

State of Misconsin LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX PLEASE DO NOT REMOVE FROM DRAFTING FILE

Date Transfer Requested: 01/28/2015 (F

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© Compile Draft – Appendix B ... Part II

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

Appendix B ➡ The 2015 drafting file for LRB-1035

Appendix C ➡ The 2015 drafting file for LRB-1130

Appendix D [™] The 2015 drafting file for LRB-1255

has been copied/added to the drafting file for

2015 LRB-1461



State of Misconsin 2015 - 2016 LEGISLATURE



In. 1/23/15

DOA:.....McElgunn, BB0359 – Restructuring of aging and disability resource centers

FOR 2015-2017 BUDGET — NOT READY FOR INTRODUCTION



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

Analysis by the Legislative Reference Bureau HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

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:

- 2 Section 1. 20.435 (4) (b) of the statutes is amended to read:
- 3 20.435 (4) (b) Medical Assistance program benefits. Biennially, the amounts
- 4 in the schedule to provide a portion of the state share of Medical Assistance program
- 5 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 or other entities under s. 46.283, for services
under the family care benefit 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).

SECTION 2. 20.435 (4) (bm) of the statutes is amended to read:

20.435 (4) (bm) Medical Assistance, food stamps, and Badger Care administration; contract costs, insurer reports, and resource centers. Biennially, the amounts in the schedule to provide a portion of the state share of administrative contract costs for the Medical Assistance program under subch. IV of ch. 49 and the Badger Care health care program under s. 49.665 and to provide the state share of administrative costs for the food stamp program under s. 49.79, other than payments under s. 49.78 (8), to develop and implement a registry of recipient immunizations,

to reimburse 3rd parties for their costs under s. 49.475, for costs associated with outreach activities, for state administration of state supplemental grants to supplemental security income recipients under s. 49.77, and for services of resource centers or other entities under s. 46.283. No state positions may be funded in the department of health services from this appropriation, except positions for the performance of duties under a contract in effect before January 1, 1987, related to the administration of the Medical Assistance program between the subunit of the department primarily responsible for administering the Medical Assistance program and another subunit of the department. Total administrative funding authorized for the program under s. 49.665 may not exceed 10% of the amounts budgeted under pars. (p) and (x).

SECTION 3. 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 or other entities under s. 46.283; to fund services under the family care benefit under s. 46.284 (5); and to assist victims of diseases, as provided in ss. 49.68, 49.683, and 49.685.



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

20.435 (4) (pa) Federal aid; Medical Assistance and food stamp contracts administration. All federal moneys received for the federal share of the cost of contracting for payment and services administration and reporting, other than moneys received under pars. (nn) and (np), to reimburse 3rd parties for their costs under s. 49.475, for administrative contract costs for the food stamp program under s. 49.79, and for services of resource centers or other entities under s. 46.283.

SECTION 5. 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 other contracted entity under s. 46.283 (2), 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 other contracted entity under s. 46.283 (2), 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



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document that a request for information was received and what information was provided.

SECTION 6. 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 other contracted entity under s. 46.283 (2), 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 other contracted entity under s. 46.283 (2), 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 7. 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 other contracted entity under s. 46.283 (2), 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 other contracted entity under s. 46.283 (2), 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 8. 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 other contracted entity under s. 46.283 (2), 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 other contracted entity under s. 46.283
(2), 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 9. 46.27 (4) (am) of the statutes is repealed.
SECTION 10. 46.27 (4) (c) (intro.) of the statutes is amended to read:
46.27 (4) (c) (intro.) The planning committee shall develop, or, if the governing
board of a resource center has under s. 46,283 (6) (b) 10. assumed the duties of the
planning committee, the governing board of the resource center shall recommend a
community options plan for participation in the program. The plan shall include:
SECTION 11. 46.27 (4) (c) 5. of the statutes is amended to read:
46.27 (4) (c) 5. A description of the method to be used by the committee or, if
the governing board of a resource center has under s. 46.283 (6) (b) 10. assumed the
duties of the planning committee, the governing board of the resource center to
monitor the implementation of the program.
SECTION 12. 46.2805 (10) of the statutes is amended to read:
46.2805 (10) "Resource center" means an entity that meets the standards for
operation under s. 46.283 (3) or, if under contract to provide a portion of the services
specified under s. 46.283 (3), meets the standards for operation with respect to those
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services, and fulfills the duties under s. 46.283 (4).

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46.281 (1g) (a) Subject to par. (b), the department may contract with entities or resource centers as provided under s. 46.283 (2) to provide any of the services under s. 46.283 (3) and (4) as resource centers in any geographic area in the state, and may contract with entities as provided under s. 46.284 (2) to administer the family care benefit as care management organizations in any geographic area in the state.

SECTION 14. 46.281 (1n) (d) of the statutes is repealed.

SECTION 15. 46.281 (1n) (e) of the statutes 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 other entity 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.

SECTION 16. 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, and residential care apartment complex the date on which a resource center or other entity under contract under s. 46.283 (2) that serves the area of the county, hospital, nursing home, community—based residential facility, adult family home, or

1	residential care apartment complex is first available to perform functional
2	screenings and financial and cost-sharing screenings. To facilitate phase-in of
3	services of resource centers, the secretary may certify that the resource center or
4	other entity is available for specified groups of eligible individuals or for specified
5	facilities in the county.
6	SECTION 17. 46.2825 of the statutes is repealed.
7	SECTION 18. 46.283 (title) of the statutes is amended to read:
8	46.283 (title) Resource centers; resource functions.
9	SECTION 19. 46.283 (2) (intro.) of the statutes is renumbered 46.283 (2) and
10	amended to read:
11	46.283 (2) Exclusive Resource center contract; contract for certain
12	FUNCTIONS. The department may contract to operate a resource center with counties,
13	long-term care districts, or the governing body of a tribe or band or the Great Lakes
14	Inter-Tribal Council, Inc., under a joint application of any of these, or with a private
15	entity or nonprofit organization if the department determines that the organization
16	has no significant connection to an entity that operates a care management
17	organization and if any of the following applies:. The department may contract with
18	an entity other than a resource center to perform certain functions of a resource
19	<u>center.</u>
20	SECTION 20. 46.283 (2) (a) of the statutes is repealed.
21	SECTION 21. 46.283 (2) (b) of the statutes is repealed.
22	Section 22. 46.283 (3) (title) of the statutes is repealed and recreated to read:
23	46.283 (3) (title) RESOURCE FUNCTION DUTIES.
24	SECTION 23. 46.283 (3) (intro.) of the statutes is amended to read:

1	46.283 (3) (intro.) The department shall assure that at least all may in a
2	contract with a resource center or other entity specify that the resource center or
3	other entity provide any of the following are available to a person who contacts a
4	resource center for service services or functions:
5	SECTION 24. 46.283 (4) (title) of the statutes is amended to read:
6	46.283 (4) (title) Duties: Resource Centers.
7	SECTION 25. 46.283 (4) (a) of the statutes is renumbered 46.283 (3) (L) and
8	amended to read:
9	46.283 (3) (L) Provide Provision of services statewide or within the entire
10	geographic area prescribed for the resource center or other entity by the department
11	as specified in the contract.
12	SECTION 26. 46.283 (4) (e) of the statutes is renumbered 46.283 (3) (m) and
13	amended to read:
14	46.283 (3) (m) Provide information Information about the services of the
15	resource center or other entity, including the services specified in sub. (3) (d), about
16	assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c), and about
17	the family care benefit and the self-directed services option to all older persons and
18	adults with a physical or developmental disability who are residents of nursing
19	homes, community-based residential facilities, adult family homes, and residential
20	care apartment complexes in the area of the resource center or other entity when the
21	benefit under s. 46.286 first becomes available in the county where the nursing home,
22	community-based residential facility, adult family home, or residential care
23	apartment complex is located.
24	SECTION 27. 46.283 (4) (f) of the statutes is renumbered 46.283 (3) (n) and
25	amended to read:

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46.283 (3) (n)	Perform Performance of a functional screening and a financial
and cost-sharing scr	reening for any resident, as specified in par. (e) (m), who requests
a screening and ass	ist any resident who is eligible and chooses to enroll in a care
management organi	zation or the self-directed services option to do so.
SECTION 28. 4	6.283 (4) (g) of the statutes is renumbered 46.283 (3) (o) and
amended to read:	
46.283 (3) (o)	Perform Performance of a functional screening and a financial
and cost-sharing sc	reening for any person seeking admission to a nursing home,
community-based re	esidential facility, residential care apartment complex, or adult
family home, if the s	ecretary has certified that the resource center or other entity is
available to the pers	on and the facility and the person is determined by the resource
center <u>or other entity</u>	y to have a condition that is expected to last at least 90 days that
would require care, a	assistance, or supervision. A resource center <u>or other entity</u> may
not require a financi	ial and cost–sharing screening for a person seeking admission
or about to be admi	tted on a private pay basis who waives the requirement for a
financial and cost–s	haring screening under this paragraph, unless the person is
expected to become	eligible for medical assistance within 6 months. A resource
center <u>or other entit</u>	y need not perform a functional screening for a person seeking
admission or about t	to be admitted for whom a functional screening was performed
within the previous	6 months.
SECTION 29. 46	3.283 (4) (j) of the statutes is repealed.
Section 30. 46	6.283 (5) of the statutes is amended to read:
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46.283 (5) Funding. From the appropriation accounts under s. 20.435 (4) (b),

(bm), (gm), (pa), and (w) and (7) (b), (bd), and (md), the department may contract with

organizations that meet standards under sub. (3) for performance of the duties under

1	sub. (4) (3) and shall distribute funds for services provided by resource centers and
2	${\color{red} ext{other entities}}.$
3	SECTION 31. 46.283 (6) of the statutes is repealed.
4	SECTION 32. 46.283 (7) (intro.) of the statutes is amended to read:
5	46.283 (7) (intro.) No record, as defined in s. 19.32 (2), of a resource center or
6	other contracted entity under s. 46.283 (2) that contains personally identifiable
7	information, as defined in s. 19.62 (5), concerning an individual who receives services
8	from the resource center may be disclosed by the resource center without the
9	individual's informed consent, except as follows:
10	SECTION 33. 46.283 (7) (a) of the statutes is amended to read:
11	46.283 (7) (a) A resource center or other contracted entity under s. 46.283 (2)
12	may provide information as required to comply with s. 16.009 (2) (p) or 49.45 (4) or
13	as necessary for the department to administer the program under ss. 46.2805 to
14	46.2895.
15	SECTION 34. 46.283 (7) (b) of the statutes is amended to read:
16	46.283 (7) (b) Notwithstanding ss. 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45
17	(14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a), a resource center
18	or other contracted entity under sub. (2) acting under this section may exchange
19	confidential information about a client, as defined in s. 46.287 (1), without the
20	informed consent of the client, under s. 46.21 (2m) (c), 46.215 (1m), 46.22 (1) (dm),
21	46.23 (3) (e), 46.284 (7), 46.2895 (10), 51.42 (3) (e) or 51.437 (4r) (b) in the county
22	operating area of the resource center or other entity, if necessary to enable the
23	resource center or other entity to perform its duties or to coordinate the delivery of
24	services to the client.
25	SECTION 35. 46.287 (2) (c) of the statutes is amended to read:

46.287 (2) (c) Information regarding the availability of advocacy services and
notice of adverse actions taken and appeal rights shall be provided to a client by the
resource center or other contracted entity under s. 46.283 (2) or care management
organization in a form and manner that is prescribed by the department by rule.
SECTION 36. 50.034 (5m) of the statutes is amended to read:
50.034 (5m) Provision of information required. Subject to sub. (5p), when a
residential care apartment complex first provides written material regarding the
residential care apartment complex to a prospective resident, the residential care
apartment complex shall also provide the prospective resident information specified
by the department concerning the services of a resource center or other entity under
s. 46.283, the family care benefit under s. 46.286, and the availability of a functional
screening and a financial and cost-sharing screening to determine the prospective
resident's eligibility for the family care benefit under s. 46.286 (1).
SECTION 37. 50.034 (5n) (intro.) of the statutes is amended to read:
50.034 (5n) REQUIRED REFERRAL. (intro.) Subject to sub. (5p), when a residential
care apartment complex first provides written material regarding the residential
care apartment complex to a prospective resident who is at least 65 years of age or
has developmental disability or a physical disability and whose disability or
condition is expected to last at least 90 days, the residential care apartment complex
shall refer the prospective resident to a resource center or other entity under s.
46.283, unless any of the following applies:
SECTION 38. 50.034 (5n) (a) of the statutes is amended to read:
50.034 (5n) (a) For a person for whom a screening for functional eligibility

under s. 46.286 (1) (a) has been performed within the previous 6 months, the referral

under this subsection need not include performance of an additional functional screening under s. $46.283 \frac{(4) (g) (3) (o)}{(6)}$.

SECTION 39. 50.034 (5n) (d) of the statutes is amended to read:

50.034 (5n) (d) For a person who seeks admission or is about to be admitted on a private pay basis and who waives the requirement for a financial and cost-sharing screening under s. 46.283 (4) (g) (3) (o), the referral under this subsection may not include performance of a financial and cost-sharing screening under s. 46.283 (4) (g) (3) (o), unless the person is expected to become eligible for medical assistance within 6 months.

SECTION 40. 50.034 (5p) of the statutes is amended to read:

50.034 (5p) APPLICABILITY. Subsections (5m) and (5n) apply only if the secretary has certified under s. 46.281 (3) that a resource center <u>or other entity</u> is available for the residential care apartment complex and for specified groups of eligible individuals that include those persons seeking admission to or the residents of the residential care apartment complex.

SECTION 41. 50.035 (4m) of the statutes is amended to read:

50.035 (4m) Provision of information required. Subject to sub. (4p), when a community-based residential facility first provides written material regarding the community-based residential facility to a prospective resident, the community-based residential facility shall also provide the prospective resident information specified by the department concerning the services of a resource center or other entity under s. 46.283, the family care benefit under s. 46.286, and the availability of a functional screening and a financial and cost-sharing screening to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

SECTION 42. 50.035 (4n) (intro.) of the statutes is amended to read:

50.035 (4n) Required referral. (intro.) When a community-based residential facility first provides written information regarding the community-based residential facility to a prospective resident who is at least 65 years of age or has developmental disability or a physical disability and whose disability or condition is expected to last at least 90 days, the community-based residential facility shall refer the individual to a resource center or other entity under s. 46.283 or, if the secretary has not certified under s. 46.281 (3) that a resource center or other entity is available in the area of the community-based residential facility to serve individuals in an eligibility group to which the prospective resident belongs, to the county department that administers a program under ss. 46.27 or 46.277, unless any of the following applies:

SECTION 43. 50.035 (4n) (a) of the statutes is amended to read:

50.035 (4n) (a) For a person for whom a screening for functional eligibility under s. 46.286 (1) (a) has been performed within the previous 6 months, the referral under this subsection need not include performance of an additional functional screening under s. 46.283 (4) (g) (3) (o).

SECTION 44. 50.035 (4n) (d) of the statutes is amended to read:

50.035 (4n) (d) For a person who seeks admission or is about to be admitted on a private pay basis and who waives the requirement for a financial and cost-sharing screening under s. 46.283 (4) (g) (3) (o), the referral under this subsection may not include performance of a financial and cost-sharing screening under s. 46.283 (4) (g) (3) (o), unless the person is expected to become eligible for medical assistance within 6 months.

SECTION 45. 50.035 (4p) of the statutes is amended to read:

50.035 (4p) APPLICABILITY. Subsection (4m) applies only if the secretary has
certified under s. 46.281 (3) that a resource center or other entity is available for the
community-based residential facility and for specified groups of eligible individuals
that include those persons seeking admission to or the residents of the
community-based residential facility.
SECTION 46. 50.04 (2g) (a) of the statutes is amended to read:
50.04 (2g) (a) Subject to sub. (2i), a nursing home shall, within the time period
after inquiry by a prospective resident that is prescribed by the department by rule,
inform the prospective resident of the services of a resource center or other entity
under s. 46.283, the family care benefit under s. 46.286, and the availability of a
functional screening and a financial and cost-sharing screening to determine the
prospective resident's eligibility for the family care benefit under s. 46.286 (1).
SECTION 47. 50.04 (2h) (a) (intro.) of the statutes is amended to read:
50.04 (2h) (a) (intro.) Subject to sub. (2i), a nursing home shall, within the time
period prescribed by the department by rule, refer to a resource center or other entity
under s. 46.283 a person who is seeking admission, who is at least 65 years of age or
has developmental disability or physical disability and whose disability or condition
is expected to last at least 90 days, unless any of the following applies:
SECTION 48. 50.04 (2h) (a) 1. of the statutes is amended to read:
50.04 (2h) (a) 1. For a person for whom a screening for functional eligibility
under s. 46.286 (1) (a) has been performed within the previous 6 months, the referral
under this paragraph need not include performance of an additional functional
screening under s. 46.283 (4) (g) <u>(3) (o)</u> .

SECTION 49. 50.04 (2h) (a) 4. of the statutes is amended to read:

50.04 (2h) (a) 4. For a person who seeks admission or is about to be admitted on a private pay basis and who waives the requirement for a financial and cost-sharing screening under s. 46.283 (4) (g) (3) (o), the referral under this subsection may not include performance of a financial and cost-sharing screening under s. 46.283 (4) (g) (3) (o), unless the person is expected to become eligible for medical assistance within 6 months.

SECTION 50. 50.04 (2i) of the statutes is amended to read:

50.04 (2i) APPLICABILITY. Subsections (2g) and (2h) apply only if the secretary has certified under s. 46.281 (3) that a resource center <u>or other entity</u> is available for the nursing home and for specified groups of eligible individuals that include those persons seeking admission to or the residents of the nursing home.

SECTION 51. 50.04 (2m) (b) of the statutes is amended to read:

50.04 (2m) (b) Paragraph (a) does not apply to those residents for whom the secretary has certified under s. 46.281 (3) that a resource center or other entity is available.

SECTION 52. 50.06 (7) of the statutes is amended to read:

50.06 (7) An individual who consents to an admission under this section may request that an assessment be conducted for the incapacitated individual under the long-term support community options program under s. 46.27 (6) or, if the secretary has certified under s. 46.281 (3) that a resource center or other entity is available for the individual, a functional screening and a financial and cost-sharing screening to determine eligibility for the family care benefit under s. 46.286 (1). If admission is sought on behalf of the incapacitated individual or if the incapacitated individual is about to be admitted on a private pay basis, the individual who consents to the admission may waive the requirement for a financial and cost-sharing screening

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under s. 46.283 (4) (g) (3) (o), unless the incapacitated individual is expected to become eligible for medical assistance within 6 months.

SECTION 53. 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 other contracted entity under s. 46.283 (2), 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 other contracted entity under s. 46.283 (2), 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 54. 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 other contracted entity under s. 46.283 (2), 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 other contracted entity under s. 46.283 (2), 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.

2015–2016 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

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2 Section 1. 20.435 (7) (b) of the statutes is amended to read:

20.435 (7) (b) Community aids and Medical Assistance payments. amounts in the schedule for human services under s. 46.40, to fund services provided by resource centers or other entities under s. 46.283 (5), for services under the family care benefit 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 including those resulting from audits of services under s. 46.26, 1993 stats., or s. 46.27. Except for amounts authorized to be carried forward under s. 46.45, all funds 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 year by the joint committee on finance.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 213, 180; 1977 c. 23, 180; 1977 c. 23, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2020 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 s. 301 to 3569, 2202 (200) th), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a.

435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 124, 216, 217, 527 to 609; 1997 a. 35, 105, 237, 280, 293; 1999 a. 5, 93, 25, 28, 4103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434; 2007 a. 39, 88, 107, 111, 130; 2009 a. 2, 15; 2009 a. 28 ss. 325 to 470, 485, 488, 499; 2009 a. 76, 180, 190, 219, 274, 276, 279, 318, 334; 2011 a. 32, 70, 257; 2013 a. 20, 92; 2013 a. 116 s. 31; 2013 a. 126, 127, 129, 131, 132, 137; 2018 a. 766 s. 77; 2013 a. 168 s. 21; 2013 a. 195, 203, 246; s. 13.92 (2) (i).

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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 or other entities under s. 46.283 (5), for services under the family care benefit 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.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 20 ss. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 3566, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 335 s. 6; 1983 a. 363, 398, 410, 447; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 102; 1989 a. 102; 1989 a. 107; 1989 a. 105; 1989 a. 102; 1989 a. 107; 1989 a. 105; 209, 1977 a. 35; 105, 231, 237, 205 a. 27, 1995 a. 28, 1995 a. 27, 1995 a. 28, 1995 a. 27, 1995 a. 28, 1995 a. 28, 1995 a. 29, 1995



State of Misconsin 2015 - 2016 LEGISLATURE

LRB-1035/P3 TJD:kjf:jf

DOA:.....McElgunn, BB0359 – Restructuring of aging and disability resource centers

FOR 2015-2017 BUDGET - NOT READY FOR INTRODUCTION

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

Analysis by the Legislative Reference Bureau HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

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. 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
- 5 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 <u>or other entities</u> under s. 46.283, for services
under the family care benefit 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).

SECTION 2. 20.435 (4) (bm) of the statutes is amended to read:

20.435 (4) (bm) Medical Assistance, food stamps, and Badger Care administration; contract costs, insurer reports, and resource centers. Biennially, the amounts in the schedule to provide a portion of the state share of administrative contract costs for the Medical Assistance program under subch. IV of ch. 49 and the Badger Care health care program under s. 49.665 and to provide the state share of administrative costs for the food stamp program under s. 49.79, other than payments under s. 49.78 (8), to develop and implement a registry of recipient immunizations,

to reimburse 3rd parties for their costs under s. 49.475, for costs associated with outreach activities, for state administration of state supplemental grants to supplemental security income recipients under s. 49.77, and for services of resource centers or other entities under s. 46.283. No state positions may be funded in the department of health services from this appropriation, except positions for the performance of duties under a contract in effect before January 1, 1987, related to the administration of the Medical Assistance program between the subunit of the department primarily responsible for administering the Medical Assistance program and another subunit of the department. Total administrative funding authorized for the program under s. 49.665 may not exceed 10% of the amounts budgeted under pars. (p) and (x).

SECTION 3. 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 or other entities under s. 46.283; to fund services under the family care benefit under s. 46.284 (5); and to assist victims of diseases, as provided in ss. 49.68, 49.683, and 49.685.

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

20.435 (4) (pa) Federal aid; Medical Assistance and food stamp contracts administration. All federal moneys received for the federal share of the cost of contracting for payment and services administration and reporting, other than moneys received under pars. (nn) and (np), to reimburse 3rd parties for their costs under s. 49.475, for administrative contract costs for the food stamp program under s. 49.79, and for services of resource centers or other entities under s. 46.283.

SECTION 5. 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 or other entities under s. 46.283 (5), for services under the family care benefit 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 including those resulting from audits of services under s. 46.26, 1993 stats., or s. 46.27. Except for amounts authorized to be carried forward under s. 46.45, all funds recovered under ss. 46.495 (2) (b) and 51.423 (15) and all funds allocated under s.

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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 year by the joint committee on finance.

SECTION 6. 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 or other entities under s. 46.283 (5), for services under the family care benefit 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 7. 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 other contracted entity under s. 46.283 (2), 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 other contracted entity under s. 46.283 (2), 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 8. 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 other contracted entity under s. 46.283 (2), 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

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under a purchase of services contract with the county department of social services or tribal agency or with a resource center or other contracted entity under s. 46.283 (2), 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 9. 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 other contracted entity under s. 46.283 (2), 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 other contracted entity under s. 46.283 (2), 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

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shall document that a request for information was received and what information was provided.

SECTION 10. 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 other contracted entity under s. 46.283 (2), 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 other contracted entity under s. 46.283 (2), 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 11. 46.27 (4) (am) of the statutes is repealed.

SECTION 12. 46.27 (4) (c) (intro.) of the statutes is amended to read:

46.27 (4) (c) (intro.) The planning committee shall develop, or, if the governing board of a resource center has under s. 46.283 (6) (b) 10. assumed the duties of the

1 planning committee, the governing board of the resource center shall recommend a 2 community options plan for participation in the program. The plan shall include: SECTION 13. 46.27 (4) (c) 5. of the statutes is amended to read: 3 46.27 (4) (c) 5. A description of the method to be used by the committee or, if 4 the governing board of a resource center has under s. 46.283 (6) (b) 10. assumed the 5 6 duties of the planning committee, the governing board of the resource center to 7 monitor the implementation of the program. 8 SECTION 14. 46.2805 (10) of the statutes is amended to read: 9 46.2805 (10) "Resource center" means an entity that meets the standards for 10 operation under s. 46.283 (3) or, if under contract to provide a portion of the services 11 specified under s. 46.283 (3), meets the standards for operation with respect to those 12 services, and fulfills the duties under s. 46.283 (4). 13 SECTION 15. 46.281 (1g) (a) of the statutes is amended to read: 14 46.281 (1g) (a) Subject to par. (b), the department may contract with entities or resource centers as provided under s. 46.283 (2) to provide any of the services 15 16 under s. 46.283 (3) and (4) as resource centers in any geographic area in the state, and may contract with entities as provided under s. 46.284 (2) to administer the 17 18 family care benefit as care management organizations in any geographic area in the 19 state. 20 SECTION 16. 46.281 (1n) (d) of the statutes is repealed. 21 SECTION 17. 46.281 (1n) (e) of the statutes is amended to read: 22 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 2324care benefit who are under age 60 or to their families or guardians. The department 25 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	а
resource center or other entity or to administer the family care benefit as a ca	re
management organization. The contract under this paragraph shall include as	а
goal that the provider of advocacy services provide one advocate for every 2,5	00
individuals under age 60 who receive the family care benefit or who participates	in
the self–directed services option.	
SECTION 18. 46.281 (3) of the statutes is amended to read:	
46.281 (3) DUTY OF THE SECRETARY. The secretary shall certify to each coun	t y ,
hospital, nursing home, community-based residential facility, adult family hom	ıe,
and residential care apartment complex the date on which a resource center or oth	er
entity under contract under s. 46.283 (2) that serves the area of the county, hospit	al,
nursing home, community-based residential facility, adult family home,	or
residential care apartment complex is first available to perform function	al
screenings and financial and cost-sharing screenings. To facilitate phase-in	of
services of resource centers, the secretary may certify that the resource center	<u>or</u>
other entity is available for specified groups of eligible individuals or for specifi	эd
facilities in the county.	
SECTION 19. 46.2825 of the statutes is repealed.	
SECTION 20. 46.283 (title) of the statutes is amended to read:	
46.283 (title) Resource centers; resource functions.	
SECTION 21. 46.283 (2) (intro.) of the statutes is renumbered 46.283 (2) and	ıd
amended to read:	
46.283 (2) EXCLUSIVE RESOURCE CENTER CONTRACT; CONTRACT FOR CERTA	<u>IN</u>
FUNCTIONS. The department may contract to operate a resource center with countie	s,

long-term care districts, or the governing body of a tribe or band or the Great Lakes

1	Inter-Tribal Council, Inc., under a joint application of any of these, or with a private
2	entity or nonprofit organization if the department determines that the organization
3	has no significant connection to an entity that operates a care management
4	organization and if any of the following applies:. The department may contract with
5	an entity other than a resource center to perform certain functions of a resource
6	<u>center.</u>
7	SECTION 22. 46.283 (2) (a) of the statutes is repealed.
8	SECTION 23. 46.283 (2) (b) of the statutes is repealed.
9	SECTION 24. 46.283 (3) (title) of the statutes is repealed and recreated to read:
10	46.283 (3) (title) RESOURCE FUNCTION DUTIES.
11	SECTION 25. 46.283 (3) (intro.) of the statutes is amended to read:
12	46.283 (3) (intro.) The department shall assure that at least all may in a
13	contract with a resource center or other entity specify that the resource center or
14	other entity provide any of the following are available to a person who contacts a
15	resource center for service services or functions:
16	SECTION 26. 46.283 (4) (title) of the statutes is amended to read:
17	46.283 (4) (title) Duties: RESOURCE CENTERS.
18	SECTION 27. 46.283 (4) (a) of the statutes is renumbered 46.283 (3) (L) and
19	amended to read:
20	46.283 (3) (L) Provide Provision of services statewide or within the entire
21	geographic area prescribed for the resource center or other entity by the department
22	as specified in the contract.
23	SECTION 28. 46.283 (4) (e) of the statutes is renumbered 46.283 (3) (m) and
24	amended to read:

46.283 (3) (m) Provide information Information about the services of the
resource center or other entity, 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
adults with a physical or developmental disability who are residents of nursing
homes, community-based residential facilities, adult family homes, and residential
care apartment complexes in the area of the resource center <u>or other entity</u> when the
benefit under s. 46.286 first becomes available in the county where the nursing home,
community-based residential facility, adult family home, or residential care
apartment complex is located.

SECTION 29. 46.283 (4) (f) of the statutes is renumbered 46.283 (3) (n) and amended to read:

46.283 (3) (n) Perform Performance of a functional screening and a financial and cost-sharing screening for any resident, as specified in par. (e) (m), 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 30. 46.283 (4) (g) of the statutes is renumbered 46.283 (3) (o) and amended to read:

46.283 (3) (o) Perform Performance of a functional screening and 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, if the secretary has certified that the resource center or other entity is available to the person and the facility and the person is determined by the resource center or other entity to have a condition that is expected to last at least 90 days that would require care, assistance, or supervision. A resource center or other entity 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 or other entity 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.
SECTION 31. 46.283 (4) (j) of the statutes is repealed.
SECTION 32. 46.283 (5) of the statutes is amended to read:
46.283 (5) FUNDING. From the appropriation accounts under s. 20.435 (4) (b),
(bm), (gm), (pa), and (w) and (7) (b), (bd), and (md), the department may contract with
organizations that meet standards under sub. (3) for performance of the duties under
sub. (4) (3) and shall distribute funds for services provided by resource centers and
$\underline{\text{other entities}}.$
SECTION 33. 46.283 (6) of the statutes is repealed.
SECTION 34. 46.283 (7) (intro.) of the statutes is amended to read:
46.283 (7) (intro.) No record, as defined in s. 19.32 (2), of a resource center or
other contracted entity under s. 46.283 (2) that contains personally identifiable
information, as defined in s. 19.62 (5), concerning an individual who receives services
from the resource center may be disclosed by the resource center without the
individual's informed consent, except as follows:
SECTION 35. 46.283 (7) (a) of the statutes is amended to read:
46.283 (7) (a) A resource center or other contracted entity under s. 46.283 (2)
may provide information as required to comply with s. 16.009 (2) (p) or 49.45 (4) or

1	as	necessary	for the	department	to ac	lminister	the	program	under s	s. 46.2805	to
2	46	.2895.									

SECTION 36. 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 or other contracted entity under sub. (2) 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 operating area of the resource center or other entity, if necessary to enable the resource center or other entity to perform its duties or to coordinate the delivery of services to the client.

SECTION 37. 46.287 (2) (c) of the statutes is amended to read:

46.287 (2) (c) Information regarding the availability of advocacy services and notice of adverse actions taken and appeal rights shall be provided to a client by the resource center or other contracted entity under s. 46.283 (2) or care management organization in a form and manner that is prescribed by the department by rule.

SECTION 38. 50.034 (5m) of the statutes is amended to read:

50.034 (5m) Provision of information required. Subject to sub. (5p), when a residential care apartment complex first provides written material regarding the residential care apartment complex to a prospective resident, the residential care apartment complex shall also provide the prospective resident information specified by the department concerning the services of a resource center or other entity under s. 46.283, the family care benefit under s. 46.286, and the availability of a functional

•	screening and a mancial and cost-snaring screening to determine the prospective
2	resident's eligibility for the family care benefit under s. 46.286 (1).
3	SECTION 39. 50.034 (5n) (intro.) of the statutes is amended to read:
4	50.034 (5n) REQUIRED REFERRAL. (intro.) Subject to sub. (5p), when a residential
5	care apartment complex first provides written material regarding the residential
6	care apartment complex to a prospective resident who is at least 65 years of age or
7	has developmental disability or a physical disability and whose disability or
8	condition is expected to last at least 90 days, the residential care apartment complex
9	shall refer the prospective resident to a resource center or other entity under s.
10	46.283, unless any of the following applies:
11	SECTION 40. 50.034 (5n) (a) of the statutes is amended to read:
12	50.034 (5n) (a) For a person for whom a screening for functional eligibility
13	under s. 46.286 (1) (a) has been performed within the previous 6 months, the referral
14	under this subsection need not include performance of an additional functional
15	screening under s. 46.283 (4) (g) <u>(3) (o)</u> .
16	SECTION 41. 50.034 (5n) (d) of the statutes is amended to read:
17	50.034 (5n) (d) For a person who seeks admission or is about to be admitted on
18	a private pay basis and who waives the requirement for a financial and cost-sharing
19	screening under s. 46.283 (4) (g) (3) (o), the referral under this subsection may not
20	include performance of a financial and cost–sharing screening under s. 46.283 (4) (g)
21	(3) (o), unless the person is expected to become eligible for medical assistance within
22	$6~\mathrm{months}.$
23	SECTION 42. 50.034 (5p) of the statutes is amended to read:
24	50.034 (5p) APPLICABILITY. Subsections (5m) and (5n) apply only if the secretary
25	has certified under s. 46.281 (3) that a resource center or other entity is available for

the residential care apartment complex and for specified groups of eligible individuals that include those persons seeking admission to or the residents of the residential care apartment complex.

SECTION 43. 50.035 (4m) of the statutes is amended to read:

50.035 (4m) Provision of information required. Subject to sub. (4p), when a community-based residential facility first provides written material regarding the community-based residential facility to a prospective resident, the community-based residential facility shall also provide the prospective resident information specified by the department concerning the services of a resource center or other entity under s. 46.283, the family care benefit under s. 46.286, and the availability of a functional screening and a financial and cost-sharing screening to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

SECTION 44. 50.035 (4n) (intro.) of the statutes is amended to read:

50.035 (4n) Required referral. (intro.) When a community-based residential facility first provides written information regarding the community-based residential facility to a prospective resident who is at least 65 years of age or has developmental disability or a physical disability and whose disability or condition is expected to last at least 90 days, the community-based residential facility shall refer the individual to a resource center or other entity under s. 46.283 or, if the secretary has not certified under s. 46.281 (3) that a resource center or other entity is available in the area of the community-based residential facility to serve individuals in an eligibility group to which the prospective resident belongs, to the county department that administers a program under ss. 46.27 or 46.277, unless any of the following applies:

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1 SECTION 45. 50.035 (4n) (a) of the statutes is amended to read: 2 50.035 (4n) (a) For a person for whom a screening for functional eligibility 3 under s. 46.286 (1) (a) has been performed within the previous 6 months, the referral under this subsection need not include performance of an additional functional 4 5 screening under s. 46.283 (4) (g) (3) (o). 6 SECTION 46. 50.035 (4n) (d) of the statutes is amended to read: 7 50.035 (4n) (d) For a person who seeks admission or is about to be admitted on a private pay basis and who waives the requirement for a financial and cost-sharing 8 9 screening under s. 46.283 (4) (g) (3) (o), the referral under this subsection may not 10 include performance of a financial and cost-sharing screening under s. 46.283 (4) (g) 11 (3) (o), unless the person is expected to become eligible for medical assistance within 12 6 months. SECTION 47. 50.035 (4p) of the statutes is amended to read: 13 14 50.035 (4p) APPLICABILITY. Subsection (4m) applies only if the secretary has certified under s. 46.281 (3) that a resource center or other entity is available for the 15 community-based residential facility and for specified groups of eligible individuals 16 17 that include those persons seeking admission to or the residents of the 18 community-based residential facility. SECTION 48. 50.04 (2g) (a) of the statutes is amended to read: 19 20 50.04 (2g) (a) Subject to sub. (2i), a nursing home shall, within the time period 21 after inquiry by a prospective resident that is prescribed by the department by rule, 22 inform the prospective resident of the services of a resource center or other entity 23 under s. 46.283, the family care benefit under s. 46.286, and the availability of a

functional screening and a financial and cost-sharing screening to determine the

prospective resident's eligibility for the family care benefit under s. 46.286 (1).

1	SECTION 49. 50.04 (2h) (a) (intro.) of the statutes is amended to read:
2	50.04 (2h) (a) (intro.) Subject to sub. (2i), a nursing home shall, within the time
3	period prescribed by the department by rule, refer to a resource center or other entity
4	under s. 46.283 a person who is seeking admission, who is at least 65 years of age or
5	has developmental disability or physical disability and whose disability or condition
6	is expected to last at least 90 days, unless any of the following applies:
7	SECTION 50. 50.04 (2h) (a) 1. of the statutes is amended to read:
8	50.04 (2h) (a) 1. For a person for whom a screening for functional eligibility
9	under s. 46.286 (1) (a) has been performed within the previous 6 months, the referral
10	under this paragraph need not include performance of an additional functional
11	screening under s. 46.283 (4) (g) <u>(3) (o)</u> .
12	SECTION 51. 50.04 (2h) (a) 4. of the statutes is amended to read:
13	50.04 (2h) (a) 4. For a person who seeks admission or is about to be admitted
14	on a private pay basis and who waives the requirement for a financial and
15	cost-sharing screening under s. 46.283 (4) (g) (3) (o), the referral under this
16	subsection may not include performance of a financial and cost-sharing screening
17	under s. 46.283 $\frac{(4) \cdot (g)}{f}$ $\frac{(3) \cdot (o)}{f}$, unless the person is expected to become eligible for
18	medical assistance within 6 months.
19	SECTION 52. 50.04 (2i) of the statutes is amended to read:
20	50.04 (2i) APPLICABILITY. Subsections (2g) and (2h) apply only if the secretary
21	has certified under s. 46.281 (3) that a resource center or other entity is available for
22	the nursing home and for specified groups of eligible individuals that include those
23	persons seeking admission to or the residents of the nursing home.
24	SECTION 53. 50.04 (2m) (b) of the statutes is amended to read:

50.04 (2m) (b) Paragraph (a) does not apply to those residents for whom the secretary has certified under s. 46.281 (3) that a resource center or other entity is available.

SECTION 54. 50.06 (7) of the statutes is amended to read:

50.06 (7) An individual who consents to an admission under this section may request that an assessment be conducted for the incapacitated individual under the long-term support community options program under s. 46.27 (6) or, if the secretary has certified under s. 46.281 (3) that a resource center or other entity is available for the individual, a functional screening and a financial and cost-sharing screening to determine eligibility for the family care benefit under s. 46.286 (1). If admission is sought on behalf of the incapacitated individual or if the incapacitated individual is about to be admitted on a private pay basis, the individual who consents to the admission may waive the requirement for a financial and cost-sharing screening under s. 46.283 (4) (g) (3) (o), unless the incapacitated individual is expected to become eligible for medical assistance within 6 months.

SECTION 55. 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 other contracted entity under s. 46.283 (2), 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

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community programs or tribal agency or with a resource center or other contracted entity under s. 46.283 (2), 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 56. 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 other contracted entity under s. 46.283 (2), 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 other contracted entity under s. 46.283 (2), 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.