

No. 170, S.

Published May 2, 1964.  
Effective May 3, 1964.

## CHAPTER 479

AN ACT to amend 20.670 (22), 46.165, 51.001 (2) and 51.18 (2); to repeal and recreate 46.10 (8) (f), 51.08, 51.24 and 51.25; and to create 15.22 (12) (k), 20.190 (3), 51.001 (3), (4) and (5) and 51.26 of the statutes, relating to the mental health act, financial formulae for adjustment for the care and maintenance of the mentally ill and retarded, state aid and contributions, state audits, rule-making authority and making appropriations.

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

SECTION 1. 15.22 (12) (k) of the statutes is created to read:

15.22 (12) (k) To devise a uniform cost accounting system for the county mental health center, north division, established under s. 51.24 (1), which corresponds, as closely as possible, to the uniform cost accounting system for county mental hospitals required under s. 46.18 (8), (9) and (10). The system shall reflect the values of land, buildings and equipment at original cost, as determined from appraisals and available records, and be installed as of July 1, 1964, or as soon thereafter as possible. The department of administration and the state department of public welfare shall provide such assistance as is requested by the department of state audit. All costs incurred by any state agency in connection with the foregoing shall be paid from the appropriation made by s. 20.190 (3).

SECTION 2. 20.190 (3) of the statutes is created to read:

20.190 (3) COUNTY MENTAL HEALTH CENTERS, NORTH DIVISION. On July 1, 1964, a sum sufficient to carry out the functions of s. 15.22 (12) (k).

SECTION 3. 20.670 (22) of the statutes is amended to read:

20.670 (22) Annually, such sums as may be necessary for state aid to county institutions \* \* \* under ss. 48.58 (2), 49.173, 51.08, 51.09, 51.12, \* \* \* 51.26 and 51.27 (2).

SECTION 4. 46.10 (8) (f) of the statutes is repealed and recreated to read:

46.10 (8) (f) 1. Make adjustment and settlement with the several counties for their proper share of all moneys collected.

2. Adjustment and settlement of all moneys collected for care furnished after July 1, 1963, at the county mental hospitals except the county mental health center, north division, established under s. 51.24 (1) shall be as follows:

a. Sixty per cent to the state and 40 per cent to the county of legal settlement when the patient is hospitalized in the county of his legal settlement.

b. Fifty per cent to the state and 50 per cent to the county of legal settlement when the patient is hospitalized in a county hospital operated by a county other than the county of such patient's legal settlement.

c. 100 per cent to the state when the patient has no legal settlement in any county.

3. Adjustment and settlement of all moneys collected for care furnished after July 1, 1964, at the county mental health center, north division, established under s. 51.24 (1) shall be as follows:

a. Sixty per cent to the state and 40 per cent to the county of legal settlement when the patient is hospitalized in the county of his legal settlement.

b. Prorate between state and county of legal settlement on the percentage ratio each has contributed of the individual average per capita cost where the patient has legal settlement in a county other than the county where hospitalized.

c. 100 per cent to the state where the patient has no legal settlement in any county.

SECTION 5. 46.165 of the statutes is amended to read:

46.165 A joint committee on institution standards consisting of 7 members shall develop minimum uniform standards for the care, treatment, health, safety, welfare and comfort of patients in county institutions and in the Grand Army home for veterans at King in accordance with \* \* \* ss. 49.18 (1) (b), 49.20 (2), 49.61 (1m) \* \* \*, 51.24 (1) and 51.25. Three members shall be from the membership of the state board of public welfare chosen by such board. Four members shall be chosen by the governor and shall be designated as the county board member, the county trustee member, the county superintendent member and the member from counties having a population of 500,000 or more. The county board member shall be chosen from a list of 5 names of county board chairmen submitted by the Wisconsin county boards association. The county trustee and superintendent members shall be chosen from a list of 5 names for each position submitted by the Wisconsin county hospital association. The member from counties having a population of 500,000 or more shall be chosen from a list of 5 names submitted by the board of public welfare of such county. Terms of office shall begin on January 1, 1952, and shall continue for a period of 2 years. Any member shall be disqualified and cease to be a member of the committee upon losing the status upon which his appointment as a member was based. Vacancies shall be filled in the original manner for the unexpired term. All members shall serve without compensation but shall receive their actual and necessary expenses incurred in the performance of their duties. \* \* \* The board may establish and enforce the standards submitted by the joint committee. Annually, between January 1 and June 1 of each year the joint committee on standards shall review the minimum standards and rules for their establishment and enforcement and recommend to the state board of public welfare any changes. Such changes shall be effective as of July 1 of that year. If any county home or infirmary or hospital fails within 90 days to comply with the uniform standards in a manner satisfactory to the department it may suspend state aid to such institution.

SECTION 6. 51.001 (2) of the statutes is amended to read:

51.001 (2) "County hospital" means a hospital for mental disturbances established pursuant to s. 51.25 and the county mental health center, south division, established under s. 51.24 (1).

SECTION 7. 51.001 (3), (4) and (5) of the statutes are created to read:

51.001 (3) "State hospital" means any of the institutions operated by the state department of public welfare for the purpose of providing diagnosis, care or treatment, for mental or emotional disturbance or mental deficiency.

(4) "State-wide average per capita cost" means the cost of maintenance, care and treatment averaged over all patients in all county hospitals established under s. 51.25 and the county mental health center, south division, established under s. 51.24 (1), except as provided in s. 51.26 (1) (c), during the fiscal year from annual individual hospital reports filed with the state department of public welfare under the mandatory uniform cost record-keeping requirement of s. 46.18 (8), (9) and (10).

(5) "Individual average per capita cost" means the cost of maintenance, care and treatment averaged over all patients in each individual county hospital and each division of the county mental health center, except as provided in s. 51.26 (1) (c), during the fiscal year from the annual individual hospital report filed with the state department of public welfare under the mandatory uniform cost record-keeping requirement of s. 46.18 (8), (9) and (10).

SECTION 8. 51.08 of the statutes is repealed and recreated to read:

51.08 MAINTENANCE. (1) The expense of maintenance, care and treatment of a patient in any state hospital shall first be charged to the state and the state shall then charge back to the county of such patient's legal settlement an amount equal to \$5 per week.

(2) The state shall contribute toward the expense of maintenance, care and treatment of each patient hospitalized in a county hospital in the county of his legal settlement an amount equal to 60 per cent of such hospital's individual average per capita cost.

(3) The expense of maintenance, care and treatment of a patient in a county hospital operated by a county other than the county of such patient's legal settlement shall first be charged to the state at the rate of (a) the state-wide average per capita costs, or (b) at such hospital's individual average per capita costs, whichever is higher, and the state shall then charge back to the county of such patient's legal settlement 50 per cent of such charge.

(4) The expense of maintenance, care and treatment in a county hospital of a patient having no legal settlement in any county shall be charged to the state at the rate prescribed by sub. (3).

(5) When any patient is temporarily transferred from any state or county hospital to a hospital for surgical and medical care or both, the state charges or aid provided for in this section shall continue during the period of such transfer. Such charge shall be adjusted as provided in s. 46.106 but nothing herein shall prevent the collection of the actual per capita cost of maintenance or a part thereof by the department or by a county having a population of 500,000 or more.

(6) The records and accounts of such county hospital or facility for the mentally ill shall be audited annually for each fiscal year ending June

30. Such audits shall be made by the department of state audit under s. 15.22 (12) (d) and (e) as soon as practicable following the close of the institution's fiscal year. In addition to other findings, such audits shall ascertain compliance with the mandatory uniform cost record-keeping requirements of s. 46.18 (8), (9) and (10) and verify the average per capita costs of maintenance, care and treatment of patients as defined in s. 51.001 (4) and (5). Any resulting adjustments to settlements already made under s. 46.106 shall be carried into the next such settlement.

(7) This section and pertinent definitions in s. 51.001 shall be retroactive to July 1 of the fiscal year during which this section becomes effective.

SECTION 9. 51.18 (2) of the statutes is amended to read:

51.18 (2) The superintendent of any county hospital may, with the approval of the department place any patient in a suitable family boarding home upon such terms and conditions as he determines, if he considers such course would benefit the patient. When any patient is so placed, the state charges or aid provided in \* \* \* ss. 51.08 \* \* \* and 51.26, or s. 51.24 \* \* \*, as the case may be, shall continue during the period of such placement. The county of the patient's legal settlement shall be charged with the rates and expenses provided under s. 51.08 or 51.24 \* \* \*, as the case may be, and such charges shall be adjusted in the same manner as if the patient were at the hospital. The department may visit and investigate such home and may cause the patient to be returned to the hospital or placed in another home when deemed advisable. Such placement shall not be considered a conditional release or temporary discharge.

SECTION 10. 51.24 of the statutes is repealed and recreated to read:

51.24 MILWAUKEE COUNTY MENTAL HEALTH CENTER. (1) Any county having a population of 500,000 or more may, pursuant to s. 46.17, establish and maintain a county mental health center. The county mental health center, north division, (hereafter in this section referred to as "north division") shall be a hospital devoted to the detention and care of drug addicts, inebriates and mentally ill persons whose mental illness is acute. Such hospital shall be governed pursuant to s. 46.21 and shall receive the aids and be subject to the charges under s. 51.24 (2) and (9). The county mental health center, south division, shall be a hospital for the treatment of chronic patients and shall be governed pursuant to s. 46.21 and shall receive the aids and be subject to the charges under s. 51.08, 51.25 and 51.26. Section 46.165 shall apply to the county mental health center established pursuant to this section.

(2) Commencing July 1, 1964 the state shall contribute toward the expense of maintenance, care and treatment of each patient hospitalized in the north division, providing he has legal settlement in that county, an amount equal to 60 per cent of such hospital's individual average per capita cost for the fiscal year ending June 30 in which such care is furnished. The records and accounts of the north division shall be audited annually commencing as of July 1, 1964. Such audits shall be made by the department of state audit under s. 15.22 (12) (d) and (e) as soon as practicable following the close of the institution's fiscal year. In addition to other findings, such audits shall ascertain compliance with the mandatory uniform cost record-keeping requirements of s. 46.18 (8), (9) and (10) and verify the average per capita costs of maintenance, care and treatment of patients as defined in s. 51.001 (5). Any resulting adjustments to settlements already made under s. 46.106 shall be carried into the next settlement. The formula for contribution by the state for the maintenance,

care and treatment of patients at the Milwaukee county mental health center, north division, in existence just prior to the repeal and recreate of this section (1963) shall remain in effect until July 1, 1964.

(3) (a) The north division, on meeting the minimum uniform standards and on providing intensive treatment procedures approved by the director of the state department of public welfare may, upon application to the director, and in addition to the aid under sub. (2) be granted state aid for such treatment of patients having legal settlement in that county at the rate of 12 per cent of the audited individual average per capita costs for the previous fiscal year, for the first 364 days of such treatment, provided that such additional grants-in-aid shall be limited to first admission of patients and patients readmitted after any absence, whether with or without authority, of 30 consecutive days or more. For eligible care furnished during the first year of operation under this subsection (the fiscal year beginning July 1, 1964), the percentage shall be applied to the full average per capita cost of care and maintenance of patients in the Mendota state hospital and Winnebago state hospital for the fiscal year ending June 30, 1964, excluding the cost of outpatient and evaluation clinic services under s. 51.37. For purposes of accumulating the 364 days, absence of a patient for less than 30 consecutive days shall not be deemed a change in the admission status of the patient. Reimbursement under this subsection shall commence for all patients admitted or readmitted after 30 days absence, on or after July 1, 1964, or on or after the date the hospital is approved by the director of public welfare, whichever is later. Approval by the director may be withdrawn by him at any time. Care in any division or unit of any county mental health center established under this section shall be deemed continuous for the purpose of computing aid under this paragraph.

(b) For the purpose of computing the individual average per capita cost, the state aid provided by par. (a) shall first be deducted from the hospital's net cost of operation as determined from its annual individual hospital report filed with the state department of public welfare under the mandatory uniform cost record-keeping requirement of s. 46.18 (8), (9) and (10).

(4) Commencing July 1 of the fiscal year of the effective date of this section the expense of maintenance, care and treatment of a patient in the north division who has legal settlement in another county, shall first be charged to the state at the rate of the hospital's individual average per capita cost, for the fiscal year ending June 30 in which such care is furnished, and the state shall then charge back to the county of such patient's legal settlement an amount equal to one-half of the state-wide average per capita cost of maintenance, care and treatment of patients in county hospitals for the fiscal year in which such care is furnished.

(5) Commencing July 1 of the fiscal year of the effective date of this section the expense of maintenance, care and treatment in the north division of a patient having no legal settlement in any county, shall be charged to the state at the rate of the hospital's individual per capita cost for the fiscal year ending June 30 in which such care is furnished.

(6) When any patient is temporarily transferred from any state or county hospital or from any county mental health center to a hospital for surgical and medical care or both, the state charges or aid provided for in this subsection shall continue during the period of such transfer. Such charge shall be adjusted under s. 46.106 but nothing herein shall prevent the collection of the actual per capita cost of maintenance or a part thereof by the department or by a county having a population of 500,000 or more.

(7) The department shall determine the number of weeks that patients have been maintained and the compensation shall be based upon such determination.

(8) The superintendent of the hospital shall, promptly after the expiration of each fiscal year ending June 30, prepare a statement giving the name of each person maintained at public expense at the hospital during that period and the number of days maintained during said period, and the aggregate of such days for all persons so maintained and the amount of compensation to be made by the state, which statement shall be verified by the superintendent and approved by the board of administration of said hospital as correct and true in all respects and delivered to the department.

(9) The department shall attach to the statement its certificate showing the number of weeks' maintenance furnished to acute patients and to chronic patients, and shall file the same with the department of administration, which shall draw its warrant in favor of the county for the compensation specified in the certificate and deliver the warrant to the state treasurer, who shall thereupon pay the same.

SECTION 11. 51.25 of the statutes is repealed and recreated to read :

51.25 COUNTY HOSPITALS. Any county having a population of less than 500,000 may establish a hospital or facilities for the detention and care of mentally ill persons, inebriates and drug addicts; and in connection therewith a hospital or facility for the care of cases afflicted with pulmonary tuberculosis. Section 46.165 shall apply to county hospitals established pursuant to this section.

SECTION 12. 51.26 of the statutes is created to read :

51.26 MINIMUM UNIFORM STANDARDS HOSPITALS; ADDITIONAL STATE AID. (1) STANDARDS REQUIRED; COMPUTATION OF ADDITIONAL STATE AID. (a) County hospitals which meet the minimum uniform standards established pursuant to s. 46.165, and which provide intensive treatment procedures approved by the director of public welfare may, upon application to the director and in addition to the aid under s. 51.08 (2), (3) and (4), be granted state aid for such treatment of patients having legal settlement in such county at the rate of 20 per cent of the audited individual average per capita costs for the previous fiscal year, for the first 91 days of such treatment, 15 per cent for the next 91 days, 10 per cent for the next 91 days, and 5 per cent for the next 91 days, provided that such additional grants-in-aid are limited to first admission of patients and patients readmitted after any absence, whether with or without authority, of 30 consecutive days or more. For purposes of accumulating the 364 days, absence of a patient for less than 30 consecutive days shall not be deemed a change in the admission status of the patient. Reimbursement to county mental hospitals under this section shall commence for all patients admitted or readmitted after 30 days absence, on or after July 1, 1963, or on or after the date the hospital is approved by the director of public welfare, whichever is later. Approval by the director may be withdrawn by him at any time.

(b) Care in any division or unit of any county mental health center established under s. 51.24 shall be deemed continuous for the purpose of computing aid under par. (a) and s. 51.24 (3) (a).

(c) For the purpose of computing the state-wide average per capita cost and the individual average per capita cost, the state aid provided to individual county hospitals pursuant to par. (a) shall first be deducted from such hospital's net cost of operation as determined from its annual individual hospital report filed with the state department of public welfare under the mandatory uniform cost record-keeping requirement of s. 46.18 (8), (9) and (10).

(2) GOVERNMENT. In counties having a population of 500,000 or more, the institution shall be governed pursuant to s. 46.21. In other counties it

shall be governed pursuant to ss. 46.18, 46.19 and 46.20. The trustees shall appoint the superintendent. With the approval of the trustees, he shall appoint a visiting physician. The compensation of the trustees shall be fixed by the county board under s. 59.15. The salaries of the superintendent and visiting physician shall be fixed by the county boards.

(3) COST OF NONRESIDENT PATIENTS. The cost of maintaining non-resident patients shall be adjusted on the basis prescribed in s. 51.08.

(4) STANDARDS. Section 46.165 shall apply to county institutions established under this section.

Approved April 28, 1964.

---