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), 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.

*-1461/P2.62*Section 1499. 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).

*-0407/P3.27*Section 1500. 46.22 (1) (e) 3. a. of the statutes is amended to read:

46.22 (1) (e) 3. a. A county department of social services shall develop, under the requirements of s. 46.036, plans and contracts for the purchase of care and services, except for care and services provided under ch. 48, subch. III of ch. 49, and s. 301.08 (2), to be purchased and community-based juvenile delinquency-related services. The department of health services may review the contracts and approve

them if they are consistent with s. 46.036 and to the extent that state or federal funds
are available for such those purposes. The joint committee on finance may require
the department of health services to submit the contracts to the committee for review
and approval. The department of health services may not make any payments to a
county for programs included in the contract that is under review by the committee.
The department of health services shall reimburse each county for the contracts from
the appropriations under s. 20.435 (7) (b) and (o) according to s. 46.495.

*-0407/P3.28*Section 1501. 46.22 (1) (e) 3. b. of the statutes is amended to read:

46.22 (1) (e) 3. b. A county department of social services shall develop, under the requirements of s. 49.34, plans and contracts for the purchase of care and services under ch. 48 and subch. III of ch. 49 to be purchased and of community-based juvenile delinquency-related services. The department of children and families may review the contracts and approve them if they are consistent with s. 49.34 and to the extent that state or federal funds are available for such purposes. The joint committee on finance may require the department of children and families to submit the contracts to the committee for review and approval. The department of children and families may not make any payments to a county for programs included in the contract that is under review by the committee.

*-0407/P3.29*Section 1502. 46.22 (1) (e) 3. c. of the statutes is amended to read:

46.22 (1) (e) 3. c. A county department of social services shall develop, under the requirements of s. 301.08 (2), plans and contracts for the purchase of juvenile delinquency-related care and services to be purchased correctional services. The department of corrections may review the contracts and approve them if they are

consistent with s. 301.08 (2) and to the extent that state or federal funds are available
for $\underline{\text{such }\underline{\text{those}}}$ purposes. The joint committee on finance may require the department
of corrections to submit the contracts to the committee for review and approval. The
department of corrections children and families may not make any payments under
s. 48.526 to a county for programs included in the contract that is under review by
the committee. The department of corrections children and families shall reimburse
each county for the contracts from the appropriations under s. $20.410(3)(ed)$ and (ko)
20.437 (1) (cj) and (o) as appropriate.
*-0407/P3.30*Section 1503. 46.22 (2g) (d) of the statutes is renumbered 46.22
(2g) (d) (intro.) and amended to read:
46.22 (2g) (d) (intro.) Prepare, with the assistance of the county social services
director under sub. (3m) (b) 5., -a- all of the following:
1. A proposed budget for submission to the county executive or county
administrator, a.
2. A final budget for submission to the department of health services in
accordance with s. 46.031 (1) for authorized services, except services under ch. 48,
subch. III of ch. 49, or s. 301.08 (2), a and authorized community-based juvenile
delinquency-related services.
3. A final budget for submission to the department of children and families in
accordance with s. 49.325 for authorized services under ch. 48 and subch. III of ch.
49, and a and authorized community-based juvenile delinquency-related services.
4. A final budget for submission to the department of corrections in accordance

*-1461/P2.63*Section 1504. 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.
*-1461/P2.64*Section 1505. 46.23 (3) (e) of the statutes, as affected by 2015

*-1461/P2.64*SECTION 1505. 46.23 (3) (e) of the statutes, as affected by 2015 Wisconsin Act (this act), 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), 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 other contracted entity under s. 46.283 (2), 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.

*-1461/P2.65*Section 1506. 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).

*-0407/P3.31*Section 1507. 46.23 (5) (a) 1. of the statutes is amended to read: 46.23 (5) (a) 1. Shall determine administrative and program policies, except as provided under ch. 48 and subch. III of ch. 49 and except for policies relating to

community-based juvenile delinquency-related policies, services or to juvenile

correctional services, within limits established by the department of health services.	ices
Policy decisions, except as provided under ch. 48 and subch. III of ch. 49 and ex	cept
for policy decisions relating to community-based juvenile delinquency-rela	ated
policies, services or to juvenile correctional services, that are not reserved by sta	.tute
for the department of health services may be delegated by the secretary to the cou	anty
human services hoard	

*-0407/P3.32*Section 1508. 46.23 (5) (a) 2. of the statutes is amended to read: 46.23 (5) (a) 2. Shall determine administrative and program policies under ch. 48 and subch. III of ch. 49 and administrative and program policies relating to community-based juvenile delinquency-related services within limits established by the department of children and families. Policy decisions under ch. 48 and subch. III of ch. 49 and policy decisions relating to community-based juvenile delinquency-related services that are not reserved by statute for the department of children and families may be delegated by the secretary of children and families to the county human services board.

*-0407/P3.33*Section 1509. 46.23 (5) (a) 3. of the statutes is amended to read: 46.23 (5) (a) 3. Shall determine juvenile delinquency-related administrative programs and policies relating to juvenile correctional services within limits established by the department of corrections. Juvenile delinquency-related policy Policy decisions relating to juvenile correctional services that are not reserved by statute for the department of corrections may be delegated by the secretary of corrections to the county human services board.

*-0407/P3.34*Section 1510. 46.23 (5) (c) 1. of the statutes is amended to read: 46.23 (5) (c) 1. Shall determine whether state mandated services, except for services under ch. 48 and subch. III of ch. 49, community-based juvenile

delinquency-related services, and juvenile delinquency-related correctional services, are provided or by, purchased from, or contracted for with local providers, and monitor the performance of such those contracts. Purchase of services contracts shall be subject to the conditions specified in s. 46.036.

*-0407/P3.35*Section 1511. 46.23 (5) (c) 2. of the statutes is amended to read:

46.23 (5) (c) 2. Shall determine whether state mandated services under ch. 48

and subch. III of ch. 49 and state-mandated community-based juvenile

delinquency-related services are provided or by, purchased from, or contracted for with local providers, and monitor the performance of such those contracts. Purchase of services contracts shall be subject to the conditions specified in s. 49.34.

*-0407/P3.36*Section 1512. 46.23 (5) (c) 3. of the statutes is amended to read:

46.23 (5) (c) 3. Shall determine whether state mandated juvenile delinquency-related correctional services are provided or by, purchased from, or contracted for with local providers, and monitor the performance of such those contracts. Purchase of service contracts shall be subject to the conditions specified in s. 301.031.

*-0407/P3.37*Section 1513. 46.23 (5) (n) 1. of the statutes is amended to read: 46.23 (5) (n) 1. Shall submit a final budget in accordance with s. 46.031 (1) for authorized services, except for services under ch. 48 and subch. III of ch. 49, community-based juvenile delinquency-related services, and juvenile delinquency-related correctional services. Notwithstanding the categorization of or limits specified for funds allocated under s. 46.495 or 51.423 (2), with the approval of the department of health services the county human services board may expend these those funds consistent with any service provided under s. 46.495 or 51.42.

*-0407/P3.38*Section 1514. 46.23 (5) (n) 2. of the statutes is amended to read:

46.23 (5) (n) 2. Shall submit a final budget in accordance with s. 49.325 (1) for authorized services under ch. 48 and subch. III of ch. 49 and for authorized community—based juvenile delinquency—related services. Notwithstanding the categorization of or limits specified for funds allocated under s. 48.569, with the approval of the department of children and families the county human services board may expend these those funds consistent with any service provided under s. 48.569. *-0407/P3.39*Section 1515. 46.23 (5) (n) 3. of the statutes is amended to read: 46.23 (5) (n) 3. Shall submit a final budget in accordance with s. 301.031 (1) for authorized juvenile delinquency—related correctional services.
community-based juvenile delinquency-related services. Notwithstanding the categorization of or limits specified for funds allocated under s. 48.569, with the approval of the department of children and families the county human services board may expend these those funds consistent with any service provided under s. 48.569. *-0407/P3.39*Section 1515. 46.23 (5) (n) 3. of the statutes is amended to read: 46.23 (5) (n) 3. Shall submit a final budget in accordance with s. 301.031 (1) for
categorization of or limits specified for funds allocated under s. 48.569, with the approval of the department of children and families the county human services board may expend these those funds consistent with any service provided under s. 48.569. *-0407/P3.39*Section 1515. 46.23 (5) (n) 3. of the statutes is amended to read: 46.23 (5) (n) 3. Shall submit a final budget in accordance with s. 301.031 (1) for
approval of the department of children and families the county human services board may expend these those funds consistent with any service provided under s. 48.569. *-0407/P3.39*Section 1515. 46.23 (5) (n) 3. of the statutes is amended to read: 46.23 (5) (n) 3. Shall submit a final budget in accordance with s. 301.031 (1) for
may expend these those funds consistent with any service provided under s. 48.569. *-0407/P3.39*Section 1515. 46.23 (5) (n) 3. of the statutes is amended to read: 46.23 (5) (n) 3. Shall submit a final budget in accordance with s. 301.031 (1) for
*-0407/P3.39*Section 1515. 46.23 (5) (n) 3. of the statutes is amended to read: 46.23 (5) (n) 3. Shall submit a final budget in accordance with s. 301.031 (1) for
46.23 (5) (n) 3. Shall submit a final budget in accordance with s. 301.031 (1) for
authorized juvenile delinguency-related correctional services
*-0407/P3.40*Section 1516. 46.23 (5m) (c) of the statutes is amended to read:
46.23 (5m) (c) Prepare, with the assistance of the county human services
director under sub. (6m) (e), a proposed budget for submission to the county executive
or county administrator; a final budget for submission to the department of health
services in accordance with s. 46.031 (1) for authorized services, except services
under ch. 48 and subch. III of ch. 49 and, community-based juvenile
delinquency-related services, and juvenile correctional services; a final budget for
submission to the department of children and families in accordance with s. 49.325
for authorized services under ch. 48 and subch. III of ch. 49, and for authorized
community-based juvenile delinquency-related services; and a final budget for
submission to the department of corrections in accordance with s. 301.031 for
authorized juvenile delinquency-related correctional services.

*-0407/P3.41*Section 1517. 46.23 (6) (a) (intro.) of the statutes is amended to read:

46.23 (6) (a) (intro.) A county human services director appointed under sub. (5) (f) shall have all of the administrative and executive powers and duties of managing,

operating, maintaining, and improving the services and programs of the county
department of human services, Those powers and duties are subject to the rules
promulgated by the department of health services for programs, except that, with
respect to services or programs under ch. 48 and subch. III of ch. 49 and
community-based juvenile delinquency-related services or programs, those powers
and duties are subject to the rules promulgated by the department of children and
families for services or programs under ch. 48 and subch. III of ch. 49, and, with
respect to juvenile correctional services or programs, those powers and duties are
subject to the rules promulgated by the department of corrections for juvenile
delinquency-related services or programs. In consultation with the county human
services board under sub. (5) and subject to its approval, the county human services
director shall prepare all of the following:

- *-0596/P4.5*Section 1518. 46.266 of the statutes is repealed.
- *-0596/P4.6*Section 1519. 46.268 of the statutes is repealed.
 - *-1461/P2.66*Section 1520. 46.27 (4) (am) of the statutes is repealed.
 - *-1461/P2.67*Section 1521. 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:
- *-1461/P2.68*Section 1522. 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

, 1	duties of the planning committee, the governing board of the resource center to
2	monitor the implementation of the program.
3	*-0596/P4.7*Section 1523. 46.27 (6r) (b) 1m. of the statutes is renumbered
4	46.27 (6r) (b) 1m. (intro.) and amended to read:
5	46.27 (6r) (b) 1m. (intro.) The person meets the requirements under s. 46.266
6	(1) (a), (b) or (c) any of the following for receipt of care in an institution for mental
7	diseases- <u>:</u>
8	*-0596/P4.8*Section 1524. 46.27 (6r) (b) 1m. a. and b. of the statutes are
9	created to read:
10	46.27 (6r) (b) 1m. a. A person who resided in the facility on the date of the
11	finding that a skilled nursing facility or intermediate care facility that provides care
12	to Medical Assistance recipients to be an institution for mental diseases whose care
13	in the facility is disallowed for federal financial participation under Medical
14	Assistance.
15	b. A person who is aged 21 to 64, who has a primary diagnosis of mental illness
16	who would meet the level of care requirements for Medical Assistance
17	reimbursement in a skilled nursing facility or intermediate care facility but for a
18	finding that the facility is an institution for mental diseases, and for whom services
19	would be provided in place of a person specified in subd. 1m. a. who discontinues
20	services.
21	*-1461/P2.69*Section 1525. 46.27 (7) (am) of the statutes is amended to read:
22	46.27 (7) (am) From the appropriation under s. 20.435 (7) (4) (bd), the
23	department shall allocate funds to each county or private nonprofit agency with
24	which the department contracts to pay assessment and case plan costs under sub.

(6) not otherwise paid by fee or under s. 49.45 or 49.78 (2). The department shall

reimburse multicounty consortia for the cost of assessing persons eligible for medical assistance under s. 49.46, 49.468, 49.47, or 49.471 (4) (a) as part of the administrative services of medical assistance, payable under s. 49.45 (3) (a). Counties may use unspent funds allocated under this paragraph to pay the cost of long-term community support services and for a risk reserve under par. (fr).

*-1461/P2.70*Section 1526. 46.27 (7) (b) of the statutes is amended to read:

46.27 (7) (b) From the appropriations under s. 20.435 (7) (4) (bd) and (im), the department shall allocate funds to each county to pay the cost of providing long-term community support services under sub. (5) (b) not otherwise paid under s. 49.45 to persons eligible for medical assistance under s. 49.46, 49.47, or 49.471 (4) (a) or to persons whom the county department or aging unit administering the program finds likely to become medically indigent within 6 months by spending excess income or assets for medical or remedial care. The average per person reimbursement under this paragraph may not exceed the state share of the average per person payment rate the department expects under s. 49.45 (6m). The county department or aging unit administering the program may spend funds received under this paragraph only in accordance with the case plan and service contract created for each person receiving long-term community support services. Counties may use unspent funds allocated under this paragraph from the appropriation under s. 20.435 (7) (4) (bd) for a risk reserve under par. (fr).

*-1461/P2.71*Section 1527. 46.27 (7) (fm) of the statutes is amended to read: 46.27 (7) (fm) The department shall, at the request of a county, carry forward up to 5% of the amount allocated under this subsection to the county for a calendar year if up to 5% of the amount so allocated has not been spent or encumbered by the county by December 31 of that year, for use by the county in the following calendar

year, except that the amount carried forward shall be reduced by the amount of funds that the county has notified the department that the county wishes to place in a risk reserve under par. (fr). The department may transfer funds within s. 20.435 (7) (4) (bd) to accomplish this purpose. An allocation under this paragraph does not affect a county's base allocation under this subsection and shall lapse to the general fund unless expended within the calendar year to which the funds are carried forward. A county may not expend funds carried forward under this paragraph for administrative or staff costs, except administrative or staff costs that are associated with implementation of the waiver under sub. (11) and approved by the department.

*-1461/P2.72*Section 1528. 46.27 (7) (fr) 3. c. of the statutes is repealed.

*-1461/P2.73*Section 1529. 46.27 (7) (g) (intro.) of the statutes is amended to read:

46.27 (7) (g) (intro.) The department may carry forward to the next state fiscal year funds allocated under this subsection and not encumbered by counties by December 31 or carried forward under par. (fm). The department may transfer moneys within s. 20.435 (7) (4) (bd) to accomplish this purpose. An allocation under this paragraph shall not affect a county's base allocation for the program. The department may allocate these transferred moneys during the next fiscal year to counties for planning and implementation of resource centers under s. 46.283 or care management organizations under s. 46.284 and for the improvement or expansion of long-term community support services for clients whose cost of care significantly exceeds the average cost of care provided under this section, including any of the following:

*-1461/P2.74*Section 1530. 46.27 (7g) (d) of the statutes is amended to read:

46.27 (7g) (d) The department may require the county department or aging unit selected to administer the program in each county to gather and provide the department with information needed to recover payment of long-term community support services under this subsection. The department shall pay to the county department or aging unit an amount equal to 5% of the recovery collected by the department relating to a beneficiary for whom the county department or aging unit made the last determination of eligibility for funding under sub. (7). A county department or aging unit may use funds received under this paragraph only to pay costs incurred under this paragraph and shall remit the remainder, if any, to the department for deposit in the appropriation account under s. 20.435 (7) (4) (im). The department may withhold payments under this paragraph for failure to comply with the department's requirements under this paragraph. The department shall treat payments made under this paragraph as costs of administration of the program.

*-1461/P2.75*Section 1531. 46.27 (7g) (e) of the statutes is amended to read:

46.27 (**7g**) (e) From the appropriation under s. 20.435 (7) (4) (im), the department shall pay the amount of the payments under par. (d) and shall spend the remainder of the funds recovered under this subsection for long-term community support services funded under sub. (7) (b).

*-1461/P2.76*SECTION 1532. 46.27 (11) (c) 3. of the statutes is amended to read:

46.27 (11) (c) 3. Medical assistance reimbursement for services a county, a private nonprofit agency or an aging unit with which the department contracts provides under this subsection shall be made from the appropriations under s. 20.435 (4) (bd) and (o) and (7) (b) and (bd).

*-1461/P2.77*Section 1533. 46.27 (13) of the statutes is created to read:

1	46.27 (13) PROGRAM TERMINATION. Notwithstanding subs. (5), (6), (6g), (6u), (7),
2	(7m), (8), and (11), after the date the family care benefit, as defined in s. 46.2805 (4),
3	is available to eligible residents of a county, the department may discontinue the
4	program under this section in that county.
5	*-1461/P2.78*Section 1534. 46.271 (1) (a) (intro.) of the statutes is amended
6	to read:
7	46.271 (1) (a) (intro.) From the appropriation under s. 20.435 (7) (4) (bd), the
8	department shall award \$100,000 in each fiscal year to applying county departments
9	under s. 46.215, 46.22, 46.23, 51.42 or 51.437 or to an aging unit under the conditions
10	specified in par. (c) to establish pilot projects for home and community-based
11	long-term support services. Funds awarded to the pilot projects shall be used to do
12	any of the following:
13	*-1461/P2.79*Section 1535. 46.272 of the statutes is created to read:
14	46.272 Children's community options program. (1) Definitions. In this
15	section:
16	(a) "Child" means a person under 22 years of age who is not receiving services
17	in or on a waiting list for an adult long-term care program.
18	(b) "Disability" means a severe physical, developmental, or emotional
19	impairment which is diagnosed medically, behaviorally, or psychologically, which is
20	characterized by the need for individually planned and coordinated care, treatment,
21	vocational rehabilitation, or other services and which has resulted or is likely to
22	result in substantial limitation on the ability to function in at least 2 of the following
23	areas, equivalent to nursing home or institution for mental disease level of care:
24	1. Self-care.

2. Receptive and expressive language.

25

section.

1	3. Learning.
2	4. Mobility.
3	5. Self-direction.
4	(c) "Hospital" has the meaning provided in s. 50.33 (2).
5	(d) "Institutional setting" means a nursing home, as defined in s. 50.01 (3), a
6	state-operated long-term care facility, or any other residential facility that provides
7	long-term care to children outside of a home.
8	(e) "Residence" means the voluntary concurrence of physical presence with
9	intent to remain in a place of fixed habitation. Physical presence shall be prima facie
10	evidence of intent to remain.
11	(f) "State-operated long-term care facility" means a state center for the
12	developmentally disabled and a Wisconsin veterans home operated by the
13	department of veterans affairs under s. 45.50.
14	(g) "Voluntary" means according to an individual's free choice, if competent, or
15	by choice of his or her parent or guardian, if the individual is adjudicated
16	incompetent or is a minor.
17	(2) DEPARTMENTAL DUTIES. The department shall do all of the following to
18	establish a children's community options program:
19	(a) Review and approve or disapprove the selection of a county department to
20	administer the children's community options program.
21	(b) In consultation with representatives of counties, hospitals, and other
22	institutional settings and with recipients of children's community support services,
23	develop guidelines for implementing the program and criteria for reviewing

community options plans from counties participating in the program under this

The guidelines and criteria shall address cost-effectiveness, scope,

feasibility and impact on the quality and appropriateness of health services and
social services and shall provide counties with maximum flexibility to develop
programs that address local needs.

- (c) Review and approve or disapprove the community options plan of each county participating in the children's community options program.
- (d) Require that a county, by use of a form provided by the department or other appropriate procedure, ensure that persons receiving services under this section meet the eligibility requirements for the children's community options program.
- (e) Periodically monitor the implementation of the children's community options program.
- (f) Review and approve or disapprove the terms of risk reserve escrow accounts created under sub. (13) (f) and approve or disapprove disbursements for administrative or staff costs from the risk reserve escrow accounts.
- (4) DUTIES OF PARTICIPATING COUNTY DEPARTMENTS. Each participating county department shall do all of the following:
- (a) Appoint members to an advisory committee or appoint an existing committee in the service area as the children's community options advisory committee to assist in developing the program plan and to monitor the program. The committee shall include, but need not be limited to, the following members:
- 1. Parents of children with disabilities including, if possible, parents from families that participate in the children's community options program. To the maximum extent possible, the parents shall be representative of the various disability, racial, and ethnic groups in the service area. The members specified under this subdivision shall constitute a majority of the membership of the committee.

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- 2. Persons from the service area representing the county department under s. 46.23, 51.42, or 51.437 and the county department under s. 46.215 or 46.22, school districts, and local health departments, as defined in s. 250.01 (4). At least one of the committee members selected under this subdivision shall be a person providing community social services to children with disabilities who are eligible for the program.
- 3. Persons in the service area who provide social or educational services to children who have disabilities other than the providers specified in subd. 2.
- (b) Cooperate with the committee appointed under par. (a) to prepare a program plan. The program plan shall include all of the following:
 - 1. A description of the proposed program.
 - 2. The estimated number of families that will be assessed and served.
- 3. A list of specific groups, if any, that will be given priority for available funding.
 - 4. A description of the outreach procedures that will be used to ensure that the program will be made available to children with physical, emotional, and mental impairments.
 - 5. The procedures that will be used to determine family needs.
 - 6. A description of the methods that will be used for the development and monitoring of service plans and for coordinating the provision of services and goods to participating families.
 - 7. A description of the methods that will be used to promote the creation of informal support and advocacy systems for families.
- 8. A description of the method that will be used to monitor the children's community options program.

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family.

1	(c) Submit the proposed program plan to the county board of supervisors in each
2	county in the service area for review. After approval by the county board of
3	supervisors in each county in which families are eligible to participate in the
4	program, the county department shall submit the proposed program plan to the
5	department.
6	(d) Administer the program or contract with a human service agency in the
7	service area to administer the program within the limits of state and federal funds
8	under subs. (13) and (14).
9	(e) In conjunction with the county department under s. 46.215 or 46.22, if any,
10	in the service area and with the administering agency, if it is not the county
11	department under s. 46.23, 51.42, or 51.437, coordinate the administration of the
12	program with the administration of other publicly funded programs that serve
13	children who have disabilities.
14	(f) Submit all information and reports required by the department.
15	(5) Powers and duties of a private nonprofit agency. A private nonprofit
16	agency with which the department contracts for service under sub. (14) (b) 3. shall
17	have the powers and duties under this section of a county department designated to
18	administer the program.
19	(6) Duties of administering agency shall:
20	(a) Cooperate in the development of the program plan under sub. (4) (b).
21	(b) Provide information about the program and other programs for children
22	who have disabilities to families in the service area.
23	(c) Implement the program in accordance with the program plan.

(d) Designate one of its employees as the coordinator for each participating

- (7) COUNTY DEPARTMENT DUTIES. The county department selected to administer the children's community options program shall:
- (a) Organize assessment activities specified in par. (f) and sub. (8). The county department shall utilize persons for each assessment who can determine the needs of the child being assessed and who know the availability within the county of services. The county department shall coordinate the involvement of representatives from the county departments under ss. 46.215, 46.22, 51.42 and 51.437, and health service providers in the assessment activities specified in sub. (8), as well as the child being assessed and members of the child's family or the child's guardian.
- (b) Within the limits of state and federal funds allocated under sub. (13), arrange service contracts under s. 46.036 and ensure the provision of necessary long-term community support services for each child who meets the criteria for services under the children's community options program.
- (c) Within the limits of state and federal funds allocated under sub. (13), provide for ongoing care management services in accordance with the requirements established under sub. (10) (b) 1., periodic case plan review and follow-up services for any child receiving community support services under the children's community options program.
- (d) Determine, under sub. (9), the fee, if any, for all families or guardians of children who meet the criteria to receive services and are applying for or receiving children's community support services that are funded under sub. (13) or (14).
- (e) In the instances in which a child who is provided community support services under this section for which the child or his or her parent or guardian receives direct funding, serve directly as a fiscal agent or contract with a fiscal

intermediary to serve as a fiscal agent for that child for the purposes of performing
the responsibilities and protecting the interests of the individual under the
unemployment insurance law. The county department may elect to act as a fiscal
agent or contract with a fiscal intermediary to serve as a fiscal agent for a child who
is provided long-term community support services under s. 46.275, 46.277, 46.278,
46.2785, 46.495, 51.42, or 51.437. The fiscal agent under this paragraph is
responsible for remitting any federal unemployment compensation taxes or state
unemployment insurance contributions owed by the child, including any interest
and penalties which are owed by the child; for serving as the representative of the
child in any investigation, meeting, hearing or appeal involving ch. 108 or the federal
unemployment tax act (26 USC 3301 to 3311) in which the child is a party; and for
receiving, reviewing, completing and returning all forms, reports and other
documents required under ch. 108 or the federal unemployment tax act on behalf of
the child. A child may make an informed, knowing and voluntary election to waive
the right to a fiscal agent. The waiver may be as to all or any portion of the fiscal
agent's responsibilities. The waiver may be rescinded in whole or in part at any time.

- (f) Develop assessments and care plans according to uniform criteria established by the department for children in all long-term care programs.
- (8) ASSESSMENTS. Within the limits of state and federal funds allocated under sub. (13) and within the limits of fees collected, an assessment shall be conducted for any child with a disability who is seeking services in the program.
- (9) FINANCIAL ELIGIBILITY AND FEES. (a) The department shall create a sliding scale formula for a fee chargeable for conduct of an assessment under sub. (8), for development of a case plan, and for children's long-term community support services

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- that is based on the child's ability to pay, unless prohibited from payment under the federal Medicaid law.
 - (b) The county department selected to administer the program shall require all children or their parents or guardians applying for children's long-term community support services at the time of application and all children receiving the services that are funded under sub. (13) or (14) annually to provide the following information:
 - 1. A declaration of income, on a form prescribed by the department.
- 2. A declaration of costs paid annually for care and services related to the special needs or disability of the child for whom the application is made or services are provided.
- (c) From the information obtained under par. (b), the county department shall determine the amount of the fee for receipt of children's long-term community support services under this section. The county department shall require payment by the child or parent or guardian of the child of 100 percent of the amount calculated under this paragraph.
- (d) The county department shall used funds received under par (c) to pay for long-term community support services for children who are eligible for services under the children's community options program.
- (10) Services; Care Management requirements. (a) 1. Within the limits of state and federal funds allocated under sub. (13) and within the limits of fees collected, the department shall reimburse, if applicable, and the county department or private nonprofit agency shall provide long—term community support services to eligible children who have a disability.

2. The department may not reimburse and the county department or	private
nonprofit agency may not pay for room and board for children under the ch	ildren's
community options program.	

- (b) The department, after consulting with representatives of counties, hospitals, and individuals who receive services under the children's community options program under this section, shall do all of the following:
- 1. Establish minimum requirements for the provision of care management services, as defined by the department, including standards for care, times for performance of duties, and size of case loads.
- 2. Specify a reasonable schedule for phasing in the requirements established under subd. 1.
- 3. Provide technical consultation and assistance to the administrator of the program with respect to the requirements established under subd. 1.
- (c) The department need not promulgate as rules under ch. 227 the requirements under par. (b) 1. or the schedule under par. (b) 2.
- (11) FISCAL RESPONSIBILITY. Except as provided in s. 51.40, and within the limitations under sub. (13) (a) 2., the fiscal responsibility of a county for an assessment, unless the assessment is performed by an entity under a contract as specified under s. 46.284 (2), case plan, or services provided to a child under this section is as follows:
- (a) For a child seeking admission to or about to be admitted to an institutional setting, the county in which the child has residence is the county of fiscal responsibility.

- (b) For a child residing in an institutional setting, except a state-operated long-term care facility, the county in which the institution is located is the county of fiscal responsibility.
- (c) For a child living in an institutional setting, except a state-operated long-term care facility, whose legal residence is established in another county, the county in which the legal residence is established is the county of fiscal responsibility.
- (d) For a child residing in a state-operated long-term care facility, or for a person protectively placed under ch. 55, the county in which the child has residence before he or she enters the state-operated long-term care facility or is protectively placed is the county of fiscal responsibility.
- (12) REIMBURSEMENT DISALLOWANCES. The department may disallow reimbursement under this section for services provided to children who do not meet the eligibility requirements for the children's community options program or any other eligibility requirements established by the department.
- (13) Funding. (a) Subject to pars. (b) and (h), from the appropriation under s. 20.435 (4) (bd), the department shall allocate funds to each county or private nonprofit agency with which the department contracts for all of the following purposes:
- 1. To pay assessment and case plan costs not otherwise paid by fee or under s. 49.45 or 49.78 (2). The department shall reimburse multicounty consortia for the cost of assessing children eligible for medical assistance under s. 49.46, 49.468, 49.47, or 49.471 (4) (a) as part of the administrative services of medical assistance, payable under s. 49.45 (3) (a). Counties may use unspent funds allocated under this subdivision to pay the cost of long-term community support services and for a risk reserve under par. (f).

2. To pay the cost of providing long-term community support services described
under sub. (7) (b) not otherwise paid under s. 49.45 to children eligible for medical
assistance under s. 49.46, 49.47, or 49.471 (4) (a). The county department
administering the program may spend funds received under this paragraph only in
accordance with the case plan and service contract created for each child receiving
long-term community support services. Counties may use unspent funds allocated
under this subdivision from the appropriation under s. 20.435 (4) (bd) for a risk
reserve under par. (f).

- (b) 1. Receipt of funds under this section is subject to s. 46.495 (2).
- 2. The department may not release funds under this subsection before approving the county's community options plan.
- 3. No county may use funds received under par. (a) 2. to pay for long-term community support services provided to any child who resides in a nursing home, unless the department waives this restriction on use of funds and the services are provided in accordance with a discharge plan.
- 4. No county may use funds received under this section to purchase land or construct buildings.
- (c) The department may release funds to counties acting jointly, if the counties sign a contract approved by the secretary that explains the plans for joint sponsorship.
- (d) If the department determines that a county demonstrates a pattern of failure to serve clients whose cost of care significantly exceeds the average cost of care for children's long-term community support services provided under this section, the department may require that county to reserve a portion of funds allocated under this subsection for provision of service to those clients.

- (e) The department shall, at the request of a county, carry forward up to 5 percent of the amount allocated under this subsection to the county for a calendar year if up to 5 percent of the amount so allocated has not been spent or encumbered by the county by December 31 of that year, for use by the county in the following calendar year, except that the amount carried forward shall be reduced by the amount of funds that the county has notified the department that the county wishes to place in a risk reserve under par. (f). The department may transfer funds within s. 20.435 (4) (bd) to accomplish this purpose. An allocation under this paragraph does not affect a county's base allocation under this subsection and shall lapse to the general fund unless expended within the calendar year to which the funds are carried forward. A county may not expend funds carried forward under this paragraph for administrative or staff costs, except administrative or staff costs that are associated with implementation of the waiver under sub. (14) and approved by the department.
- (f) 1. Notwithstanding s. 46.036 (3) and (5m), a county may place in a risk reserve funds that are allocated under par. (a) or sub. (14) (b) 1. and are not expended or encumbered for services under this subsection or sub. (14). The county shall notify the department of this decision and of the amount to be placed in the risk reserve. The county shall maintain the risk reserve in an interest-bearing escrow account with a financial institution, as defined in s. 69.30 (1) (b), if the department has approved the terms of the escrow. All interest from the principal shall be reinvested in the escrow account.
- 2. The annual amount of a county's expenditure for a risk reserve, as specified in subd. 1., may not exceed 10 percent of the county's most recent allocation under par. (a) and sub. (14) (b) 1. or \$750,000, whichever is less. The total amount of the

- risk reserve, including interest, may not exceed 15 percent of the county's most recent allocation under this subsection.
- 3. A county may expend funds maintained in a risk reserve, as specified in subd.1., for any of the following purposes:
 - a. To defray costs of children's long-term community support services under this section.
 - b. If approved by the department, for administrative or staff costs under this section.
 - 4. A county that maintains a risk reserve, as specified in subd. 1., shall annually, on a form prescribed by the department, submit to the department a record of the status of the risk reserve, including revenues and disbursements.
 - (g) The department may carry forward to the next state fiscal year funds allocated under this subsection and not encumbered by counties by December 31 or carried forward under par. (e). The department may transfer moneys within s. 20.435 (4) (bd) to accomplish this purpose. An allocation under this paragraph shall not affect a county's base allocation for the program. The department may allocate these transferred moneys during the next fiscal year to counties for the improvement or expansion of long-term community support services for clients whose cost of care significantly exceeds the average cost of care provided under this section, including any of the following:
 - 1. Specialized training for providers of services under this section.
 - 2. Start-up costs for developing needed services.
 - 3. Home modifications.
 - 4. Purchase of medical equipment or other specially adapted equipment.

- (h) Funds allocated under this subsection may not be used to replace any other state and federal funds or any county funds that are currently being provided under any program to a family whose child is receiving services through the children's community options program.
- (14) MEDICAL ASSISTANCE WAIVER. (a) The department may request a waiver from the federal department of health and human services authorizing the department to provide as part of the Medical Assistance program services for persons who are eligible for children's long-term support community options program services under sub. (7) (b).
- (b) 1. Medical assistance reimbursement for services a county or a private nonprofit agency, or with which the department contracts provides under this subsection shall be made from the appropriations under s. 20.435 (4) (bd) and (0) and (7) (b). Payments made under sub. (13) (a) may be used as the state share for purposes of Medical Assistance reimbursement.
- 3. The department may contract for services under this subsection with a county or a private nonprofit agency.
- 4. No county or private nonprofit agency may use funds received under this subsection to provide residential services in a group home, as defined in s. 48.02 (7), that has more than 5 beds, unless the department approves the provision of services in a group home that has 6 to 8 beds.
- (c) If a county department or private nonprofit agency providing services under this subsection is certified under s. 49.45 (37) (a), the waiver under s. 49.45 (37), if in effect, applies to plans of care for children receiving services under this subsection.
- (15) RIGHT TO HEARING. A child who is denied eligibility for services or whose services are reduced or terminated under this section may request a hearing from the

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department under s. 227.44, except that lack of adequate funding may not serve as
the basis for a request under this subsection.

- *-0596/P4.9*SECTION 1536. 46.277 (5g) (b) of the statutes is renumbered 46.277 (5g) (b) (intro.) and amended to read:
- 46.277 (5g) (b) (intro.) This section does not apply to the delicensure of a bed of an institution for mental diseases of an individual who is aged 21 to 64, who has a primary diagnosis of mental illness and who otherwise meets <u>any of the following</u> requirements of s. 46.266 (1) (a), (b) or (c).:
- *-0596/P4.10*Section 1537. 46.277 (5g) (b) 1. and 2. of the statutes are created to read:
- 46.277 (5g) (b) 1. A person who resided in the facility on the date of the finding that a skilled nursing facility or intermediate care facility that provides care to Medical Assistance recipients to be an institution for mental diseases whose care in the facility is disallowed for federal financial participation under Medical Assistance.
- 2. A person who is aged 21 to 64, who has a primary diagnosis of mental illness, who would meet the level of care requirements for Medical Assistance reimbursement in a skilled nursing facility or intermediate care facility but for a finding that the facility is an institution for mental diseases, and for whom services would be provided in place of a person specified in subd. 1. who discontinues services.
 - *-1215/P3.91*Section 1538. 46.28 (1) (a) of the statutes is amended to read:
- 22 46.28 (1) (a) "Authority" means the <u>Forward Wisconsin Housing and Economic</u> 23 Development Authority created under ch. <u>234 235</u>.
 - *-1215/P3.92*Section 1539. 46.28 (3) of the statutes is amended to read:

Program under s. 46.985.

1	46.28 (3) The department may authorize the authority to issue revenue bonds
2	under s. 234.61 235.61 to finance any residential facility it approves under sub. (2).
3	*-1215/P3.93*Section 1540. 46.28 (4) of the statutes is amended to read:
4	46.28 (4) The department may charge sponsors for administrative costs and
5	expenses it incurs in exercising its powers and duties under this section and under
6.	s. <u>234.61</u> <u>235.61</u> .
7	*-1461/P2.80*Section 1541. 46.2803 (1) of the statutes is amended to read:
8	46.2803 (1) In order to facilitate the transition to the long-term care system
9	specified in ss. family care program as defined in s. 46.2805 to 46.2895 (4m), within
10	the limits of applicable federal statutes and regulations and if the secretary of health
11	services finds it necessary, he or she may grant a county limited waivers to or
12	exemptions from ss. 46.27 (3) (e) (intro.), 1. and 2. and (f), (5) (d) and (e), (6) (a) 1., 2.
13	and 3. and (b) (intro.), 1. and 2., (6r) (c), (7) (b), (cj) and (cm) and (11) (c) 5m. (intro.)
14	and 6. and 46.277 (3) (a), (4) (a) and (5) (d) 1m., 1n. and 2. and rules promulgated
15	under those provisions.
16	*-1461/P2.81*Section 1542. 46.2803 (2) of the statutes is amended to read:
17	46.2803 (2) Notwithstanding s. 46.27 (7), a county in which a care management
18	organization is operating pursuant to a contract under s. 46.284 (2) or a county in
19	which a program described under s. 46.2805 (1) (a) (4k) or (b) (9m) is administered
20	may use funds appropriated under s. $20.435 (7) (4) (bd)$ and allocated to the county
21	under s. 46.27 (7) to provide community mental health or substance abuse services
22	and supports for persons with mental illness or persons in need of services or
23	supports for substance abuse and to provide services under the Family Support

1	* $-1461/P2.82*Section 1543. 46.2803 (2)$ of the statutes, as affected by 2015
2	Wisconsin Act (this act), is amended to read:
3	46.2803 (2) Notwithstanding s. 46.27 (7), a county in which a care management
4	organization is operating pursuant to a contract under s. 46.284 (2) or a county in
5	which a program described under s. 46.2805 (4k) or (9m) is administered may use
6	funds appropriated under s. 20.435 (4) (bd) and allocated to the county under s. 46.27
7	(7) to provide community mental health or substance abuse services and supports for
8	persons with mental illness or persons in need of services or supports for substance
9	abuse and to provide services under the Family Support Program under s. 46.985.
10	*-1461/P2.83*Section 1544. 46.2804 of the statutes is repealed.
11	*-1461/P2.84*Section 1545. 46.2805 (intro.) of the statutes is amended to
12	read:
13	46.2805 Definitions; long-term care. (intro.) In ss. 46.2805 to 46.2895
14	<u>46.288</u> :
15	*-1461/P2.85*Section 1546. 46.2805 (1) (intro.) of the statutes is amended to
16	read:
17	46.2805 (1) (intro.) "Care management organization" means all of the
18	following:
19	(cm) Before January 1, 2017, or the date specified in 2015 Wisconsin Act
20	(this act), section 9118 (9), whichever is later, an entity that is certified as meeting
21	the requirements for a care management organization under s. 46.284 (3) and that
22	has a contract under s. 46.284 (2). "Care management organization" does not mean
23	an entity that contracts with the department to operate one of the following:
24	*-1461/P2.86*Section 1547. 46.2805 (1) (a) of the statutes is repealed.
25	*-1461/P2.87*Section 1548. 46.2805 (1) (b) of the statutes is repealed.

1	*-1461/P2.88*Section 1549. 46.2805 (1) (dm) of the statutes is created to
2	read:
3	46.2805 (1) (dm) Beginning on January 1, 2017, or the date specified in 2015
4	Wisconsin Act (this act), section 9118 (9), whichever is later, an insurer that is
5	licensed and in compliance with the applicable provisions of chs. 600 to 646, that is
6	certified as meeting the requirements for a care management organization under s.
7	46.284 (3), and that has a contract under s. 46.284 (2).
8	*-1461/P2.89*Section 1550. 46.2805 (4) of the statutes is amended to read:
9	46.2805 (4) "Family care benefit" means financial assistance for long-term
10	care and support items for an enrollee and any financial assistance, as specified by
11	the department, for primary and acute health care services under s. 49.46 (2) for an
12	enrollee.
13	*-1461/P2.90*Section 1551. 46.2805 (4k) of the statutes is created to read:
14	46.2805 (4k) "Family Care Partnership Program" means an integrated health
15	and long-term care program operated under an amendment to the state Medical
16	Assistance plan under 42 USC 1396u-2 and a waiver under 42 USC 1396n (c).
17	*-1461/P2.91*Section 1552. 46.2805 (4m) of the statutes is created to read:
18	46.2805 (4m) "Family care program" means the program under s. 46.2805 to
19	46.2895 that provides the family care benefit.
20	* $-1461/P2.92*Section 1553. 46.2805 (4m)$ of the statutes, as created by 2015
21	Wisconsin Act (this act), is amended to read:
22	46.2805 (4m) "Family care program" means the program under s. 46.2805 to
23	46.2895 46.288 that provides the family care benefit.
24	*-1461/P2.93*Section 1554. 46.2805 (7r) of the statutes is repealed.
25	*-1461/P2.94*Section 1555. 46.2805 (7u) of the statutes is repealed.

benefit.

1	*-1461/P2.95*Section 1556. 46.2805 (9m) of the statutes is created to read:
2	46.2805 (9m) "Program of all-inclusive care for the elderly" means an
3	integrated health and long-term care program operated under 42 USC 1395eee or
4	1396u-4.
5	*-1461/P2.96*Section 1557. 46.2805 (10) of the statutes is amended to read:
6	46.2805 (10) "Resource center" means an entity that meets the standards for
7	operation under s. 46.283 (3) or, if under contract to provide a portion of the services
8	specified under s. 46.283 (3), meets the standards for operation with respect to those
9	services, and fulfills the duties under s. 46.283 (4).
10	*-1461/P2.97*Section 1558. 46.2805 (10m) of the statutes is amended to
11	read:
12	46.2805 (10m) "Self-directed services option" means the option in the family
13	care program that is operated under a waiver from the secretary of the federal
14	department of health and human services under 42 USC 1396n (c) in which an
15	enrolled individual selects his or her own services and service providers.
16	*-1461/P2.98*Section 1559. 46.281 (1d) of the statutes is amended to read:
17	46.281 (1d) WAIVER REQUEST. The department shall request from the secretary
18	of the federal department of health and human services any waivers of federal
19	medicaid laws necessary to permit the use of federal moneys to provide the family
20	care benefit to recipients of medical assistance. The department shall implement
21	any waiver that is approved and that is consistent with ss. 46.2805 to 46.2895 46.288.
22	Regardless of whether a waiver is approved, the department may implement
23	operation of resource centers, care management organizations, and the family care

*-1461	/ P2.9 9	*Section 1560). 46	6.281 (1g)	(a) of the	statu	tes is	renumbered
46.281 (1g) a	and am	ended to read:						
46.281	(1g)	CONTRACTING	FOR	RESOURCE	CENTERS	AND	CARE	MANAGEMENT

46.281 (1g) CONTRACTING FOR RESOURCE CENTERS AND CARE MANAGEMENT ORGANIZATIONS. Subject to par. (b), the 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.

*-1461/P2.100*Section 1561. 46.281 (1g) (b) of the statutes is repealed.

*-1461/P2.101*Section 1562. 46.281 (1n) (b) 3. of the statutes is amended to read:

46.281 (1n) (b) 3. Conduct ongoing evaluations of managed care programs for provision of long-term care services that are funded by medical assistance, as defined in s. 46.278 (1m) (b), as to client access to services, the availability of client choice of living and service options, quality of care, and cost-effectiveness. In evaluating the availability of client choice, the department shall evaluate the opportunity for a client to arrange for, manage, and monitor his or her family care benefit directly or with assistance, self-directed services option as specified in s. 46.284 (4) (e).

*-1461/P2.102*SECTION 1563. 46.281 (1n) (b) 4. of the statutes is amended to read:

46.281 (1n) (b) 4. Require that quality assurance and quality improvement efforts be included throughout the long-term care system specified in ss. 46.2805 to 46.2895 family care program.

*-1461/P2.103*Section 1564. 46.281 (1n) (d) of the statutes is repealed.

*-1461/P2.104*SECTION 1565. 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.

*-1461/P2.105*Section 1566. 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 residential care apartment complex is first available to perform functional screenings and financial and cost—sharing screenings. To facilitate phase—in of services of resource centers, the secretary may certify that the resource center or other entity is available for specified groups of eligible individuals or for specified facilities in the county.

*-1461/P2.106*Section 1567. 46.281 (4) (c) of the statutes is amended to read:

46.283 (2) and amended to read:

46.281 (4) (c) Each county in which the department has a contract with an
entity to administer the family care benefit, and in which the department had such
a contract before January 1, 2006, shall annually either pay the department or agree
to reduce the community aids distribution to the county under s. 46.40 (2) by the
amount that the county paid the department, or by which the county's community
aids distribution was reduced, in calendar year 2006 to fund the family care program
under ss. 46.2805 to 46.2895.
*-1461/P2.107*Section 1568. 46.281 (4) (d) of the statutes is amended to
read:
46.281 (4) (d) The department shall deposit payments made by counties under
this subsection in the appropriation account under s. 20.435 (7) (g) (4) (h).
*-1461/P2.108*Section 1569. 46.2825 of the statutes is repealed.
*-1461/P2.109*Section 1570. 46.283 (title) of the statutes is amended to read:
46.283 (title) Resource centers; resource functions.
*-1461/P2.110*Section 1571. 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.
*-1461/P2.111*Section 1572. 46.283 (1) (a) 2. of the statutes is repealed.

*-1461/P2.112*Section 1573. 46.283 (2) (intro.) of the statutes is renumbered

46.283 (2) Exclusive Resource center contract; contract for certain
FUNCTIONS. 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 application of any of these, or with a private
entity or nonprofit organization if the department determines that the organization
has no significant connection to an entity that operates a care management
organization and if any of the following applies:. The department may contract with
an entity other than a resource center to perform certain functions of a resource
center.
*-1461/P2.113*Section 1574. 46.283 (2) of the statutes, as affected by 2015
Wisconsin Act (this act), is amended to read:
46.283 (2) RESOURCE CENTER CONTRACT; CONTRACT FOR CERTAIN FUNCTIONS. The
deposition and makes contract to an exist a second contract to a second contract to a least to a second contract t

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 application of any of these, or with a private entity or nonprofit organization if the department determines that the organization has no significant connection to an entity that operates a care management organization. The department may contract with an entity other than a resource center to perform certain functions of a resource center.

- *-1461/P2.114*Section 1575. 46.283 (2) (a) of the statutes is repealed.
- *-1461/P2.115*Section 1576. 46.283 (2) (b) of the statutes is repealed.
- *-1461/P2.116*Section 1577. 46.283 (3) (title) of the statutes is repealed and recreated to read:
 - 46.283 (3) (title) RESOURCE FUNCTION DUTIES.

1	*-1461/P2.117*Section 1578. 46.283 (3) (intro.) of the statutes is amended to
2	read:
3	46.283 (3) (intro.) The department shall assure that at least all may in a
4	contract with a resource center or other entity specify that the resource center or
5	other entity provide any of the following are available to a person who contacts a
6	resource center for service services or functions:
7	*-1461/P2.118*Section 1579. 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	*-1461/P2.119*Section 1580. 46.283 (4) (title) of the statutes is amended to
12	read:
13	46.283 (4) (title) Duties: Resource Centers.
14	*-1461/P2.120*Section 1581. 46.283 (4) (a) of the statutes is renumbered
15	46.283 (3) (L) and amended to read:
16	46.283 (3) (L) Provide Provision of services statewide or within the entire
17	geographic area prescribed for the resource center or other entity by the department
18	as specified in the contract.
19	*-1461/P2.121*Section 1582. 46.283 (4) (e) of the statutes is renumbered
20	46.283 (3) (m) and amended to read:
21	46.283 (3) (m) Provide information Information about the services of the
22	resource center or other entity, including the services specified in sub. (3) (d), about
23	assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c), and about
24	the family care benefit and the self-directed services option to all older persons and
25	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 or other entity 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.

*-1461/P2.122*SECTION 1583. 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.

*-1461/P2.123*SECTION 1584. 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

1	admission or about to be admitted for whom a functional screening was performed
2	within the previous 6 months.
3	*-1461/P2.124*Section 1585. 46.283 (4) (j) of the statutes is repealed.
4	*-1461/P2.125*Section 1586. 46.283 (5) of the statutes is amended to read:
5	46.283 (5) Funding. From the appropriation accounts under s. 20.435 (4) (b),
6	(bd), (bm), (gm), (pa), and (w) and (7) (b), (bd), and (md), the department may contract
7	with organizations that meet standards under sub. (3) for performance of the duties
8	under sub. (4) (3) and shall distribute funds for services provided by resource centers
9	and other entities.
10	*-1461/P2.126*Section 1587. 46.283 (6) of the statutes is repealed.
11	*-1461/P2.127*Section 1588. 46.283 (7) (intro.) of the statutes is amended to
12	read:
13	46.283 (7) (intro.) No record, as defined in s. 19.32 (2), of a resource center or
14	other contracted entity under sub. (2) that contains personally identifiable
15	information, as defined in s. 19.62 (5), concerning an individual who receives services
16	from the resource center may be disclosed by the resource center without the
17	individual's informed consent, except as follows:
18	*-1461/P2.128*Section 1589. 46.283 (7) (a) of the statutes is amended to read:
19	46.283 (7) (a) A resource center or other contracted entity under sub. (2) may
20	provide information as required to comply with s. $16.009(2)(p)$ or $49.45(4)$ or as
21	necessary for the department to administer the family care program under ss.
22	4 6.2805 to 46.2895 .
23	*-1461/P2.129*Section 1590. 46.283 (7) (b) of the statutes is amended to read:
24	46,283 (7) (b) Notwithstanding ss. 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45
25	(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.

*-1461/P2.130*SECTION 1591. 46.283 (7) (b) of the statutes, as affected by 2015 Wisconsin Act (this act), 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 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.

*-1461/P2.131*Section 1592. 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 (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.
 - *-1461/P2.132*Section 1593. 46.284 (1) (a) 2. of the statutes is repealed.
 - *-1461/P2.133*Section 1594. 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.
 - *-1461/P2.134*SECTION 1595. 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.
 - *-1461/P2.135*SECTION 1596. 46.284 (2) (bm) of the statutes, as affected by 2015 Wisconsin Act (this act), is amended to read:

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1	46.284 (2) (bm) The department may contract with counties, long-term care
2	districts, the governing body of a tribe or band or the Great Lakes inter-tribal
3	council, inc., or under a joint application of any of these, or with a private
4	organization that has no significant connection to an entity that operates a resource
5	center. The department may contract with any applicants that it certifies as meeting
6	the requirements specified in sub. (3) (a). The department is not required to solicit
7	proposals for contracts to be a care management organization under a competitive
8	sealed proposal process.
9	*-1461/P2.136*Section 1597. 46.284 (2) (c) of the statutes is repealed.
10	*-1461/P2.137*Section 1598. 46.284 (2) (d) of the statutes is repealed.
11	*-1461/P2.138*Section 1599. 46.284 (3) (b) 10. of the statutes is amended to
12	read:
13	46.284 (3) (b) 10. Coverage statewide or for a geographic area specified by the
14	department if the department grants the applicant an exception to statewide
15	coverage.
16	*-1461/P2.139*Section 1600. 46.284 (3) (b) 11. of the statutes is amended to
17	read:
18	46.284 (3) (b) 11. The ability to develop strong linkages with systems and
19	services that are not directly within the scope of the applicant's responsibility but
20	that are important to the target group that it proposes to serve, including.
21	11m. If the department chooses to make primary and acute health care services
22	part of the family care benefit, the ability to provide or provide access to primary and

acute health care services under s. 49.46 (2) as determined by the department.

*-1461/P2.140*Section 1601. 46.284 (3m) of the statutes, is repealed.

*-1461/P2.141*Section 1602. 46.284 (4) (e) of the statutes is amended to read:

46.284 (4) (e) Provide, within guidelines established by the department, a mechanism self-directed services option by which an enrollee may arrange for, manage, and monitor his or her family care benefit directly or with the assistance of 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 self-directed services option under this paragraph and whether he or she has accepted or declined the self-directed services 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.

*-1461/P2.142*SECTION 1603. 46.284 (5) (a) of the statutes is amended to read: 46.284 (5) (a) From the appropriation accounts under s. 20.435 (4) (b), (bd), (g), (gm), (h), (im), (o), and (w) and (7) (b), (bd), and (g), the department shall provide funding on a capitated payment basis for the provision of services under this section. Notwithstanding s. 46.036 (3) and (5m), a care management organization that is under contract with the department may expend the funds, consistent with this section, including providing payment, on a capitated basis, to providers of services under the family care benefit.

*-1461/P2.143*SECTION 1604. 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

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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.

*-1461/P2.144*Section 1605. 46.284 (6) of the statutes is amended to read:

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.

*-1461/P2.145*SECTION 1606. 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>.

*-1461/P2.146*SECTION 1607. 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.

*-1461/P2.147*Section 1608. 46.285 (intro.) and (1) of the statutes are consolidated, renumbered 46.285 and amended to read:

46.285 Operation of resource center and care management 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 that 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.

*-1461/P2.148*Section 1609. 46.285 (2) of the statutes is repealed.

*-1461/P2.149*Section 1610. 46.286 (3g) of the statutes is created to read:

46.286 (3g) Transferring care management organizations. An enrollee may transfer his or her enrollment to a different care management organization but only during an open enrollment period specified by the department, unless the enrollee meets an exception specified by the department.

*-1461/P2.150*Section 1611. 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.

. T	*-1461/P2.151*SECTION 1612. 46.2895 of the statutes, as affected by 2015
2	Wisconsin Act (this act), is repealed.
3	*-1461/P2.152*Section 1613. 46.2895 (1) (a) (intro.) of the statutes is
4	amended to read:
5	46.2895 (1) (a) (intro.) A Except as provided in par. (f), a county, a tribe or band,
6	or any combination of counties or tribes or bands, may create a special purpose
7	district that is termed a "long-term care district", that is a local unit of government,
8	that is separate and distinct from, and independent of, the state and the county or
9	tribe or band that created it, and that has the powers and duties specified in this
10	section, if each county or tribe or band that participates in creating the district does
11	all of the following:
12	*-1461/P2.153*Section 1614. 46.2895 (1) (a) 1. b. of the statutes is amended
13	to read:
14	46.2895 (1) (a) 1. b. Specifies the long-term care district's primary purpose,
15	which shall be to operate, under contract with the department, a resource center
16	under s. 46.283, a care management organization under s. 46.284, or a program
17	described under s. 46.2805 (1) (a) or (b) of all-inclusive care for the elderly or the
18	Family Care Partnership Program.
19	*-1461/P2.154*Section 1615. 46.2895 (1) (c) of the statutes is amended to
20	read:
21	46.2895 (1) (c) A long-term care district may not operate a care management
22	organization under s. 46.284 or, a program described under s. 46.2805 (1) (a) or (b)
23	of all-inclusive care for the elderly, or the Family Care Partnership Program if the
24	district operates a resource center under s. 46.283.
25	*-1461/P2.155*Section 1616. 46.2895 (1) (f) of the statutes is created to read:

1	46.2895 (1) (f) No county, tribe, band, or combination of counties, tribes, or
2	bands, may create a long-term care district after June 30, 2015.
3	*-1461/P2.156*Section 1617. 46.2895 (4) (intro.) of the statutes is amended
4	to read:
5	46.2895 (4) POWERS. (intro.) Subject to sub. subs. (1) (c) and (12m), a long-term
6	care district has all the powers necessary or convenient to carry out the purposes and
7	provisions of the family care program ss. 46.2805 to 46.2895. In addition to all these
8	powers, a long-term care district may do all of the following:
9	*-1461/P2.157*Section 1618. 46.2895 (4) (dm) of the statutes is amended to
10	read:
11	46.2895 (4) (dm) Subject to sub. (1) (c), enter into a contract with the
12	department to operate -a the program described under s. 46.2805 (1) (a) or (b) of
13	all-inclusive care for the elderly or the Family Care Partnership Program and
14	provide services related to the contracted services.
15	*-1461/P2.158*Section 1619. 46.2895 (8) (a) (intro.) of the statutes is
16	amended to read:
17	46.2895 (8) (a) (intro.) A Subject to sub. (12m), a long-term care district board
18	that is created at least in part by a county shall do all of the following:
19	*-1461/P2.159*Section 1620. 46.2895 (12m) of the statutes is created to read:
20	46.2895 (12m) REQUIRED DISSOLUTION. A long-term care district that exists on
21	June 30, 2015, shall dissolve under the procedures in sub. (13) before June 30, 2017,
22	or before a date established by the department, whichever is later.
23	*-1150/1.1*Section 1621. 46.2896 of the statutes is created to read:
24	46.2896 Counting promissory notes as assets. (1) In this section:

(a) "Long-term care program" means the long-term care program under s.
46.27, 46.275, 46.277, 46.278, or 46.2785; the family care program providing the
benefit under s. 46.286; the Family Care Partnership program; or the long-term care
program defined in s. 46.2899 (1), 2013 stats.

- (b) "Promissory note" means a written, unconditional agreement, given in return for goods, money loaned, or services rendered, under which one party promises to pay another party a specified sum of money at a specified time or on demand.
- (2) When determining or redetermining an individual's financial eligibility for a long-term care program, the department shall include a promissory note as a countable asset if all of the following apply:
- (a) The individual applying for or receiving benefits under the long-term care program or his or her spouse provided the goods, money loaned, or services rendered for the promissory note.
- (b) The promissory note was entered into or purchased on or after the effective date of this paragraph [LRB inserts date].
- (c) The promissory note is negotiable, assignable, and enforceable and does not contain any terms making it unmarketable.
- (3) A promissory note is presumed to be negotiable and its asset value is the outstanding principal balance at the time the individual applies for the long-term care program or at the time the individual's eligibility for the long-term care program is redetermined, unless the individual shows by credible evidence from a knowledgeable source that the note is nonnegotiable or has a different current market value, which will then be considered the asset value.

^{*-1461/}P2.160*Section 1622. 46.2897 of the statutes is repealed.

*-1461/P2.161*Section 1623	46.2899 (1) of the statutes is repealed.
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*-1461/P2.162*Section 1624. 46.2899 (3) of the statutes is amended to read:

46.2899 (3) ELIGIBILITY. The department shall consider as eligible for the waiver program described under sub. (2) only individuals who are receiving post–secondary education in a setting that is distinguishable from the institution. The department shall set the financial eligibility requirements and functional eligibility requirements for the waiver program described under sub. (2) the same as the financial eligibility requirements and functional eligibility requirements for the self–directed services option of the family care program, as defined in s. 46.2805 (4m), except for the requirement to be an individual who is developmentally disabled and who is receiving post–secondary education on the grounds of a institution.

*-1461/P2.163*Section 1625. 46.2899 (4) of the statutes is amended to read:

46.2899 (4) Services and benefits. The department shall provide the same services under the waiver program described in sub. (2) as it provides under the self-directed services option of the family care program, as defined in s. 46.2805 (4m). The department shall determine the funding amount for a waiver program participant under this section.

*-1461/P2.164*Section 1626. 46.29 (1) (intro.) of the statutes is amended to read:

46.29 (1) (intro.) From the appropriation account under s. 20.435 (7) (4) (a), the department shall distribute at least \$16,100 in each fiscal year for operation of the council on physical disabilities. The council on physical disabilities shall do all of the following:

*-1059/9.61*Section 1627. 46.29 (3) (d) of the statutes is amended to read:

1	46.29 (3) (d) The director of the office administrator of the division of state
2	employment relations personnel management in the department of administration.
3	*-0807/P6.202*Section 1628. 46.29 (3) (e) of the statutes is amended to read:
4	46.29 (3) (e) The secretary of safety and professional services financial
5	institutions and professional standards.
6	*-0971/P5.514*Section 1629. 46.29 (3) (g) of the statutes is amended to read:
7	46.29 (3) (g) The president of the University of Wisconsin System Authority.
8	*-1461/P2.165*Section 1630. 46.295 (1) of the statutes is amended to read:
9	46.295 (1) The department may, on the request of any hearing-impaired
10	person, city, village, town, or county or private agency, provide funds from the
11	appropriation accounts under s. 20.435 (4) (hs) and (7) (d) and (hs) to reimburse
12	interpreters for hearing-impaired persons for the provision of interpreter services.
13	*-1461/P2.166*Section 1631. 46.40 (1) (a) of the statutes is amended to read:
14	46.40 (1) (a) Within the limits of available federal funds and of the
15	appropriations under s. 20.435 (7) (b) and (o), the department shall distribute funds
16	for community social, mental health, developmental disabilities, and alcohol and
17	other drug abuse services and for services under ss. 46.87, 46.985, and 51.421 to
18	county departments under ss. 46.215, 46.22, 46.23, 51.42, and 51.437 and to county
19	aging units, as provided in subs. (2), (2m), (8) , and (7) to (9).
20	*-1461/P2.167*Section 1632. 46.40 (7) of the statutes is repealed.
21	*-0596/P4.11*Section 1633. 46.40 (7m) of the statutes is created to read:
22	46.40 (7m) State community mental health allocation. For community
23	mental health services, the department shall distribute not less than \$24,348,700 in
24	each fiscal year.
25	*-1461/P2.168*Section 1634. 46.40 (14m) of the statutes is amended to read: