission, housing authority
created under s. 66.1201, redevelopment authority created under s. 66.1333,
community development authority created under s. 66.1335, or city-county health
department.

SECTION 112. 66.0506 (1) of the statutes is amended to read:

66.0506 (1) In this section, "local governmental unit" means any city, village, town, county, metropolitan sewerage district, long—term care district, local cultural arts district under subch. V of ch. 229, or any other political subdivision of the state, or instrumentality of one or more political subdivisions of the state.

SECTION 113. 66.0601 (1) (b) of the statutes is amended to read:

66.0601 (1) (b) Payments for abortions restricted. No city, village, town, long-term care district under s. 46.2895 or agency or subdivision of a city, village or town may authorize funds for or pay to a physician or surgeon or a hospital, clinic

L	or other medical facility for the performance of an abortion except those permitted
2	under and which are performed in accordance with s. 20.927.
3	SECTION 114. 66.0601 (1) (c) of the statutes is amended to read:

66.0601 (1) (c) Payments for abortion-related activity restricted. No city, village, town, long-term care district under s. 46.2895 or agency or subdivision of a city, village or town may authorize payment of funds for a grant, subsidy or other funding involving a pregnancy program, project or service if s. 20.9275 (2) applies to the pregnancy program, project or service.

SECTION 115. 69.30 (1) (bd) of the statutes is repealed.

SECTION 116. 69.30 (2) of the statutes is amended to read:

69.30 (2) A financial institution, state agency, county department, Wisconsin works agency, or service office or long-term care district or an employee of a financial institution, state agency, county department, Wisconsin works agency, or service office or long-term care district is not subject to s. 69.24 (1) (a) for copying a certified copy of a vital record for use by the financial institution, state agency, county department, Wisconsin works agency, or service office or long-term care district, including use under s. 45.04 (5), if the copy is marked "FOR ADMINISTRATIVE USE".

SECTION 117. 70.11 (2) of the statutes is amended to read:

70.11 (2) MUNICIPAL PROPERTY AND PROPERTY OF CERTAIN DISTRICTS, EXCEPTION. Property owned by any county, city, village, town, school district, technical college district, public inland lake protection and rehabilitation district, metropolitan sewerage district, municipal water district created under s. 198.22, joint local water authority created under s. 66.0823, long-term care district under s. 46.2895 or town sanitary district; lands belonging to cities of any other state used for public parks;

land tax-deeded to any county or city before January 2; but any residence located
upon property owned by the county for park purposes that is rented out by the county
for a nonpark purpose shall not be exempt from taxation. Except as to land acquired
under s. 59.84 (2) (d), this exemption shall not apply to land conveyed after
August 17, 1961, to any such governmental unit or for its benefit while the grantor
or others for his or her benefit are permitted to occupy the land or part thereof in
consideration for the conveyance. Leasing the property exempt under this
subsection, regardless of the lessee and the use of the leasehold income, does not
render that property taxable.
SECTION 118. 71.26 (1) (b) of the statutes is amended to read:
71.26 (1) (b) Political units. Income received by the United States, the state
and all counties, cities, villages, towns, school districts, technical college districts,
joint local water authorities created under s. 66.0823, long-term care districts under
s. 46.2895 or other political units of this state.
SECTION 119. 101.01 (4) of the statutes is amended to read:
101.01 (4) "Employer" means any person, firm, corporation, state, county,
town, city, village, school district, sewer district, drainage district, long-term care
district and other public or quasi-public corporations as well as any agent, manager,
representative or other person having control or custody of any employment, place
of employment or of any employee.
SECTION 120. 102.01 (2) (d) of the statutes is amended to read:
102.01 (2) (d) "Municipality" includes a county, city, town, village, school
district, sewer district, drainage district and long-term care district and other public
or quasi-public corporations.

Section 121. 102.04 (1) (a) of the statutes is amended to read:

1	102.04 (1) (a) The state, each county, city, town, village, school district, sewer		
2	district, drainage district, long-term care district and other public or quasi-public		
3	corporations therein.		
4	SECTION 122. 103.001 (6) of the statutes is amended to read:		
5	103.001 (6) "Employer" means any person, firm, corporation, state, county,		
6	town, city, village, school district, sewer district, drainage district, long-term car		
7	district and other public or quasi-public corporations as well as any agent, manager,		
8	representative or other person having control or custody of any employment, place		
9	of employment or of any employee.		
10	SECTION 123. 111.70 (1) (j) of the statutes is amended to read:		
11	111.70 (1) (j) "Municipal employer" means any city, county, village, town,		
12	metropolitan sewerage district, school district, long-term care district, local cultural		
13	arts district created under subch. V of ch. 229, or any other political subdivision of		
14	the state, or instrumentality of one or more political subdivisions of the state, that		
15	engages the services of an employee and includes any person acting on behalf of a		
16	municipal employer within the scope of the person's authority, express or implied.		
17	SECTION 124. 600.01 (1) (b) 10. a. of the statutes is renumbered 600.01 (1) (b)		
18	10. amended to read:		
19	600.01 (1) (b) 10. Except as provided in subd. 10. b., long-term care services		
20	Services funded by the family care benefit, as defined in s. 46.2805 (4), that are		
21	provided by a care management organization that contracts with the department of		
22	health services under s. 46.284 and enrolls only individuals who are eligible under		
23	s. 46.286.		
Andrew Control of States	****Note: Under current law, s. 600.01 (1) (b) 10. exempts Family Care from the insurance statutes except for primary and acute services provided by care management organizations. Since this draft allows expansion of the family care benefit to primary and		

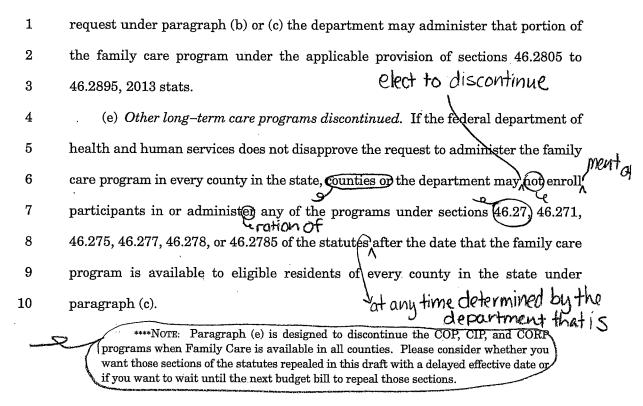
acute care and eliminates other insurance regulation of family care, I've exempted all family care benefit services, even including primary and acute care, from regulation under the insurance statutes without a delayed effective date. Please consider if this complies with your intent. 1 **SECTION 125.** 600.01 (1) (b) 10. b. of the statutes is repealed. 2 **SECTION 126.** 632.745 (6) (a) 2m. of the statutes is repealed. 3 **Section 127.** Chapter 648 of the statutes is repealed. **SECTION 128.** 985.01 (1g) of the statutes is amended to read: 5 985.01 (1g) "Governing body" has the meaning given in s. 345.05 (1) (b) and 6 includes a long-term care district board under s. 46.2895. 7 **SECTION 129.** 985.01 (3) of the statutes is amended to read: 8 985.01 (3) "Municipality" has the meaning in s. 345.05 (1) (c) and includes a 9 long-term care district under s. 46.2895. 10 Section 9118. Nonstatutory provisions; Health Services. (1) CHANGES TO FAMILY CARE PROGRAM. 11 12 (a) Definitions. In this subsection: 1. "Department" means the department of health services. "Family care program" means the program under sections 46.2805 to 14 15 46.2895 of the statutes that provides the family care benefit as defined in section 16 46.2805 (4) of the statutes. (b) Waiver request; generally. The department shall request any approval from 17 18 and shall submit any amendments or waiver requests to the federal department of 19 health and human services that are necessary to implement all of the following 20 changes to the family care program: 21 1. Administration by care management organizations of the family care 22 program statewide instead of by geographic region, unless the department allows the 5 the program of all-inclusive care for the elderly, or the Family Care Partnership program, including all of the following

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1	care management organization a waiver to administer the family care benefit in a
2	specific geographic region.
3	2. Addition of any primary and acute care services selected by the department
4	as a benefit under the family care program.
5	3. Selection under section 46.284 (2) (bm) of the statutes as a care management
6	organization of any applicant that the department certifies meets the qualifications
7	instead of using the competitive procurement process.
8	4. Requirement under section 46.286 (3g) of the statutes that an enrollee
9	change care management organizations only during an open enrollment period
10	specified by the department.
11	5. Prevention of the creation of new long-term care districts and dissolution of
12	existing long-term care districts under section 46.2895 of the statutes.
13	6. Elimination of the insurance requirements for care management
14	organizations under chapter 648 of the statutes.
15	(c) Family care in all counties. The department shall request any approval or
16	submit any waiver request necessary to the federal department of health and human
17	services to administer the family care program in every county in the state. If the
18	federal department of health and human services does not disapprove the request,
19	the department shall ensure that the family care program is available to eligible
20	residents of every county in the state by January 1, 2016, or by a date specified by
21	the department, whichever is later. If the department specifies a later date than
22	January 1, 2016, it shall submit a notice of that date to the legislative reference
23	bureau for publication in the Wisconsin Administrative Register.

(d) Waiver request not approved; saving provision. If the federal department

of health and human services does not approve of any request or submission of waiver



SECTION 9418. Effective dates; Health Services.

12 (1) Family care changes; long-term care districts; insurance regulation. The 13 treatment of sections 13.94 (4) (a) 1. and (b), 17.15 (5), 17.27 (3m), 19.82 (1), 20.145 14 (1) (g) (intro.) and 3., 20.435 (4) (jt) and (kv), 20.927 (1m), 20.9275 (1) (b), 25.50 (1) 15 (d), 40.02 (28) and (36), 46.21 (2m) (c), 46.215 (1m) and (1p), 46.22 (1) (dm) and (dp), 16 46.23 (3) (e) and (ed), 46.27 (7) (fr) 3. c., 46.2805 (intro.), (7r), and (7u), 46.281 (1d), 17 46.283 (2) (intro.) and (b) and (7) (b), 46.284 (2) (bm) (by Section 70), (3m), (5) (d) 4., and (7) (b), 46.285 (intro.) and (2), 48.47 (7g), 51.42 (3) (e), 51.437 (4r) (b), 66.0301 (1) 18 19 (a), 66.0506 (1), 66.0601 (1) (b) and (c), 69.30 (1) (bd) and (2), 70.11 (2), 71.26 (1) (b), 20 101.01(4), 102.01(2)(d), 102.04(1)(a), 103.001(6), 111.70(1)(j), 632.745(6)(a) 2m.,21 and 985.01 (1g) and (3) and chapter 648 of the statutes, the repeal of section 46.2895

- of the statutes, and the amendment of section 46.2805 (4m) of the statutes take effect
- on July 1, 2018.

(END)



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****NOTE: This Section involves a change in an appropriation, but should not be reflected in the revised schedule in s. 20.005, stats., because of a delayed effective date.

2 **END INSERT 5-10**

INSERT 5-11

****NOTE: This Section involves a change in an appropriation, but should not be reflected in the revised schedule in s. 20.005, stats., because of a delayed effective date.

4 END INSERT 5-11

INSERT 25-20

SECTION 1. 46.285 (intro.) and (1) of the statutes are consolidated, renumbered 46.285 and amended to read:

organization. In order to meet federal requirements and assure federal financial participation in funding of the family care benefit, a county, a tribe or band, a long-term care district or an organization, including a private, nonprofit corporation, may not directly operate both a resource center and a care management organization, except as follows: (1) For for an entity with which the department has contracted under s. 46.281 (1) (e) 1., 2005 stats., provision of the services specified under s. 46.283 (3) (b), (e), (f) and (g) shall be structurally separate from the provision of services of the care management organization by January 1, 2001.

History: 1999 a. 9; 2005 a. 386; 2007 a. 20.
END INSERT 25-20

INSERT 37-14

2. "Family Care Partnership Program" means an integrated health and long-term care program operated under an amendment to the state Medical Assistance plan under 42 USC 1396u-2 and a waiver under 42 USC 4396n (c).

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INSERT 37-14

INSERT 37-17

"Program of all-inclusive care for the elderly" means an integrated health and long-term care program operated under 42 USC 1395eee or 1396u-4.

END INSERT 37-17

Dodge, Tamara

From:

Dombrowski, Cynthia A - DOA <Cynthia.Dombrowski@wisconsin.gov> Monday, January 26, 2015 2:01 PM Dodge, Tamara Family Care Draft 0972/P2

Sent:

To:

Subject:

Hi Tammy -

In the Family Care draft 0972/P2, can you please delete the current law requirements under 46.284 (2)(c).

Thank you, Cindy

Cynthia Dombrowski Executive Policy and Budget Analyst Wisconsin State Budget Office 608-267-7980 (p)
cynthia.dombrowski@wisconsin.gov