

State of Wisconsin



2019 Senate Bill 19

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2019 WISCONSIN ACT 1

AN ACT relating to: terminology changes for those with an intellectual disability in administrative rules.

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

SECTION 1. DCF 52.59 (9) (a) 2. of the administrative code is amended to read:

DCF 52.59 (9) (a) 2. Staff shall have respite care training designed around the specific needs of individuals for which care is provided, such as autism, epilepsy, cerebral palsy and ~~mental retardation~~ intellectual disabilities. As part of this training, staff who have not already had some experience working with the type of individual to be cared for shall have at least 8 hours of supervised experience by someone who is knowledgeable in working with the type of individual or more than 8 hours if necessary to ensure the provision of competent care.

SECTION 2. DHS 10.13 (3) of the administrative code is amended to read:

DHS 10.13 (3) "Adult protective services" means protective services for ~~mentally-retarded individuals with intellectual disabilities~~ and other developmentally disabled persons, for aged infirm persons, for chronically mentally ill persons and for persons developmental disabilities, for individuals with infirmities of aging, for individuals with chronic mental illness, and for individuals with other like incapacities incurred at any age as defined in s. 55.02, Stats.

SECTION 3. DHS 10.13 (16) of the administrative code is amended to read:

DHS 10.13 (16) "Developmental disability" means a disability attributable to brain injury, cerebral palsy, epilepsy, autism, Prader-Willi syndrome, ~~mental retardation~~ intellectual disability, or another neurological condition closely related to ~~mental retardation~~ intellectual disability or requiring treatment similar to that required for ~~mental retardation~~ intellectual disability, that has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual. "Developmental disability" does not include senility that is primarily caused by the process of aging or the infirmities of aging.

SECTION 4. Chapter DHS 15 (title) of the administrative code is amended to read:

CHAPTER DHS 15
ASSESSMENT FOR OCCUPIED BEDS
IN NURSING HOMES AND
INTERMEDIATE CARE FACILITIES
FOR THE ~~MENTALLY RETARDED~~
INDIVIDUALS WITH INTELLECTUAL
DISABILITIES

SECTION 5. DHS 15.01 of the administrative code is amended to read:

DHS 15.01 Authority and purpose. This chapter is promulgated under the authority of s. 50.14 (5) (b), Stats., to establish procedures and other requirements necessary for levying and collecting the monthly assess-

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

ment imposed under s. 50.14 (2), Stats., on all licensed beds in intermediate care facilities for ~~the mentally retarded (ICF-MR) individuals with intellectual disabilities (ICF-IID)~~ and nursing homes, except facilities that are located outside the state.

SECTION 6. DHS 15.02 (4), (5) and (7) of the administrative code are amended to read:

DHS 15.02 (4) “Facility” means an ICF-MR ~~ICF-IID~~ or nursing home.

(5) “~~ICF-MR ICF-IID~~” or “intermediate care facility for ~~the mentally retarded individuals with intellectual disabilities~~” means a facility or distinct part of a facility defined under 42 USC 1396d (d) and regulated under ch. DHS 134.

(7) “Nursing home” has the meaning prescribed under s. 50.01 (3), Stats., except that it does not include an ~~ICF-MR ICF-IID~~.

SECTION 7. DHS 15.04 (2) (c) of the administrative code is amended to read:

DHS 15.04 (2) (c) In a facility having some beds that are licensed as ~~ICF-MR ICF-IID~~ beds and some beds that are licensed as nursing home beds, separate calculations shall be performed for the ~~ICF-MR ICF-IID~~ beds and for the nursing home beds.

SECTION 8. DHS 61.022 (5) of the administrative code is amended to read:

DHS 61.022 (5) “Developmental disability” means a disability attributable to ~~mental retardation~~ intellectual disability, cerebral palsy, epilepsy, autism or another neurologic condition closely related to ~~mental retardation~~ intellectual disability or requiring treatment similar to that required for ~~mental retardation~~ intellectual disability, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual. Developmental disability does not include senility, which is primarily caused by the process of aging or the infirmities of aging.

SECTION 9. DHS 61.022 (9) of the administrative code is renumbered DHS 61.022 (7m) and amended to read:

DHS 61.022 (7m) “~~Mental retardation~~ Intellectual disability” means subaverage general intellectual functioning ~~which that~~ originates during the developmental period and is associated with impairment in adaptive behavior.

SECTION 10. DHS 61.022 (10) of the administrative code is amended to read:

DHS 61.022 (10) “Neurologic conditions” means disease states which require treatment similar to that required for ~~mental retardation~~ intellectual disabilities.

SECTION 11. DHS 61.43 (1) of the administrative code is amended to read:

DHS 61.43 (1) PERSONNEL. There shall be an administrator and staff as required under ch. DHS 134, and federal standards regulating intermediate care facilities for

~~the mentally retarded individuals with intellectual disabilities.~~

SECTION 12. DHS 61.43 (2) (a) of the administrative code is amended to read:

DHS 61.43 (2) (a) Program requirements shall comply with appropriate sections of ch. DHS 134, and federal standards regulating intermediate care facilities for ~~the mentally retarded~~ individuals with intellectual disabilities.

SECTION 13. DHS 61.70 (1) (b) of the administrative code is amended to read:

DHS 61.70 (1) (b) Integrate its services with those provided by other facilities in the county which serve the mentally ill, ~~mentally retarded~~ individuals with intellectual disabilities, and alcoholics and drug abusers;

SECTION 14. DHS 63.02 (7) of the administrative code is amended to read:

DHS 63.02 (7) “Chronic mental illness” means a mental illness which is severe in degree and persistent in duration, which causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, which may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support and which may be of lifelong duration. “Chronic mental illness” includes schizophrenia as well as a wide spectrum of psychotic and other severely disabling psychiatric diagnostic categories, but does not include organic mental disorders or a primary diagnosis of ~~mental retardation~~ intellectual disability or of alcohol or drug dependence.

SECTION 15. DHS 63.02 (12) of the administrative code is amended to read:

DHS 63.02 (12) “Developmental disability” has the meaning prescribed in s. 51.01 (5) (a), Stats., namely, a disability attributable to brain injury, cerebral palsy, epilepsy, autism, ~~mental retardation~~ an intellectual disability, or another neurological condition closely related to ~~mental retardation~~ an intellectual disability or requiring treatment similar to that required for ~~mental retardation~~ an intellectual disability, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual. “Developmental disability” does not include senility which is primarily caused by the process of aging or the infirmities of aging.

SECTION 16. DHS 63.02 (14) of the administrative code is amended to read:

DHS 63.02 (14) “Mental illness” means mental disorder to such an extent that an afflicted person requires care and treatment for his or her own welfare or the welfare of others or of the community. For purposes of involuntary commitment, “mental illness” means a substantial disorder of thought, mood, perception, orientation or memory which grossly impairs judgment, behavior,

capacity to recognize reality or ability to meet the ordinary demands of life, but does not include organic mental disorder or a primary diagnosis of ~~mental retardation~~ intellectual disability, or of alcohol or drug dependence.

SECTION 17. DHS 73.07 (1) (b) of the administrative code is amended to read:

DHS 73.07 (1) (b) “~~Mental retardation~~ Intellectual disability” means ~~significant~~ subaverage general intellectual functioning ~~usually defined as an intelligence quotient (IQ) level of 70 or below accompanied by significant deficits or impairments in adaptive functioning with onset before the age of 18 that originates during the developmental period and is associated with impairment in adaptive behavior.~~

SECTION 18. DHS 73.07 (2) (a) 5. of the administrative code is amended to read:

DHS 73.07 (2) (a) 5. The participant has a diagnosis of ~~mental retardation~~ intellectual disability and the county department has determined the severity to be such that it would preclude the ability to act as an employer and competently manage funds.

SECTION 19. DHS 101.03 (41) (intro.) of the administrative code is amended to read:

DHS 101.03 (41) (intro.) “Developmental disability” means ~~mental retardation~~ intellectual disability or a related condition such as cerebral palsy, epilepsy, or autism, but excluding mental illness and infirmities of aging, which is:

SECTION 20. DHS 101.03 (130) of the administrative code is amended to read:

DHS 101.03 (130) “Preventive or maintenance occupational therapy” means occupational therapy procedures which are provided to forestall deterioration of the patient’s condition or to preserve the patient’s current status. Preventive or maintenance occupational therapy makes use of the procedures and techniques of minimizing further deterioration in areas including, but not limited to, the treatment of arthritic conditions, multiple sclerosis, upper extremity contractures, chronic or recurring mental illness and ~~mental retardation~~ intellectual disability.

SECTION 21. DHS 105.09 (4) (b) of the administrative code is amended to read:

DHS 105.09 (4) (b) A home or portion of a home certified as an ~~ICF/MR~~ ICF-IID is exempt from this section.

SECTION 22. DHS 105.12 of the administrative code is amended to read:

DHS 105.12 ICFs for ~~mentally retarded persons~~ individuals with intellectual disabilities or ~~persons~~ individuals with related conditions. For MA certification, institutions for ~~mentally retarded persons~~ individuals with intellectual disabilities or ~~persons~~ individuals with related conditions shall be licensed pursuant to s. 50.03, Stats., and ch. DHS 134.

SECTION 23. DHS 107.09 (4) (o) 2. of the administrative code is amended to read:

DHS 107.09 (4) (o) 2. In an institution for ~~mentally retarded persons~~ individuals with intellectual disabilities or persons with related conditions, the team shall also make a psychological evaluation of need for care. The psychological evaluation shall be made before admission or authorization of payment, but may not be made more than 3 months before admission.

SECTION 24. DHS 107.09 (5) (d) of the administrative code is amended to read:

DHS 107.09 (5) (d) ICF-level services provided to a developmentally disabled person admitted after September 15, 1986, to an ICF facility other than to a facility certified under s. DHS 105.12 as an intermediate care facility for ~~the mentally retarded~~ individuals with intellectual disabilities unless the provisions of s. DHS 132.51 (2) (d) 1. have been waived for that person; and

SECTION 25. DHS 107.13 (2) (d) 2. of the administrative code is amended to read:

DHS 107.13 (2) (d) 2. Psychotherapy for ~~persons~~ individuals with the primary diagnosis of developmental disabilities, including ~~mental retardation~~ intellectual disabilities, except when they experience psychological problems that necessitate psychotherapeutic intervention.

SECTION 26. DHS 122.02 (2) (a) and (b) of the administrative code are amended to read:

DHS 122.02 (2) (a) The conversion of a skilled nursing facility under 42 CFR 442 Subpt. D or an intermediate care facility under 42 CFR 442 Subpt. F to an intermediate care facility for ~~the mentally retarded~~ individuals with intellectual disabilities under 42 CFR 442, Subpt. G, for purposes of medical assistance certification;

(b) The conversion of an intermediate care facility for ~~the mentally retarded~~ individuals with intellectual disabilities under 42 CFR 442 Subpt. G to a skilled nursing facility under 42 CFR 442 Subpt. D or an intermediate care facility under 42 CFR 442 Subpt. F, for purposes of medical assistance certification;

SECTION 27. DHS 129.03 (19) (c) of the administrative code is amended to read:

DHS 129.03 (19) (c) An intermediate care facility for ~~the mentally retarded~~ individuals with intellectual disabilities.

SECTION 28. DHS 129.07 (1) (a) 1. b. of the administrative code is amended to read:

DHS 129.07 (1) (a) 1. b. The needs of a client with Alzheimer’s disease, dementia, mental illness, ~~mental retardation~~ intellectual disability, or other cognitive disabilities or impairments.

SECTION 29. DHS 129.09 (6) (c) of the administrative code is amended to read:

DHS 129.09 (6) (c) *Student nurses.* A person currently enrolled as a student nurse who has completed a basic nursing course at a school approved by the Wisconsin Board of Nursing under s. 441.01 (4), Stats., is eligible to be employed as a nurse aide in a hospital, facility

for the developmentally disabled, or federally-certified intermediate care facility for ~~the mentally retarded~~ individuals with intellectual disabilities even if that person is not included on the registry and even if that person has not successfully completed a competency evaluation program under sub. (5) (c).

SECTION 30. DHS 129.09 (7) of the administrative code is amended to read:

DHS 129.09 (7) EMPLOYMENT PROHIBITIONS. A federally-certified nursing home may not hire or continue to employ a nurse aide who has a finding of abuse, neglect or misappropriation entered on the registry as a result of an incident that occurred in a federally-certified nursing home. A federally-certified intermediate care facility for ~~the mentally retarded~~ individuals with intellectual disabilities may not hire or continue to employ a nurse aide who has a finding of abuse, neglect or misappropriation entered on the registry.

SECTION 31. DHS 132.13 (4) (intro.) of the administrative code is amended to read:

DHS 132.13 (4) (intro.) “Developmental disability” means ~~mental retardation~~ intellectual disability or a related condition, such as cerebral palsy, epilepsy or autism, but excluding mental illness and infirmities of aging, which is:

SECTION 32. DHS 132.51 (2) (d) 1. of the administrative code is amended to read:

DHS 132.51 (2) (d) 1. No person who has a developmental disability may be admitted to a facility unless the facility is certified as an intermediate care facility for ~~the mentally retarded~~ individuals with intellectual disabilities, except that a person who has a developmental disability and who requires skilled nursing care services may be admitted to a skilled nursing facility.

SECTION 33. DHS 132.695 (2) (d) (intro.) of the administrative code is amended to read:

DHS 132.695 (2) (d) (intro.) “QMRP QIDP” or “qualified ~~mental retardation~~ intellectual disabilities professional” means a person who has specialized training in ~~mental retardation~~ intellectual disabilities or at least one year of experience in treating or working with ~~mentally retarded persons~~ individuals with intellectual disabilities and is one of the following:

SECTION 34. DHS 132.695 (4) (c) 2. of the administrative code is amended to read:

DHS 132.695 (4) (c) 2. Individual care plans shall be reassessed and updated at least quarterly by the interdisciplinary team, with more frequent updates if an individual’s needs warrant it, and at least every 30 days by the QMRP QIDP to review goals.

SECTION 35. DHS 134.13 (9) (intro.) of the administrative code is amended to read:

DHS 134.13 (9) (intro.) “Developmental disability” means ~~mental retardation~~ intellectual disability or a related condition such as cerebral palsy, epilepsy or

autism, but excluding mental illness and infirmities of aging, which is:

SECTION 36. DHS 134.13 (39) of the administrative code is amended to read:

DHS 134.13 (39) “QMRP QIDP” or “qualified ~~mental retardation~~ intellectual disabilities professional” means a person who has specialized training in ~~mental retardation~~ intellectual disabilities or at least one year of experience in treating or working with people with ~~mental retardation~~ intellectual disabilities or other developmental disabilities, and is one of the following:

SECTION 37. DHS 134.31 (3) (h) of the administrative code is amended to read:

DHS 134.31 (3) (h) *Outside activities.* Meet with and participate in activities of social, religious and community groups at the resident’s discretion and with the permission of the resident’s parents, if the resident is under 18 years of age, or guardian, if any, unless contraindicated as documented by the QMRP QIDP in the resident’s record.

SECTION 38. DHS 134.42 (title), (1) and (2) (intro.) of the administrative code are amended to read:

DHS 134.42 (title) Qualified ~~mental retardation~~ intellectual disabilities professional (QMRP) (QIDP).
(1) Every facility shall have at least one qualified ~~mental retardation~~ intellectual disabilities professional on staff in addition to the administrator, except that in a facility with 50 or fewer beds the administrator, if qualified, may perform the duties of the QMRP QIDP.

(2) (intro.) The duties of the QMRP QIDP shall include:

SECTION 39. DHS 134.47 (4) (d) 3. of the administrative code is amended to read:

DHS 134.47 (4) (d) 3. In measurable terms, documentation by the qualified ~~mental retardation~~ intellectual disabilities professional of the resident’s performance in relationship to the objectives contained in the individual program plan;

SECTION 40. DHS 134.53 (4) (c) 2. of the administrative code is amended to read:

DHS 134.53 (4) (c) 2. Unless the resident is receiving respite care or unless precluded by circumstances posing a danger to the health, safety or welfare of a resident, prior to any permanent involuntary removal under sub. (2) (b), a planning conference shall be held at least 14 days before removal with the resident, the resident’s guardian, if any, any appropriate county agency and any persons designated by the resident, including the resident’s physician or the facility QMRP QIDP, to review the need for relocation, assess the effect of relocation on the resident, discuss alternative placements and develop a relocation plan which includes at least those activities listed in subd. 3.

SECTION 41. DHS 134.60 (1) (a) 2. of the administrative code is amended to read:

DHS 134.60 (1) (a) 2. Membership on the interdisciplinary team for resident care planning may vary based on the professions, disciplines and service areas that are relevant to the resident's needs, but shall include a qualified ~~mental retardation~~ intellectual disabilities professional and a nurse, and a physician as required under s. DHS 134.66 (2) (a) 2. and (c).

SECTION 42. DHS 134.60 (2) (a) 1., 2. and 3. of the administrative code are amended to read:

DHS 134.60 (2) (a) 1. "DD level I" means the classification of ~~a person~~ an individual who ~~functions as profoundly or severely retarded~~ has a profound or severe intellectual disability; is under the age of 18; is severely physically handicapped; is aggressive, assaultive or a security risk; or manifests psychotic-like behavior and may engage in maladaptive behavior persistently or frequently or in behavior that is life-threatening. This ~~person's~~ individual's habilitation program emphasizes basic ADL skills and requires intensive staff effort.

2. "DD level II" means the classification of ~~a person~~ an individual who ~~functions as moderately retarded~~ has a moderate intellectual disability and who may occasionally engage in maladaptive behavior. This ~~person's~~ individual's health status may be stable or unstable. This ~~person~~ individual is involved in a habilitation program to increase abilities in ADL skills and social skills.

3. "DD level III" means the classification of ~~a person~~ an individual who ~~functions as mildly retarded~~ has a mild intellectual disability and who may rarely engage in maladaptive behavior. This ~~person's~~ individual's health status is usually stable. This ~~person~~ individual is involved in a habilitation program to increase domestic and vocational skills.

SECTION 43. DHS 134.60 (2) (a) 6. to 9. of the administrative code are amended to read:

DHS 134.60 (2) (a) 6. "~~Mildly retarded~~ Mild intellectual disability" means a diagnosis of an intelligence quotient (IQ) of 50 to 55 at the lower end of a range to 70 at the upper end.

7. "~~Moderately retarded~~ Moderate intellectual disability" means a diagnosis of an intelligence quotient (IQ) of 35 to 40 at the lower end of a range to 50 to 55 at the upper end.

8. "~~Profoundly retarded~~ Profound intellectual disability" means a diagnosis of an intelligence quotient (IQ) below 20 to 25.

9. "~~Severely retarded~~ Severe intellectual disability" means a diagnosis of an intelligence quotient (IQ) of 20 to 25 at the lower end of a range to 35 to 40 at the upper end.

SECTION 44. DHS 134.60 (3) (a) 2. of the administrative code is amended to read:

DHS 134.60 (3) (a) 2. An individual post-institutionalization plan, as part of the IPP developed before discharge by a qualified ~~mental retardation~~ intellectual disabilities professional and other appropriate

professionals. This shall include provision for appropriate services, protective supervision and other follow-up services in the resident's new environment.

SECTION 45. DHS 134.60 (4) (e) of the administrative code is amended to read:

DHS 134.60 (4) (e) *Habilitative or rehabilitative therapies.* Any habilitative or rehabilitative therapy ordered by a physician or dentist shall be administered by a therapist or QMRP QIDP. Any treatments and changes in treatments shall be documented in the resident's record.

SECTION 46. DWD 272.09 (1) (e) of the administrative code is amended to read:

DWD 272.09 (1) (e) "Institution" means an entity which may be either a public or private entity and either a nonprofit or a for profit entity that receives more than 50% of its income from providing residential care for sick, aged, or mentally ill or retarded persons or persons with intellectual disabilities. "Institution" includes hospitals, nursing homes, intermediate care facilities, rest homes, convalescent homes, homes for the elderly and infirm, halfway houses, and residential centers for the treatment of drug addiction or alcoholism, whether licensed under s. 50.01, Stats., or not licensed.

SECTION 47. DWD 272.09 (1) (n) of the administrative code is amended to read:

DWD 272.09 (1) (n) "Worker with a disability" means an individual whose earnings or productive capacity is impaired by a physical or ~~mental~~ intellectual disability, including those relating to age or injury, for the work to be performed. Disabilities which may affect earning or productive capacity include blindness, mental illness, ~~mental retardation~~ intellectual disabilities, cerebral palsy, alcoholism and drug addiction. The following, taken by themselves, are not considered disabilities for the purposes of this section: vocational, social, cultural, or educational disabilities; chronic unemployment; receipt of welfare benefits; nonattendance at school; juvenile delinquency; and correctional parole or probation. Further, a disability which may affect earning or productive capacity for one type of work may not have this effect for another type of work.

SECTION 48. PSC 113.012 (11) of the administrative code is amended to read:

PSC 113.012 (11) "Protective service emergency" means a threat to the health or safety of a resident because of the infirmities of aging, ~~mental retardation~~, other developmental or mental intellectual disabilities, or like infirmities incurred at any age, or the frailties associated with being very young.

SECTION 49. PSC 134.02 (20) of the administrative code is amended to read:

PSC 134.02 (20) "Protective service emergency" means a threat to the health or safety of a resident because of the infirmities of aging, ~~mental retardation~~, other developmental or mental intellectual disabilities, or like

infirmities incurred at any age, or the frailties associated with being very young.

SECTION 50. PSC 134.062 (8) (c) 3. of the administrative code is amended to read:

PSC 134.062 (8) (c) 3. A statement that the customer should communicate immediately upon receipt of the notice with the utility's designated office, listing a telephone number, if he or she disputes the notice of delinquent account, if he or she wishes to negotiate a deferred payment agreement as an alternative to disconnection, if any resident is seriously ill, or if there are other circumstances, as the presence of infants or young children in the household, the presence of aged or handicapped residents in the household, the presence of residents who use life support systems or equipment or residents who have ~~mental retardation~~ or other developmental or mental intellectual disabilities.

SECTION 51. PSC 134.0624 (1) of the administrative code is amended to read:

PSC 134.0624 (1) DECLARATION OF POLICY. The public service commission of Wisconsin recognizes that there are many citizens of the state who, because of income, infirmities of aging, ~~mental retardation~~, other developmental or mental intellectual disabilities or like infirmities incurred at any age, or the frailties associated with being very young, need protection from cold weather disconnections. This section is intended to provide that protection as enumerated below. It is the further intent of the public service commission that these rules be used as guidelines to identify those customers who are not covered by sub. (3). For households subject to disconnection under this section, any disconnection permitted by this chapter during the cold weather period defined below shall be made only as a last resort, after all other legal means of recourse have been attempted and proven unsuccessful.

SECTION 52. PSC 134.0624 (4) of the administrative code is amended to read:

PSC 134.0624 (4) CONDITIONS FOR DISCONNECTION. A utility may disconnect only those households whose gross quarterly incomes are above 250% of the federal income poverty guidelines and where health and safety would not be endangered, because of the infirmities of age, ~~mental retardation~~, other developmental or mental

intellectual disabilities or like infirmities incurred at any age or the frailties associated with being very young, if service were terminated or not restored.

SECTION 53. PSC 185.12 (17) of the administrative code is amended to read:

PSC 185.12 (17) "Protective service emergency" means a threat to the health or safety of a resident because of the infirmities of aging, ~~mental retardation~~, other developmental or mental intellectual disabilities, or like infirmities incurred at any age, or the frailties associated with being very young;

SECTION 54. PSC 185.37 (11) (f) 3. of the administrative code is amended to read:

PSC 185.37 (11) (f) 3. A statement that the customer shall communicate immediately upon receipt of the notice with the utility's designated office, listing a telephone number, if the customer disputes the notice of delinquent account, if the customer wishes to negotiate a deferred payment agreement as an alternative to disconnection, if any resident is seriously ill, or if there are other extenuating circumstances, as the presence of infants or young children in the household, the presence of aged, or persons with disabilities in the household, the presence of residents who use life support systems or equipment or residents who have ~~mental retardation~~ or other developmental or mental intellectual disabilities;

SECTION 55. SPS 326.10 (15) of the administrative code is amended to read:

SPS 326.10 (15) "Protective services emergency" means a threat to the health or safety of a community resident because of the infirmities of aging, ~~mental retardation~~, other developmental or mental intellectual disabilities, or the frailties associated with being very young.

SECTION 56. Nonstatutory provisions.

(1) The legislative reference bureau shall make the following terminology changes in any notes to rules promulgated by the department of health services or the department of safety and professional services:

- (a) "Mental retardation" to "intellectual disability".
- (b) "Intermediate care facility for the mentally retarded" to "intermediate care facility for individuals with intellectual disabilities."
- (c) "ICF/MR" or "ICF-MR" to "ICF-IID."