



State of Wisconsin  
2015 - 2016 LEGISLATURE

LRB-1461/P2  
TJD:jld:jm

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

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

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*Analysis by the Legislative Reference Bureau*

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

**SECTION 1.** 13.101 (6) (a) of the statutes is amended to read:

13.101 (6) (a) As an emergency measure necessitated by decreased state revenues and to prevent the necessity for a state tax on general property, the committee may reduce any appropriation made to any board, commission, department, or the University of Wisconsin System, or to any other state agency or activity, by such amount as it deems feasible, not exceeding 25% of the appropriations, except appropriations made by ss. 20.255 (2) (ac), (bc), (bh), (cg), and (cr), 20.395 (1), (2) (cq), (eq) to (ex) and (gq) to (gx), (3), (4) (aq) to (ax), and (6) (af), (aq), (ar), and (au), 20.435 (7) (4) (a) and (5) (da), and 20.437 (2) (a) and (dz) or for forestry purposes under s. 20.370 (1), or any other moneys distributed to any county,

city, village, town, or school district. Appropriations of receipts and of a sum sufficient shall for the purposes of this section be regarded as equivalent to the amounts expended under such appropriations in the prior fiscal year which ended June 30. All functions of said state agencies shall be continued in an efficient manner, but because of the uncertainties of the existing situation no public funds should be expended or obligations incurred unless there shall be adequate revenues to meet the expenditures therefor. For such reason the committee may make reductions of such appropriations as in its judgment will secure sound financial operations of the administration for said state agencies and at the same time interfere least with their services and activities.

**SECTION 2.** 13.94 (4) (a) 1. of the statutes, as affected by 2015 Wisconsin Act ... (this act), is amended to read:

13.94 (4) (a) 1. Every state department, board, examining board, affiliated credentialing board, commission, independent agency, council or office in the executive branch of state government; all bodies created by the legislature in the legislative or judicial branch of state government; any public body corporate and politic created by the legislature including specifically the University of Wisconsin System Authority, the Fox River Navigational System Authority, the Lower Fox River Remediation Authority, the Wisconsin Aerospace Authority, the Forward Wisconsin Development Authority, a professional baseball park district, a local professional football stadium district, and a local cultural arts district ~~and a long-term care district under s. 46.2895;~~ every Wisconsin works agency under subch. III of ch. 49; every provider of medical assistance under subch. IV of ch. 49; technical college district boards; every county department under s. 51.42 or 51.437; every nonprofit corporation or cooperative or unincorporated cooperative association to

which moneys are specifically appropriated by state law; and every corporation, institution, association or other organization which receives more than 50% of its annual budget from appropriations made by state law, including subgrantee or subcontractor recipients of such funds.

\*\*\*\*NOTE: This is reconciled s. 13.94 (4) (a) 1. This SECTION has been affected by drafts with the following LRB numbers: -0971/P4, -1215/P2, and -1461/P1.

**SECTION 3.** 13.94 (4) (b) of the statutes is amended to read:

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

**SECTION 4.** 17.15 (5) of the statutes is repealed.

**SECTION 5.** 17.27 (3m) of the statutes is repealed.

**SECTION 6.** 19.82 (1) of the statutes is amended to read:

19.82 (1) "Governmental body" means a state or local agency, board, commission, committee, council, department or public body corporate and politic created by constitution, statute, ordinance, rule or order; a governmental or quasi-governmental corporation except for the Bradley center sports and entertainment corporation; a local exposition district under subch. II of ch. 229; ~~a long-term care district under s. 46.2895;~~ or a formally constituted subunit of any of the foregoing, but excludes any such body or committee or subunit of such body which

is formed for or meeting for the purpose of collective bargaining under subch. I, IV, or V of ch. 111.

**SECTION 7.** 20.145 (1) (g) (intro.) of the statutes is amended to read:

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

**SECTION 8.** 20.145 (1) (g) 3. of the statutes is repealed.

**SECTION 9.** 20.435 (4) (title) of the statutes is repealed and recreated to read:

20.435 (4) (title) MEDICAID SERVICES.

\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

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

20.435 (4) (a) *General program operations.* The amounts in the schedule for general program operations, including health care financing regulation, administration, field services, operation of the council on physical disabilities under s. 46.29, and medical assistance eligibility determinations under s. 49.45 (2) (a) 3.

**SECTION 11.** 20.435 (4) (b) of the statutes is amended to read:

20.435 (4) (b) *Medical Assistance program benefits.* Biennially, the amounts in the schedule to provide a portion of the state share of Medical Assistance program benefits administered under subch. IV of ch. 49, for a portion of the Badger Care

health care program under s. 49.665, to provide a portion of the Medical Assistance program benefits administered under subch. IV of ch. 49 that are not also provided under par. (o), to fund the pilot project under s. 46.27 (9) and (10), to provide a portion of the facility payments under [1999 Wisconsin Act 9](#), section [9123 \(9m\)](#), to fund services provided by resource centers or other entities under s. 46.283, for services under the family care benefit program under s. 46.284 (5), for assisting victims of diseases, as provided in ss. 49.68, 49.683, and 49.685, for distributing grants under s. 146.64, and for reduction of any operating deficits as specified in [2005 Wisconsin Act 15](#), section [3](#). Notwithstanding s. 20.002 (1), the department may transfer from this appropriation account to the appropriation account under sub. (5) (kc) funds in the amount of and for the purposes specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the department may credit or deposit into this appropriation account and may transfer between fiscal years funds that it transfers from the appropriation account under sub. (5) (kc) for the purposes specified in s. 46.485 (3r). Notwithstanding s. 20.002 (1), the department may transfer from this appropriation account to the appropriation account under ~~sub. (7) par.~~ par. (bd) funds in the amount and for the purposes specified in s. 49.45 (6v).

**SECTION 12.** 20.435 (4) (b) of the statutes, as affected by 2015 Wisconsin Act ... (this act), is amended to read:

20.435 (4) (b) *Medical Assistance program benefits.* Biennially, the amounts in the schedule to provide a portion of the state share of Medical Assistance program benefits administered under subch. IV of ch. 49, for a portion of the Badger Care health care program under s. 49.665, to provide a portion of the Medical Assistance program benefits administered under subch. IV of ch. 49 that are not also provided under par. (o), to fund the pilot project under s. 46.27 (9) and (10), to provide a portion

of the facility payments under [1999 Wisconsin Act 9](#), section [9123 \(9m\)](#), to fund services provided by resource centers or other entities under s. 46.283, for services under the family care program under s. 46.284 (5), for assisting victims of diseases, as provided in ss. 49.68, 49.683, and 49.685, for distributing grants under s. 146.64, and for reduction of any operating deficits as specified in [2005 Wisconsin Act 15](#), section [3](#). Notwithstanding s. 20.002 (1), the department may transfer from this appropriation account to the appropriation account under sub. (5) (kc) funds in the amount of and for the purposes specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the department may credit or deposit into this appropriation account and may transfer between fiscal years funds that it transfers from the appropriation account under sub. (5) (kc) for the purposes specified in s. 46.485 (3r). ~~Notwithstanding s. 20.002 (1), the department may transfer from this appropriation account to the appropriation account under par. (bd) funds in the amount and for the purposes specified in s. 49.45 (6v).~~

**SECTION 13.** 20.435 (4) (bd) of the statutes, as affected by 2015 Wisconsin Act .... (this act), is amended to read:

20.435 (4) (bd) *Long-term care programs.* The amounts in the schedule for assessments, case planning, services, administration and risk reserve escrow accounts under s. 46.27, for pilot projects under s. 46.271 (1), to fund services provided by resource centers other entities under s. 46.283 (5), for services under the family care program under s. 46.284 (5), for services and supports under s. 46.2803 (2), for services provided under the children's community options program under s. 46.272, and for the payment of premiums under s. 49.472 (5). ~~If the department transfers funds to this appropriation from the appropriation account under sub. (4) (b), the amounts in the schedule for the fiscal year for which the transfer is made are~~

~~increased by the amount of the transfer for the purposes specified in s. 49.45 (6v).~~ Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department may under this paragraph transfer moneys between fiscal years. Except for moneys authorized for transfer under this appropriation or under s. 46.27 (7) (fm) or (g), all moneys under this appropriation that are allocated under s. 46.27 and are not spent or encumbered by counties or by the department by December 31 of each year shall lapse to the general fund on the succeeding January 1 unless transferred to the next calendar year by the joint committee on finance.

**SECTION 14.** 20.435 (4) (bm) of the statutes is amended to read:

20.435 (4) (bm) *Medical Assistance, food stamps, and Badger Care administration; contract costs, insurer reports, and resource centers.* Biennially, the amounts in the schedule to provide a portion of the state share of administrative contract costs for the Medical Assistance program under subch. IV of ch. 49 and the Badger Care health care program under s. 49.665 and to provide the state share of administrative costs for the food stamp program under s. 49.79, other than payments under s. 49.78 (8), to develop and implement a registry of recipient immunizations, to reimburse 3rd parties for their costs under s. 49.475, for costs associated with outreach activities, for state administration of state supplemental grants to supplemental security income recipients under s. 49.77, and for services of resource centers or other entities under s. 46.283. No state positions may be funded in the department of health services from this appropriation, except positions for the performance of duties under a contract in effect before January 1, 1987, related to the administration of the Medical Assistance program between the subunit of the department primarily responsible for administering the Medical Assistance program and another subunit of the department. Total administrative funding

authorized for the program under s. 49.665 may not exceed 10% of the amounts budgeted under pars. (p) and (x).

**SECTION 15.** 20.435 (4) (g) of the statutes is amended to read:

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

**SECTION 16.** 20.435 (4) (gm) of the statutes is amended to read:

20.435 (4) (gm) *Medical assistance; provider refunds and collections.* All moneys received from provider refunds, third party liability payments, drug rebates, audit recoveries, and other collections related to expenditures made from pars. (b), (jz), and (w), except for those moneys deposited in the appropriation accounts under par. (im) or (in) regardless of the fiscal year in which the expenditure from par. (b), (jz), or (w) is made, to provide a portion of the state share of Medical Assistance program benefits administered under subch. IV of ch. 49; to provide a portion of the Badger Care health care program under s. 49.665; to provide a portion of the Medical Assistance program benefits administered under subch. IV of ch. 49 that are not also provided under par. (o); to fund the pilot project under s. 46.27 (9) and (10); to fund services provided by resource centers or other entities under s. 46.283; to fund services under the family care benefit program under s. 46.284 (5); and to assist victims of diseases, as provided in ss. 49.68, 49.683, and 49.685.

**SECTION 17.** 20.435 (4) (h) of the statutes is repealed and recreated to read:

20.435 (4) (h) *County contributions.* All moneys received from counties as contributions to the family care program, as defined in s. 46.2805 (4m), the program of all-inclusive care for the elderly, as defined in s. 46.2805 (9m), and the Family Care Partnership Program described under s. 46.2805 (4k) and from counties under ss.



46.99 (3) and (3m) and 46.995; to fund services under the family care program under s. 46.284 (5) and services under the program of all-inclusive care for the elderly and the Family Care Partnership Program and for an entity to administer and to pay for services provided under the birth to 3 waiver program under s. 46.99 and the disabled children's long-term support program.

\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 18.** 20.435 (4) (i) of the statutes is amended to read:

20.435 (4) (i) *Gifts, grants, and payments; health care financing.* All moneys received from gifts, grants, bequests and trust funds to provide ~~health care financing~~ Medical Assistance, food stamp, and disability and elder services consistent with the purpose of the gift, grant, bequest or trust fund, and all moneys received from payments from nongovernmental individuals and entities for departmental administrative services, for the purposes for which those payments are received.

**SECTION 19.** 20.435 (4) (iL) of the statutes is amended to read:

20.435 (4) (iL) *Medical assistance provider assessments; health services regulation.* All moneys received from assessments charged under s. 49.45 (2) (b) 9. and all moneys received under s. 150.13, for performance by the department of audits and investigations under s. 49.45 (3) (g) and for the purposes specified in ch. 150.

\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 20.** 20.435 (4) (im) of the statutes is amended to read:

20.435 (4) (im) *Medical assistance; correct payment recovery; collections; community services; other recoveries.* All moneys received from the recovery of correct medical assistance payments under ss. 49.496 and 49.849, all moneys received as collections and other recoveries from providers, drug manufacturers, and

other 3rd parties under medical assistance performance-based contracts, all moneys received from the recovery of costs of care under ss. 46.27 (7g) and 49.849 for enrollees who are ineligible for Medical Assistance, all moneys not appropriated under par. (in), and all moneys credited to this appropriation account under s. 49.89 (7) (f), for payments to counties and tribal governing bodies under s. 49.496 (4) (a), for payment of claims under s. 49.849 (5), for payments to the federal government for its share of medical assistance benefits recovered, for the state share of medical assistance benefits provided under subch. IV of ch. 49, for payments to care management organizations for provision of the family care benefit under s. 46.284 (5), for payments for long-term community support services funded under s. 46.27 (7) as provided in s. 46.27 (7g) (e) and 49.849 (6) (b), for administration of the waiver program under s. 46.99, and for costs related to collections and other recoveries.

\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 21.** 20.435 (4) (jt) of the statutes is repealed.

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

**SECTION 22.** 20.435 (4) (kv) of the statutes is repealed.

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

**SECTION 23.** 20.435 (4) (o) of the statutes is amended to read:

20.435 (4) (o) *Federal aid; medical assistance.* All federal moneys received for meeting costs of Medical Assistance administered under ss. 46.284 (5) and 49.665 and subch. IV of ch. 49, to be used for those purposes, for transfer to the Medical Assistance trust fund, for those purposes, and for transfer to the appropriation account under sub. (5) (kx) for the purposes specified under sub. (5) (kx), ~~and to~~

~~transfer to the appropriation account under s. 20.435 (7) (im) \$19,100 in fiscal year 2009-10 and \$20,900 in fiscal year 2010-11.~~

**SECTION 24.** 20.435 (4) (pa) of the statutes is amended to read:

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

**SECTION 25.** 20.435 (5) (da) of the statutes is amended to read:

20.435 (5) (da) *Reimbursements to local units of government.* A sum sufficient for the cost of care as provided in s. 51.22 (3) for persons who have a developmental disability or who require mental health or alcoholism or other drug abuse treatment.

**SECTION 26.** 20.435 (5) (gg) of the statutes is amended to read:

20.435 (5) (gg) *Collection remittances to local units of government.* All moneys received under ss. 46.03 (18) and 46.10, less moneys credited to sub. ~~(7) (ge) and (h)~~ (4) (hp), for the purposes of remitting departmental collections under s. 46.03 (18) (g) or 46.10 (8m) (a) 3. and 4.

**SECTION 27.** 20.435 (7) (title) of the statutes is repealed and recreated to read:

20.435 (7) (title) DISABILITY AND ELDER SERVICES.

\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 28.** 20.435 (7) (a) of the statutes is repealed.

\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 29.** 20.435 (7) (b) of the statutes is amended to read:

20.435 (7) (b) *Community aids and Medical Assistance payments.* The amounts in the schedule for human services under s. 46.40, to fund services provided by resource centers or other entities under s. 46.283 (5), to fund activities in support of resource center operations, for services under the family care benefit program under s. 46.284 (5), for Medical Assistance payment adjustments under s. 49.45 (52) (a) for services described in s. 49.45 (52) (a) 1., for Medical Assistance payments under s. 49.45 (6tw), and for Medical Assistance payments under s. 49.45 (53) for services described in s. 49.45 (53) that are provided before January 1, 2012. Social services disbursements under s. 46.03 (20) (b) may be made from this appropriation. Refunds received relating to payments made under s. 46.03 (20) (b) for the provision of services for which moneys are appropriated under this paragraph shall be returned to this appropriation. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department of health services may transfer funds between fiscal years under this paragraph. The department shall deposit into this appropriation funds it recovers under ss. 46.495 (2) (b) and 51.423 (15), from prior year audit adjustments including those resulting from audits of services under s. 46.26, 1993 stats., or s. 46.27. Except for amounts authorized to be carried forward under s. 46.45, all funds recovered under ss. 46.495 (2) (b) and 51.423 (15) and all funds allocated under s. 46.40 and not spent or encumbered by December 31 of each year shall lapse to the general fund on the succeeding January 1 unless carried forward to the next calendar year by the joint committee on finance.

**SECTION 30.** 20.435 (7) (bd) of the statutes is renumbered 20.435 (4) (bd) and amended to read:

20.435 (4) (bd) *Long-term care programs.* The amounts in the schedule for assessments, case planning, services, administration and risk reserve escrow

accounts under s. 46.27, for pilot projects under s. 46.271 (1), to fund services provided by resource centers or other entities under s. 46.283 (5), for services under the family care benefit program under s. 46.284 (5), for services and supports under s. 46.2803 (2), and for the payment of premiums under s. 49.472 (5). If the department transfers funds to this appropriation from the appropriation account under sub. (4) (b), the amounts in the schedule for the fiscal year for which the transfer is made are increased by the amount of the transfer for the purposes specified in s. 49.45 (6v). Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department may under this paragraph transfer moneys between fiscal years. Except for moneys authorized for transfer under this appropriation or under s. 46.27 (7) (fm) or (g), all moneys under this appropriation that are allocated under s. 46.27 and are not spent or encumbered by counties or by the department by December 31 of each year shall lapse to the general fund on the succeeding January 1 unless transferred to the next calendar year by the joint committee on finance.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 31.** 20.435 (7) (da) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 32.** 20.435 (7) (g) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 33.** 20.435 (7) (gc) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 34.** 20.435 (7) (gm) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 35.** 20.435 (7) (h) of the statutes is renumbered 20.435 (4) (hp) and amended to read:

20.435 (4) (hp) *Disabled children's long-term support waivers.* All moneys received under ss. 46.03 (18) and 46.10 for services for children reimbursed under a waiver under s. 46.27 (11), 46.275, or 46.278 or provided under the disabled children's long-term support program, as defined in s. 46.011 (1g), ~~less the amounts appropriated under par. (ge),~~ for distribution to counties according to a formula developed by the department as a portion of the state share of payments for services for children under the waiver under s. 46.278 or for services provided under the disabled children's long-term support program.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 36.** 20.435 (7) (hc) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 37.** 20.435 (7) (hs) of the statutes is renumbered 20.435 (4) (hs).

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 38.** 20.435 (7) (i) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 39.** 20.435 (7) (im) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 40.** 20.435 (7) (jb) of the statutes is renumbered 20.435 (4) (jc) and amended to read:

20.435 (4) (jc) *Fees for administrative services.* All moneys received from fees charged for providing state mailings, special computer services, training programs, printed materials, and publications ~~relating to long-term care services,~~ for the

purpose of providing those state mailings, special computer services, training programs, printed materials, and publications.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

\*\*\*\*NOTE: Please note that I could not move (7) (jb) to (4) (jb) as requested because there is an existing appropriation at (4) (jb).

**SECTION 41.** 20.435 (7) (kx) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 42.** 20.435 (7) (m) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 43.** 20.435 (7) (mc) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 44.** 20.435 (7) (n) of the statutes is repealed.

\*\*\*\*NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

**SECTION 45.** 20.927 (1m) of the statutes, as affected by 2015 Wisconsin Act ....

(this act), is amended to read:

20.927 **(1m)** Except as provided under subs. (2) and (3), no funds of this state or of any county, city, village, or town or long-term care district under s. 46.2895 or of any subdivision or agency of this state, including an authority created in ch. 36 or 233, or of any subdivision or agency of any county, city, village or town and no federal funds passing through the state treasury shall be authorized for or paid to a physician or surgeon or a hospital, clinic or other medical facility for the performance of an abortion.

\*\*\*\*NOTE: This is reconciled s. 20.927 (1m). This SECTION has been affected by drafts with the following LRB numbers: -0971/P4 and -1461/P1.

**SECTION 46.** 20.9275 (1) (b) of the statutes is amended to read:

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

**SECTION 47.** 25.50 (1) (d) of the statutes, as affected by 2015 Wisconsin Act ... (this act), is amended to read:

25.50 (1) (d) “Local government” means any county, town, village, city, power district, sewerage district, drainage district, town sanitary district, public inland lake protection and rehabilitation district, local professional baseball park district created under subch. III of ch. 229, ~~long-term care district under s. 46.2895~~, local professional football stadium district created under subch. IV of ch. 229, local cultural arts district created under subch. V of ch. 229, public library system, school district or technical college district in this state, any commission, committee, board or officer of any governmental subdivision of this state, any court of this state, other than the court of appeals or the supreme court, the University of Wisconsin System Authority, or any authority created under s. 114.61, 231.02, 233.02, or 235.011.

\*\*\*NOTE: This is reconciled s. 25.50 (1) (d). This SECTION has been affected by drafts with the following LRB numbers: -0971/P4, -1215/P2, and -1461/P1.

**SECTION 48.** 25.77 (2) of the statutes is amended to read:

25.77 (2) All public funds that are related to payments under s. 49.45 and that are transferred or certified under [42 CFR 433.51](#) (b) and used as the nonfederal and federal share of Medical Assistance funding, except funds that are deposited into the appropriation accounts under s. 20.435 (4) ~~(h)~~, ~~(kx)~~, or (ky).

\*\*\*NOTE: Since the purpose for and deposits into s. 20.435 (4) (h) are completely different than they were, I eliminated the cross-reference to it here. Please confirm that this meets your intent.

**SECTION 49.** 40.02 (28) of the statutes is amended to read:



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

**SECTION 50.** 40.02 (36) of the statutes is amended to read:

40.02 (36) “Governing body” means the legislature or the head of each state agency with respect to employees of that agency for the state, the common council in cities, the village board in villages, the town board in towns, the county board in counties, the school board in school districts, or the board, commission or other governing body having the final authority for any other unit of government, for any agency or instrumentality of 2 or more units of government, for any federated public library system established under s. 43.19 whose territory lies within a single county with a population of 500,000 or more, or for a local exposition district created under subch. II of ch. 229 ~~or for a long-term care district created under s. 46.2895~~, but does not include a local cultural arts district created under subch. V of ch. 229.

**SECTION 51.** 46.21 (2m) (c) of the statutes is amended to read:

46.21 (2m) (c) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), and 253.07 (3) (c), a subunit of a county department of human services or tribal agency acting under this subsection may exchange confidential information about a client, without

the informed consent of the client, with any other subunit of the same county department of human services or tribal agency, with a resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, with an elder-adult-at-risk agency, an adult-at-risk agency, or any agency to which referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of human services or tribal agency or with a resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of human services or tribal agency to coordinate the delivery of services to the client. An agency that releases information under this paragraph shall document that a request for information was received and what information was provided.

**SECTION 52.** 46.21 (2m) (c) of the statutes, as affected by 2015 Wisconsin Act .... (this act), is amended to read:

46.21 **(2m)** (c) *Exchange of information.* Notwithstanding ss. ~~46.2895 (9)~~, 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), and 253.07 (3) (c), a subunit of a county department of human services or tribal agency acting under this subsection may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of human services or tribal agency, with a resource center or other contracted entity under s. 46.283 (2), 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.

**SECTION 53.** 46.215 (1) (r) of the statutes is amended to read:

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

**SECTION 54.** 46.215 (1) (s) of the statutes is amended to read:

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

**SECTION 55.** 46.215 (1m) of the statutes is amended to read:

46.215 (1m) EXCHANGE OF INFORMATION; LONG-TERM CARE. Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), a subunit of a county department of social services or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of social services or tribal agency, with a

resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, with an elder-adult-at-risk agency, an adult-at-risk agency, or any agency to which referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of social services or tribal agency or with a resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of social services or tribal agency to coordinate the delivery of services to the client. An agency that releases information under this subsection shall document that a request for information was received and what information was provided.

**SECTION 56.** 46.215 (1m) of the statutes, as affected by 2015 Wisconsin Act ... (this act), is amended to read:

46.215 (1m) EXCHANGE OF INFORMATION; LONG-TERM CARE. Notwithstanding ss. ~~46.2895 (9)~~, 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), a subunit of a county department of social services or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of social services or tribal agency, with a resource center or other contracted entity under s. 46.283 (2), or a care management organization, ~~or a long-term care district~~, with an elder-adult-at-risk agency, an adult-at-risk agency, or any agency to which referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of social services

or tribal agency or with a resource center or 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 subsection shall document that a request for information was received and what information was provided.

**SECTION 57.** 46.215 (1p) of the statutes is amended to read:

46.215 **(1p)** EXCHANGE OF INFORMATION; STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM. Notwithstanding ss. ~~46.2895 (9)~~, 48.396 (1) and (2) (a), 48.78 (2) (a), 48.981 (7), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 252.15, 253.07 (3) (c), 938.396 (1) (a) and (2), and 938.78 (2) (a), a county department under this section may enter the content of any record kept or information received by that county department into the statewide automated child welfare information system established under s. 48.47 (7g).

**SECTION 58.** 46.22 (1) (b) 1. j. of the statutes is amended to read:

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

**SECTION 59.** 46.22 (1) (b) 1. k. of the statutes is amended to read:

46.22 **(1)** (b) 1. k. If authorized under s. 46.284 (1) (a) ~~1~~, to apply to the department of health services to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), to

operate the care management organization and, if appropriate, place funds in a risk reserve.

**SECTION 60.** 46.22 (1) (dm) of the statutes is amended to read:

46.22 (1) (dm) *Exchange of information; long-term care.* Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), a subunit of a county department of social services or tribal agency acting under this subsection may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of social services or tribal agency, with a resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, with an elder-adult-at-risk agency, an adult-at-risk agency, or any agency to which referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of social services or tribal agency or with a resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of social services or tribal agency to coordinate the delivery of services to the client. An agency that releases information under this paragraph shall document that a request for information was received and what information was provided.

**SECTION 61.** 46.22 (1) (dm) of the statutes, as affected by 2015 Wisconsin Act .... (this act), is amended to read:

46.22 (1) (dm) *Exchange of information; long-term care.* Notwithstanding ss. ~~46.2895 (9)~~, 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82,

252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), a subunit of a county department of social services or tribal agency acting under this subsection may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of social services or tribal agency, with a resource center or other contracted entity under s. 46.283 (2), or a care management organization, ~~or a long-term care district~~, with an elder-adult-at-risk agency, an adult-at-risk agency, or any agency to which referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of social services or tribal agency or with a resource center or 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.

**SECTION 62.** 46.22 (1) (dp) of the statutes is amended to read:

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

**SECTION 63.** 46.23 (3) (e) of the statutes is amended to read:

46.23 (3) (e) *Exchange of information; long-term care.* Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), a subunit of a county department of human services or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of human services or tribal agency, with a resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, with an elder-adult-at-risk agency, an adult-at-risk agency, or any agency to which referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of human services or tribal agency or with a resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of human services or tribal agency to coordinate the delivery of services to the client. An agency that releases information under this paragraph shall document that a request for information was received and what information was provided.

**SECTION 64.** 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.

**SECTION 65.** 46.23 (3) (ed) of the statutes is amended to read:

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

**SECTION 66.** 46.27 (4) (am) of the statutes is repealed.

**SECTION 67.** 46.27 (4) (c) (intro.) of the statutes is amended to read:

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

~~planning committee, the governing board of the resource center shall recommend a community options plan for participation in the program. The plan shall include:~~

**SECTION 68.** 46.27 (4) (c) 5. of the statutes is amended to read:

46.27 (4) (c) 5. A description of the method to be used by the committee ~~or, if the governing board of a resource center has under s. 46.283 (6) (b) 10. assumed the duties of the planning committee, the governing board of the resource center to~~ monitor the implementation of the program.

**SECTION 69.** 46.27 (7) (am) of the statutes is amended to read:

46.27 (7) (am) From the appropriation under s. 20.435 ~~(7)~~ (4) (bd), the department shall allocate funds to each county or private nonprofit agency with 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).

**SECTION 70.** 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).

**SECTION 71.** 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.

**SECTION 72.** 46.27 (7) (fr) 3. c. of the statutes is repealed.

**SECTION 73.** 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:

**SECTION 74.** 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.

**SECTION 75.** 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).

**SECTION 76.** 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)~~.

**SECTION 77.** 46.27 (13) of the statutes is created to read:

46.27 **(13)** PROGRAM TERMINATION. Notwithstanding subs. (5), (6), (6g), (6u), (7), (7m), (8), and (11), after the date the family care benefit, as defined in s. 46.2805 (4), is available to eligible residents of a county, the department may discontinue the program under this section in that county.

**SECTION 78.** 46.271 (1) (a) (intro.) of the statutes is amended to read:

46.271 **(1)** (a) (intro.) From the appropriation under s. 20.435 ~~(7)~~ (4) (bd), the department shall award \$100,000 in each fiscal year to applying county departments under s. 46.215, 46.22, 46.23, 51.42 or 51.437 or to an aging unit under the conditions specified in par. (c) to establish pilot projects for home and community-based long-term support services. Funds awarded to the pilot projects shall be used to do any of the following:

**SECTION 79.** 46.272 of the statutes is created to read:

**46.272 Children's community options program. (1) DEFINITIONS.** In this section:

(a) “Child” means a person under 22 years of age who is not receiving services in or on a waiting list for an adult long-term care program.

(b) “Disability” means a severe physical, developmental, or emotional impairment which is diagnosed medically, behaviorally, or psychologically, which is characterized by the need for individually planned and coordinated care, treatment, vocational rehabilitation, or other services and which has resulted or is likely to result in substantial limitation on the ability to function in at least 2 of the following areas, equivalent to nursing home or institution for mental disease level of care:

1. Self-care.
2. Receptive and expressive language.
3. Learning.
4. Mobility.
5. Self-direction.

(c) “Hospital” has the meaning provided in s. 50.33 (2).

(d) “Institutional setting” means a nursing home, as defined in s. 50.01 (3), a state-operated long-term care facility, or any other residential facility that provides long-term care to children outside of a home.

(e) “Residence” means the voluntary concurrence of physical presence with intent to remain in a place of fixed habitation. Physical presence shall be prima facie evidence of intent to remain.

(f) “State-operated long-term care facility” means a state center for the developmentally disabled and a Wisconsin veterans home operated by the department of veterans affairs under s. 45.50.

(g) “Voluntary” means according to an individual’s free choice, if competent, or by choice of his or her parent or guardian, if the individual is adjudicated incompetent or is a minor.

**(2) DEPARTMENTAL DUTIES.** The department shall do all of the following to establish a children’s community options program:

(a) Review and approve or disapprove the selection of a county department to administer the children’s community options program.

(b) In consultation with representatives of counties, hospitals, and other institutional settings and with recipients of children’s community support services, develop guidelines for implementing the program and criteria for reviewing community options plans from counties participating in the program under this section. 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.

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.

(c) Submit the proposed program plan to the county board of supervisors in each county in the service area for review. After approval by the county board of supervisors in each county in which families are eligible to participate in the program, the county department shall submit the proposed program plan to the department.

(d) Administer the program or contract with a human service agency in the service area to administer the program within the limits of state and federal funds under subs. (13) and (14).

(e) In conjunction with the county department under s. 46.215 or 46.22, if any, in the service area and with the administering agency, if it is not the county department under s. 46.23, 51.42, or 51.437, coordinate the administration of the program with the administration of other publicly funded programs that serve children who have disabilities.

(f) Submit all information and reports required by the department.

**(5) POWERS AND DUTIES OF A PRIVATE NONPROFIT AGENCY.** A private nonprofit agency with which the department contracts for service under sub. (14) (b) 3. shall have the powers and duties under this section of a county department designated to administer the program.

**(6) DUTIES OF ADMINISTERING AGENCIES.** Each administering agency shall:

(a) Cooperate in the development of the program plan under sub. (4) (b).

(b) Provide information about the program and other programs for children who have disabilities to families in the service area.

(c) Implement the program in accordance with the program plan.

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

**(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 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 use 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 children'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) and (bd) (c) 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 department under s. 227.44, except that lack of adequate funding may not serve as the basis for a request under this subsection.

**SECTION 80.** 46.2803 (1) of the statutes is amended to read:

46.2803 (1) In order to facilitate the transition to the ~~long-term care system specified in ss. family care program as defined in s. 46.2805 to 46.2895 (4m)~~, within the limits of applicable federal statutes and regulations and if the secretary of health services finds it necessary, he or she may grant a county limited waivers to or exemptions from ss. 46.27 (3) (e) (intro.), 1. and 2. and (f), (5) (d) and (e), (6) (a) 1., 2. and 3. and (b) (intro.), 1. and 2., (6r) (c), (7) (b), (cj) and (cm) and (11) (c) 5m. (intro.) and 6. and 46.277 (3) (a), (4) (a) and (5) (d) 1m., 1n. and 2. and rules promulgated under those provisions.

**SECTION 81.** 46.2803 (2) of the statutes is amended to read:

46.2803 (2) Notwithstanding s. 46.27 (7), a county in which a care management organization is operating pursuant to a contract under s. 46.284 (2) or a county in which a program described under s. 46.2805 ~~(1) (a) (4k) or (b) (9m)~~ is administered may use funds appropriated under 20.435 (7) (bd) and allocated to the county under s. 46.27 (7) to provide community mental health or substance abuse services and supports for persons with mental illness or persons in need of services or supports

for substance abuse and to provide services under the Family Support Program under s. 46.985.

**SECTION 82.** 46.2803 (2) of the statutes, as affected by 2015 Wisconsin Act ... (this act), is amended to read:

46.2803 (2) Notwithstanding s. 46.27 (7), a county in which a care management organization is operating pursuant to a contract under s. 46.284 (2) or a county in which a program described under s. 46.2805 (4k) or (9m) is administered may use funds appropriated under 20.435 (7) (bd) and allocated to the county under s. 46.27 (7) to provide community mental health or substance abuse services and supports for persons with mental illness or persons in need of services or supports for substance abuse and to provide services under the Family Support Program under s. 46.985.

**SECTION 83.** 46.2804 of the statutes is repealed.

**SECTION 84.** 46.2805 (intro.) of the statutes is amended to read:

**46.2805 Definitions; long-term care.** (intro.) In ss. 46.2805 to 46.2895 46.288:

**SECTION 85.** 46.2805 (1) (intro.) of the statutes is amended to read:

46.2805 (1) (intro.) “Care management organization” means all of the following:

(cm) Before January 1, 2017, or the date specified in 2015 Wisconsin Act ... (this act), section 9118 (1), whichever is later, an entity that is certified as meeting the requirements for a care management organization under s. 46.284 (3) and that has a contract under s. 46.284 (2). “Care management organization” ~~does not mean an entity that contracts with the department to operate one of the following:~~

**SECTION 86.** 46.2805 (1) (a) of the statutes is repealed.

**SECTION 87.** 46.2805 (1) (b) of the statutes is repealed.

**SECTION 88.** 46.2805 (1) (dm) of the statutes is created to read:

46.2805 (1) (dm) Beginning on January 1, 2017, or the date specified in 2015 Wisconsin Act ... (this act), section 9118 (1), whichever is later, an insurer that is licensed and in compliance with the applicable provisions of chs. 600 to 646, that is certified as meeting the requirements for a care management organization under s. 46.284 (3), and that has a contract under s. 46.284 (2).

**SECTION 89.** 46.2805 (4) of the statutes is amended to read:

46.2805 (4) “Family care benefit” means financial assistance for long-term care and support items for an enrollee and any financial assistance, as specified by the department, for primary and acute health care services under s. 49.46 (2) for an enrollee.

**SECTION 90.** 46.2805 (4k) of the statutes is created to read:

46.2805 (4k) “Family Care Partnership Program” means an integrated health and long-term care program operated under an amendment to the state Medical Assistance plan under [42 USC 1396u-2](#) and a waiver under [42 USC 1396n](#) (c).

**SECTION 91.** 46.2805 (4m) of the statutes is created to read:

46.2805 (4m) “Family care program” means the program under s. 46.2805 to 46.2895 that provides the family care benefit.

**SECTION 92.** 46.2805 (4m) of the statutes, as created by 2015 Wisconsin Act ... (this act), is amended to read:

46.2805 (4m) “Family care program” means the program under s. 46.2805 to ~~46.2895~~ [46.288](#) that provides the family care benefit.

**SECTION 93.** 46.2805 (7r) of the statutes is repealed.

**SECTION 94.** 46.2805 (7u) of the statutes is repealed.

**SECTION 95.** 46.2805 (9m) of the statutes is created to read:

46.2805 (9m) “Program of all-inclusive care for the elderly” means an integrated health and long-term care program operated under [42 USC 1395eee](#) or [1396u-4](#).

**SECTION 96.** 46.2805 (10) of the statutes is amended to read:

46.2805 (10) “Resource center” means an entity that meets the standards for operation under s. 46.283 (3) or, if under contract to provide a portion of the services specified under s. 46.283 (3), meets the standards for operation with respect to those services, and fulfills the duties under s. 46.283 (4).

**SECTION 97.** 46.2805 (10m) of the statutes is amended to read:

46.2805 (10m) “Self-directed services option” means the option in the family care program that is operated under a waiver from the secretary of the federal department of health and human services under 42 USC 1396n (e) in which an enrolled individual selects his or her own services and service providers.

**SECTION 98.** 46.281 (1d) of the statutes is amended to read:

46.281 (1d) **WAIVER REQUEST.** The department shall request from the secretary of the federal department of health and human services any waivers of federal medicaid laws necessary to permit the use of federal moneys to provide the family care benefit to recipients of medical assistance. The department shall implement any waiver that is approved and that is consistent with ss. 46.2805 to ~~46.2895~~ 46.288. Regardless of whether a waiver is approved, the department may implement operation of resource centers, care management organizations, and the family care benefit.

**SECTION 99.** 46.281 (1g) (a) of the statutes is renumbered 46.281 (1g) and amended to read:

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.~~

**SECTION 100.** 46.281 (1g) (b) of the statutes is repealed.

**SECTION 101.** 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).

**SECTION 102.** 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.

**SECTION 103.** 46.281 (1n) (d) of the statutes is repealed.

**SECTION 104.** 46.281 (1n) (e) of the statutes is amended to read:

46.281 (1n) (e) Contract with a person to provide the advocacy services described under s. 16.009 (2) (p) 1. to 5. to actual or potential recipients of the family care benefit who are under age 60 or to their families or guardians. The department

may not contract under this paragraph with a county or with a person who has a contract with the department to provide services under s. 46.283 (3) ~~and (4)~~ as a resource center or other entity or to administer the family care benefit as a care management organization. The contract under this paragraph shall include as a goal that the provider of advocacy services provide one advocate for every 2,500 individuals under age 60 who receive the family care benefit or who participates in the self-directed services option.

**SECTION 105.** 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.

**SECTION 106.** 46.281 (4) (c) of the statutes is 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.

**SECTION 107.** 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).

**SECTION 108.** 46.2825 of the statutes is repealed.

**SECTION 109.** 46.283 (title) of the statutes is amended to read:

**46.283 (title) Resource centers; resource functions.**

**SECTION 110.** 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.

**SECTION 111.** 46.283 (1) (a) 2. of the statutes is repealed.

**SECTION 112.** 46.283 (2) (intro.) of the statutes is renumbered 46.283 (2) and amended to read:

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.

**SECTION 113.** 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 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.

**SECTION 114.** 46.283 (2) (a) of the statutes is repealed.

**SECTION 115.** 46.283 (2) (b) of the statutes is repealed.

**SECTION 116.** 46.283 (3) (title) of the statutes is repealed and recreated to read:

46.283 (3) (title) RESOURCE FUNCTION DUTIES.

**SECTION 117.** 46.283 (3) (intro.) of the statutes is amended to read:

46.283 (3) (intro.) The department shall assure that at least all may in a contract with a resource center or other entity specify that the resource center or other entity provide any of the following are available to a person who contacts a resource center for service services or functions:

**SECTION 118.** 46.283 (3) (e) of the statutes is amended to read:

46.283 (3) (e) A determination of financial eligibility and of the maximum amount of cost sharing required for a person who is seeking long-term care services or the family care benefit, under standards prescribed by the department.

**SECTION 119.** 46.283 (4) (title) of the statutes is amended to read:

46.283 (4) (title) ~~DUTIES;~~ RESOURCE CENTERS.

**SECTION 120.** 46.283 (4) (a) of the statutes is renumbered 46.283 (3) (L) and amended to read:

46.283 (3) (L) ~~Provide~~ Provision of services statewide or within the entire geographic area prescribed for the resource center or other entity by the department as specified in the contract.

**SECTION 121.** 46.283 (4) (e) of the statutes is renumbered 46.283 (3) (m) and amended to read:

46.283 (3) (m) ~~Provide information~~ Information about the services of the resource center or other entity, including the services specified in sub. (3) (d), about assessments under s. 46.284 (4) (b) and care plans under s. 46.284 (4) (c), and about the family care benefit and the self-directed services option to all older persons and adults with a physical or developmental disability who are residents of nursing homes, community-based residential facilities, adult family homes, and residential care apartment complexes in the area of the resource center 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.

**SECTION 122.** 46.283 (4) (f) of the statutes is renumbered 46.283 (3) (n) and amended to read:

46.283 (3) (n) ~~Perform~~ Performance of a functional screening and a financial and cost-sharing screening for any resident, as specified in par. (e) ~~(m)~~, who requests a screening and assist any resident who is eligible and chooses to enroll in a care management organization ~~or the self-directed services option~~ to do so.

**SECTION 123.** 46.283 (4) (g) of the statutes is renumbered 46.283 (3) (o) and amended to read:

46.283 (3) (o) ~~Perform~~ Performance of a functional screening and a financial and cost-sharing screening for any person seeking admission to a nursing home, community-based residential facility, residential care apartment complex, or adult family home, if the secretary has certified that the resource center or other entity is available to the person and the facility and the person is determined by the resource center or other entity to have a condition that is expected to last at least 90 days that would require care, assistance, or supervision. A resource center or other entity may not require a financial and cost-sharing screening for a person seeking admission or about to be admitted on a private pay basis who waives the requirement for a financial and cost-sharing screening under this paragraph, unless the person is expected to become eligible for medical assistance within 6 months. A resource center or other entity need not perform a functional screening for a person seeking admission or about to be admitted for whom a functional screening was performed within the previous 6 months.

**SECTION 124.** 46.283 (4) (j) of the statutes is repealed.

**SECTION 125.** 46.283 (5) of the statutes is amended to read:

46.283 (5) FUNDING. From the appropriation accounts under s. 20.435 (4) (b), ~~(bd)~~, (bm), (gm), (pa), and (w) and (7) (b), ~~(bd)~~, and (md), the department may contract with organizations ~~that meet standards under sub. (3)~~ for performance of the duties

under sub. (4) (3) and shall distribute funds for services provided by resource centers and other entities.

**SECTION 126.** 46.283 (6) of the statutes is repealed.

**SECTION 127.** 46.283 (7) (intro.) of the statutes is amended to read:

46.283 (7) (intro.) No record, as defined in s. 19.32 (2), of a resource center or other contracted entity under s. 46.283 (2) that contains personally identifiable information, as defined in s. 19.62 (5), concerning an individual who receives services from the resource center may be disclosed by the resource center without the individual's informed consent, except as follows:

**SECTION 128.** 46.283 (7) (a) of the statutes is amended to read:

46.283 (7) (a) A resource center or other contracted entity under sub. (2) 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 family care program under ss. 46.2805 to 46.2895.

**SECTION 129.** 46.283 (7) (b) of the statutes is amended to read:

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

**SECTION 130.** 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.

**SECTION 131.** 46.284 (1) (a) (intro.) and 1. of the statutes are consolidated, renumbered 46.284 (1) (a) and amended to read:

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

**SECTION 132.** 46.284 (1) (a) 2. of the statutes is repealed.

**SECTION 133.** 46.284 (2) (a) of the statutes is amended to read:

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

management organization under the requirements of this section unless so certified and under contract with the department.

**SECTION 134.** 46.284 (2) (bm) of the statutes is amended to read:

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

**SECTION 135.** 46.284 (2) (bm) of the statutes, as affected by 2015 Wisconsin Act .... (this act), is amended to read:

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

**SECTION 136.** 46.284 (2) (c) of the statutes is repealed.

**SECTION 137.** 46.284 (2) (d) of the statutes is repealed.

**SECTION 138.** 46.284 (3) (b) 10. of the statutes is amended to read:

46.284 (3) (b) 10. Coverage statewide or for a geographic area specified by the department if the department grants the applicant an exception to statewide coverage.

**SECTION 139.** 46.284 (3) (b) 11. of the statutes is amended to read:

46.284 (3) (b) 11. The ability to develop strong linkages with systems and services that are not directly within the scope of the applicant's responsibility but that are important to the target group that it proposes to serve, including.

11m. If the department chooses to make primary and acute health care services 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.

**SECTION 140.** 46.284 (3m) of the statutes, is repealed.

**SECTION 141.** 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.

**SECTION 142.** 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.

**SECTION 143.** 46.284 (5) (d) 4. of the statutes is amended to read:

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

**SECTION 144.** 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.

**SECTION 145.** 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 family care program ~~under ss. 46.2805 to 46.2895.~~

**SECTION 146.** 46.284 (7) (b) of the statutes is amended to read:

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

**SECTION 147.** 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.

**SECTION 148.** 46.285 (2) of the statutes is repealed.

**SECTION 149.** 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.

**SECTION 150.** 46.287 (2) (c) of the statutes is amended to read:

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

**SECTION 151.** 46.2895 of the statutes, as affected by 2015 Wisconsin Act .... (this act), is repealed.

**SECTION 152.** 46.2895 (1) (a) (intro.) of the statutes is amended to read:

46.2895 (1) (a) (intro.) A Except as provided in par. (f), a county, a tribe or band, or any combination of counties or tribes or bands, may create a special purpose district that is termed a “long-term care district”, that is a local unit of government, that is separate and distinct from, and independent of, the state and the county or tribe or band that created it, and that has the powers and duties specified in this section, if each county or tribe or band that participates in creating the district does all of the following:

**SECTION 153.** 46.2895 (1) (a) 1. b. of the statutes is amended to read:

46.2895 (1) (a) 1. b. Specifies the long-term care district's primary purpose, which shall be to operate, under contract with the department, a resource center under s. 46.283, a care management organization under s. 46.284, or a program described under ~~s. 46.2805 (1) (a) or (b)~~ of all-inclusive care for the elderly or the Family Care Partnership Program.

**SECTION 154.** 46.2895 (1) (c) of the statutes is amended to read:

46.2895 (1) (c) A long-term care district may not operate a care management organization under s. 46.284 ~~or~~, a program described under ~~s. 46.2805 (1) (a) or (b)~~ of all-inclusive care for the elderly, or the Family Care Partnership Program if the district operates a resource center under s. 46.283.

**SECTION 155.** 46.2895 (1) (f) of the statutes is created to read:

46.2895 (1) (f) No county, tribe, band, or combination of counties, tribes, or bands, may create a long-term care district after June 30, 2015.

**SECTION 156.** 46.2895 (4) (intro.) of the statutes is amended to read:

46.2895 (4) POWERS. (intro.) Subject to ~~sub. subs.~~ sub. (1) (c) and (12m), a long-term care district has all the powers necessary or convenient to carry out the purposes and provisions of the family care program ss. 46.2805 to 46.2895. In addition to all these powers, a long-term care district may do all of the following:

**SECTION 157.** 46.2895 (4) (dm) of the statutes is amended to read:

46.2895 (4) (dm) Subject to sub. (1) (c), enter into a contract with the department to operate ~~a~~ the program described under s. 46.2805 (1) (a) or (b) of all-inclusive care for the elderly or the Family Care Partnership Program and provide services related to the contracted services.

**SECTION 158.** 46.2895 (8) (a) (intro.) of the statutes is amended to read:

46.2895 (8) (a) (intro.) ~~A~~ Subject to sub. (12m), a long-term care district board that is created at least in part by a county shall do all of the following:

**SECTION 159.** 46.2895 (12m) of the statutes is created to read:

46.2895 (12m) **REQUIRED DISSOLUTION.** A long-term care district that exists on June 30, 2015, shall dissolve under the procedures in sub. (13) before June 30, 2017, or before a date established by the department, whichever is later.

**SECTION 160.** 46.2897 of the statutes is repealed.

**SECTION 161.** 46.2899 (1) of the statutes is repealed.

**SECTION 162.** 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.

**SECTION 163.** 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.

**SECTION 164.** 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:

**SECTION 165.** 46.295 (1) of the statutes is amended to read:

46.295 (1) The department may, on the request of any hearing-impaired person, city, village, town, or county or private agency, provide funds from the appropriation accounts under s. 20.435 (4) (hs) and (7) (d) ~~and (hs)~~ to reimburse interpreters for hearing-impaired persons for the provision of interpreter services.

**SECTION 166.** 46.40 (1) (a) of the statutes is amended to read:

46.40 (1) (a) Within the limits of available federal funds and of the appropriations under s. 20.435 (7) (b) and (o), the department shall distribute funds for community social, mental health, developmental disabilities, and alcohol and other drug abuse services and for services under ss. 46.87, ~~46.985~~, and 51.421 to county departments under ss. 46.215, 46.22, 46.23, 51.42, and 51.437 and to county aging units, as provided in subs. (2), (2m), (8), and ~~(7) to~~ (9).

**SECTION 167.** 46.40 (7) of the statutes is repealed.

**SECTION 168.** 46.40 (14m) of the statutes is amended to read:

46.40 **(14m)** COUNTY COMMUNITY AIDS BUDGETS. Before December 1 of each year, each county department under ss. 46.215, 46.22, 46.23, 51.42 and 51.437 and each tribal governing body shall submit to the department a proposed budget for the expenditure of funds allocated under this section or carried forward under s. 46.45 (3) ~~(a)~~. The proposed budget shall be submitted on a form developed by the department and approved by the department of administration.

**SECTION 169.** 46.45 (3) (a) of the statutes is amended to read:

46.45 (3) (a) Except as provided in par. (b), at the request of a county, tribal governing body, or private nonprofit organization, the department shall carry forward up to 3% of the total amount allocated to the county, tribal governing body, or nonprofit organization for a calendar year, ~~not including the amount allocated to the county under s. 46.40 (7), which amount may be carried forward as provided in par. (e).~~ All funds carried forward for a tribal governing body or nonprofit organization and all funds allocated under s. 46.40 (2m) carried forward for a county shall be used for the purpose for which the funds were originally allocated. Other funds carried forward under this paragraph may be used for any purpose under s. 20.435 (7) (b), except that a county may not use any funds carried forward under this paragraph for administrative or staff costs. An allocation of carried-forward funding under this paragraph does not affect a county's base allocations under s. 46.40 (2), (2m), (8), and (9).

**SECTION 170.** 46.45 (3) (c) of the statutes is repealed.

**SECTION 171.** 46.45 (6) (a) of the statutes is renumbered 46.45 (6) and amended to read:

46.45 (6) The department may carry forward 10% of any funds specified in sub. (3) (a) that are not carried forward under sub. (3) (a) for emergencies, for justifiable unit services costs above planned levels, and for increased costs due to population shifts. An allocation of carried-forward funding under this paragraph does not affect a county's base allocations under s. 46.40 (2), (2m), (8), and (9).

**SECTION 172.** 46.45 (6) (b) of the statutes is repealed.

**SECTION 173.** 46.56 (3) (a) 4. of the statutes is repealed.

**SECTION 174.** 46.56 (10) of the statutes is repealed.

**SECTION 175.** 46.82 (3) (a) 19. of the statutes is amended to read:

46.82 (3) (a) 19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) ~~1.~~, apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.

**SECTION 176.** 46.82 (3) (a) 20. of the statutes is amended to read:

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

**SECTION 177.** 46.985 of the statutes is repealed.

**SECTION 178.** 46.99 (4) of the statutes is amended to read:

46.99 (4) From the appropriation account under s. 20.435 (4) (o), the department may distribute to counties that provide services under this section the amount of federal moneys received by the state as the federal share of medical assistance for those services, minus the amount transferred to the appropriation account under s. 20.435 ~~(7)~~ (4) (im) for the department's costs of administering this section. Counties shall use moneys distributed under this section to provide services under this section or s. 51.44.

**SECTION 179.** 48.47 (7g) of the statutes is amended to read:

48.47 (7g) STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM. Establish a statewide automated child welfare information system. Notwithstanding ss. ~~46.2895 (9)~~, 48.396 (1) and (2) (a), 48.78 (2) (a), 48.981 (7), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 252.15, 253.07 (3) (c), 938.396 (1) (a) and (2), and 938.78 (2) (a), the department may enter the content of any record kept or



information received by the department into the statewide automated child welfare information system, and a county department under s. 46.215, 46.22, or 46.23, the department, or any other organization that has entered into an information sharing and access agreement with the department or any of those county departments and that has been approved for access to the statewide automated child welfare information system by the department may have access to information that is maintained in that system, if necessary to enable the county department, department, or organization to perform its duties under this chapter, ch. 46, 51, 55, or 938, or [42 USC 670 to 679b](#) or to coordinate the delivery of services under this chapter, ch. 46, 51, 55, or 938, or [42 USC 670 to 679b](#). The department may also transfer information that is maintained in the system to a court under s. 48.396 (3) (bm), and the court and the director of state courts may allow access to that information as provided in s. 48.396 (3) (c) 2.

**SECTION 180.** 49.45 (6v) of the statutes, as affected by 2015 Wisconsin Act ... (this act), is repealed.

**SECTION 181.** 49.45 (6v) (c) of the statutes is amended to read:

49.45 (6v) (c) If the report specified in par. (b) indicates that utilization of beds by recipients of medical assistance in facilities is less than estimates for that utilization reflected in the intentions of the joint committee on finance, legislature and governor, as expressed by them in the budget determinations, the department shall include a proposal to transfer moneys from the appropriation under s. 20.435 (4) (b) to the appropriation under s. 20.435 (~~7~~) (4) (bd) for the purpose of increasing funding for the community options program under s. 46.27. The amount proposed for transfer may not reduce the balance in the appropriation account under s. 20.435 (4) (b) below an amount necessary to ensure that that appropriation account will end

the current fiscal year or the current fiscal biennium with a positive balance. The secretary shall transfer the amount identified under the proposal.

**SECTION 182.** 49.472 (5) of the statutes is amended to read:

49.472 (5) COMMUNITY OPTIONS PARTICIPANTS. From the appropriation under s. 20.435 ~~(7)~~ (4) (bd), the department may pay all or a portion of the monthly premium calculated under sub. (4) (a) for an individual who is a participant in the community options program under s. 46.27 (11).

**SECTION 183.** 49.475 (1) (e) 2. of the statutes is amended to read:

49.475 (1) (e) 2. An enrollee of the family care program, as defined in s. 46.2805 (4m).

**SECTION 184.** 49.496 (1) (bk) 2. of the statutes is repealed.

**SECTION 185.** 49.849 (6) (b) of the statutes is amended to read:

49.849 (6) (b) From the appropriation under s. 20.435 ~~(7)~~ (4) (im), with respect to funds collected by the department under sub. (2) related to long-term community support services funded under s. 46.27 (7) paid on behalf of the decedent or the decedent's spouse, the department shall pay claims under sub. (5) and shall spend the remainder of the funds recovered under this section for long-term community support services funded under s. 46.27 (7).

**SECTION 186.** 50.034 (5m) of the statutes is amended to read:

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

screening and a financial and cost-sharing screening to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

**SECTION 187.** 50.034 (5n) (intro.) of the statutes is amended to read:

50.034 **(5n)** REQUIRED REFERRAL. (intro.) Subject to sub. (5p), when a residential care apartment complex first provides written material regarding the residential care apartment complex to a prospective resident who is at least 65 years of age or has developmental disability or a physical disability and whose disability or condition is expected to last at least 90 days, the residential care apartment complex shall refer the prospective resident to a resource center or other entity under s. 46.283, unless any of the following applies:

**SECTION 188.** 50.034 (5n) (a) of the statutes is amended to read:

50.034 **(5n)** (a) For a person for whom a screening for functional eligibility under s. 46.286 (1) (a) has been performed within the previous 6 months, the referral under this subsection need not include performance of an additional functional screening under s. 46.283 (4) ~~(g)~~ (3) (o).

**SECTION 189.** 50.034 (5n) (d) of the statutes is amended to read:

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

**SECTION 190.** 50.034 (5p) of the statutes is amended to read:

50.034 **(5p)** APPLICABILITY. Subsections (5m) and (5n) apply only if the secretary has certified under s. 46.281 (3) that a resource center or other entity is available for

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

**SECTION 191.** 50.034 (6) of the statutes is amended to read:

50.034 **(6)** FUNDING. Funding for supportive, personal or nursing services that a person who resides in a residential care apartment complex receives, other than private or 3rd-party funding, may be provided only under s. 46.27 (11) (c) 7. or 46.277 (5) (e), except if the provider of the services is a certified medical assistance provider under s. 49.45 or if the funding is provided as a family care benefit under ss. the family care program as defined in s. 46.2805 to 46.2895 (4m).

**SECTION 192.** 50.035 (4m) of the statutes is amended to read:

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

**SECTION 193.** 50.035 (4n) (intro.) of the statutes is amended to read:

50.035 **(4n)** REQUIRED REFERRAL. (intro.) When a community-based residential facility first provides written information regarding the community-based residential facility to a prospective resident who is at least 65 years of age or has developmental disability or a physical disability and whose disability or condition is

expected to last at least 90 days, the community-based residential facility shall refer the individual to a resource center or other entity under s. 46.283 or, if the secretary has not certified under s. 46.281 (3) that a resource center or other entity is available in the area of the community-based residential facility to serve individuals in an eligibility group to which the prospective resident belongs, to the county department that administers a program under ss. 46.27 or 46.277, unless any of the following applies:

**SECTION 194.** 50.035 (4n) (a) of the statutes is amended to read:

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

**SECTION 195.** 50.035 (4n) (d) of the statutes is amended to read:

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

**SECTION 196.** 50.035 (4p) of the statutes is amended to read:

50.035 (4p) **APPLICABILITY.** Subsection (4m) applies only if the secretary has certified under s. 46.281 (3) that a resource center or other entity is available for the community-based residential facility and for specified groups of eligible individuals that include those persons seeking admission to or the residents of the community-based residential facility.

**SECTION 197.** 50.04 (2g) (a) of the statutes is amended to read:

50.04 **(2g)** (a) Subject to sub. (2i), a nursing home shall, within the time period after inquiry by a prospective resident that is prescribed by the department by rule, inform the prospective resident of the services of a resource center or other entity under s. 46.283, the family care benefit under s. 46.286, and the availability of a functional screening and a financial and cost-sharing screening to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

**SECTION 198.** 50.04 (2h) (a) (intro.) of the statutes is amended to read:

50.04 **(2h)** (a) (intro.) Subject to sub. (2i), a nursing home shall, within the time period prescribed by the department by rule, refer to a resource center or other entity under s. 46.283 a person who is seeking admission, who is at least 65 years of age or has developmental disability or physical disability and whose disability or condition is expected to last at least 90 days, unless any of the following applies:

**SECTION 199.** 50.04 (2h) (a) 1. of the statutes is amended to read:

50.04 **(2h)** (a) 1. For a person for whom a screening for functional eligibility under s. 46.286 (1) (a) has been performed within the previous 6 months, the referral under this paragraph need not include performance of an additional functional screening under s. 46.283 (4) ~~(g)~~ (3) (o).

**SECTION 200.** 50.04 (2h) (a) 4. of the statutes is amended to read:

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

**SECTION 201.** 50.04 (2i) of the statutes is amended to read:

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

**SECTION 202.** 50.04 (2m) (b) of the statutes is amended to read:

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

**SECTION 203.** 50.06 (7) of the statutes is amended to read:

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

**SECTION 204.** 50.49 (6m) (b) of the statutes is amended to read:

50.49 **(6m)** (b) A program specified in s. 46.2805 ~~(1) (a)~~ (9m).

**SECTION 205.** 50.49 (6m) (c) of the statutes is amended to read:

50.49 **(6m)** (c) A demonstration program specified in s. 46.2805 ~~(1) (b)~~ (4k).

**SECTION 206.** 51.06 (8) (b) 6. of the statutes is amended to read:

51.06 **(8)** (b) 6. The extent of Medical Assistance provided to relocated or diverted individuals that is in addition to Medical Assistance provided to the individuals under s. 46.27 (11), 46.275, 46.277, or 46.278, as a under the family care benefit under ss. program as defined in s. 46.2805 to 46.2895 (4m), or under any other home-based or community-based program for which the department has received a waiver under [42 USC 1396n](#) (c).

**SECTION 207.** 51.22 (3) of the statutes is amended to read:

51.22 **(3)** Whenever an admission is made through the department, the department shall determine the need for inpatient care of the individual to be admitted. Unless a state-operated facility is used, the department may only authorize care in an inpatient facility which is operated by or under a purchase of service contract with a county department under s. 51.42 or 51.437 or an inpatient facility which is under a contractual agreement with the department. Except in the case of state treatment facilities, the department shall reimburse the facility for the actual cost of all authorized care and services from the appropriation under s. 20.435 ~~(7)~~ (5) (da). For collections made under the authority of s. 46.10 (16), moneys shall be credited or remitted to the department no later than 60 days after the month in which collections are made. Such collections are also subject to s. 46.036 or special agreement. Collections made by the department under ss. 46.03 (18) and 46.10 shall be deposited in the general fund.

**SECTION 208.** 51.42 (1) (b) of the statutes is amended to read:

51.42 **(1)** (b) *County liability.* The county board of supervisors except in Milwaukee County, has the primary responsibility for the well-being, treatment and care of the mentally ill, developmentally disabled, alcoholic and other drug



dependent citizens residing within its county and for ensuring that those individuals in need of such emergency services found within its county receive immediate emergency services. In Milwaukee County, the Milwaukee County mental health board has the primary responsibility for the well-being, treatment and care of the mentally ill, alcoholic, and other drug dependent citizens residing within Milwaukee County and for ensuring that those individuals in need of such emergency services found within Milwaukee County receive immediate emergency services. The county board of supervisors of Milwaukee County has the primary responsibility for the well-being, treatment, and care of the developmentally disabled citizens residing within Milwaukee County, except where the responsibility is delegated explicitly under this section to the Milwaukee County mental health board, and for ensuring that developmentally disabled individuals in need of such emergency services found within Milwaukee County receive immediate emergency services. This primary responsibility is limited to the programs, services and resources that the county board of supervisors, or, as applicable, the Milwaukee County mental health board, is reasonably able to provide within the limits of available state and federal funds and of county funds required to be appropriated to match state funds. County liability for care and services purchased through or provided by a county department of community programs established under this section shall be based upon the client's county of residence except for emergency services for which liability shall be placed with the county in which the individual is found. For the purpose of establishing county liability, "emergency services" includes those services provided under the authority of s. 55.05 (4), 2003 stats., or s. 55.06 (11) (a), 2003 stats., or s. 51.15, 51.45 (11) (a) or (b) or (12), 55.13, or 55.135 for not more than 72 hours. Nothing in this paragraph prevents recovery of liability under s. 46.10 or any other

statute creating liability upon the individual receiving a service or any other designated responsible party, or prevents reimbursement by the department of health services for the actual cost of all care and services from the appropriation under s. 20.435 ~~(7)~~ (5) (da), as provided in s. 51.22 (3).

**SECTION 209.** 51.42 (3) (ar) 17. of the statutes is amended to read:

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

**SECTION 210.** 51.42 (3) (ar) 18. of the statutes is amended to read:

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

**SECTION 211.** 51.42 (3) (e) of the statutes is amended to read:

51.42 (3) (e) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), any subunit of a county department of community programs or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of community programs or tribal agency, with a resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, or with any person providing services to the client under a purchase of services contract with the county department of community programs or tribal agency or with a resource center or other contracted entity under s. 46.283 (2), care management organization, or long-term care district,

if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of community programs or tribal agency to coordinate the delivery of services to the client. Any agency releasing information under this paragraph shall document that a request was received and what information was provided.

**SECTION 212.** 51.42 (3) (e) of the statutes, as affected by 2015 Wisconsin Act ... (this act), is amended to read:

51.42 (3) (e) *Exchange of information.* Notwithstanding ss. ~~46.2895 (9)~~, 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), any subunit of a county department of community programs or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of community programs or tribal agency, with a resource center or other contracted entity under s. 46.283 (2), or a care management organization, ~~or a long-term care district~~, or with any person providing services to the client under a purchase of services contract with the county department of community programs or tribal agency or with a resource center or other contracted entity under s. 46.283 (2), or care management organization, ~~or long-term care district~~, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of community programs or tribal agency to coordinate the delivery of services to the client. Any agency releasing information under this paragraph shall document that a request was received and what information was provided.

**SECTION 213.** 51.437 (4m) (n) of the statutes is amended to read:

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

**SECTION 214.** 51.437 (4m) (p) of the statutes is amended to read:

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

**SECTION 215.** 51.437 (4r) (b) of the statutes is amended to read:

51.437 (4r) (b) Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), any subunit of a county department of developmental disabilities services or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of developmental disabilities services or tribal agency, with a resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, or with any person providing services to the client under a purchase of services contract with the county department of developmental disabilities services or tribal agency or with a resource center or other contracted entity under s. 46.283 (2), a care management organization, or a long-term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of developmental disabilities services or tribal agency to coordinate the delivery of services to the client. Any agency releasing information under this paragraph shall document that a request was received and what information was provided.

**SECTION 216.** 51.437 (4r) (b) of the statutes, as affected by 2015 Wisconsin Act ... (this act), is amended to read:

51.437 **(4r)** (b) Notwithstanding ss. ~~46.2895 (9)~~, 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), any subunit of a county department of developmental disabilities services or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of developmental disabilities services or tribal agency, with a resource center or other contracted entity under s. 46.283 (2), or a care management organization, ~~or a long-term care district~~, or with any person providing services to the client under a purchase of services contract with the county department of developmental disabilities services or tribal agency or with a resource center or 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 developmental disabilities services or tribal agency to coordinate the delivery of services to the client. Any agency releasing information under this paragraph shall document that a request was received and what information was provided.

**SECTION 217.** 66.0301 (1) (a) of the statutes, as affected by 2015 Wisconsin Act ... (this act), is amended to read:

66.0301 **(1)** (a) Except as provided in pars. (b) and (c), in this section “municipality” means the state or any department or agency thereof, or any city, village, town, county, school district, public library system, public inland lake protection and rehabilitation district, sanitary district, farm drainage district, metropolitan sewerage district, sewer utility district, solid waste management

system created under s. 59.70 (2), local exposition district created under subch. II of ch. 229, local professional baseball park district created under subch. III of ch. 229, local professional football stadium district created under subch. IV of ch. 229, local cultural arts district created under subch. V of ch. 229, local sports and entertainment district created under subch. VI of ch. 229, ~~long-term care district under s. 46.2895~~, water utility district, mosquito control district, municipal electric company, county or city transit commission, commission created by contract under this section, taxation district, regional planning commission, housing authority created under s. 66.1201, redevelopment authority created under s. 66.1333, community development authority created under s. 66.1335, or city-county health department.

\*\*\*\*NOTE: This is reconciled s. 66.0301 (1) (a). This SECTION has been affected by drafts with the following LRB numbers: -1461/P1 and -1502/2.

**SECTION 218.** 66.0506 (1) of the statutes, as affected by 2015 Wisconsin Act ... (this act), is amended to read:

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

\*\*\*\*NOTE: This is reconciled s. 66.0506 (1). This SECTION has been affected by drafts with the following LRB numbers: -0971/P4 and -1461/P1.

**SECTION 219.** 66.0601 (1) (b) of the statutes is amended to read:

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

or other medical facility for the performance of an abortion except those permitted under and which are performed in accordance with s. 20.927.

**SECTION 220.** 66.0601 (1) (c) of the statutes is amended to read:

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

**SECTION 221.** 69.30 (1) (bd) of the statutes is repealed.

**SECTION 222.** 69.30 (2) of the statutes is amended to read:

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

**SECTION 223.** 70.11 (2) of the statutes is amended to read:

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

land tax-deeded to any county or city before January 2; but any residence located upon property owned by the county for park purposes that is rented out by the county for a nonpark purpose shall not be exempt from taxation. Except as to land acquired under s. 59.84 (2) (d), this exemption shall not apply to land conveyed after August 17, 1961, to any such governmental unit or for its benefit while the grantor or others for his or her benefit are permitted to occupy the land or part thereof in consideration for the conveyance. Leasing the property exempt under this subsection, regardless of the lessee and the use of the leasehold income, does not render that property taxable.

**SECTION 224.** 71.26 (1) (b) of the statutes is amended to read:

71.26 (1) (b) *Political units.* Income received by the United States, the state and all counties, cities, villages, towns, school districts, technical college districts, joint local water authorities created under s. 66.0823, ~~long-term care districts under s. 46.2895~~ or other political units of this state.

**SECTION 225.** 101.01 (4) of the statutes is amended to read:

101.01 (4) "Employer" means any person, firm, corporation, state, county, town, city, village, school district, sewer district, drainage district, ~~long-term care district~~ and other public or quasi-public corporations as well as any agent, manager, representative or other person having control or custody of any employment, place of employment or of any employee.

**SECTION 226.** 102.01 (2) (d) of the statutes is amended to read:

102.01 (2) (d) "Municipality" includes a county, city, town, village, school district, sewer district, drainage district ~~and long-term care district~~ and other public or quasi-public corporations.

**SECTION 227.** 102.04 (1) (a) of the statutes is amended to read:



102.04 (1) (a) The state, each county, city, town, village, school district, sewer district, drainage district, ~~long-term care district~~ and other public or quasi-public corporations therein.

**SECTION 228.** 103.001 (6) of the statutes is amended to read:

103.001 (6) “Employer” means any person, firm, corporation, state, county, town, city, village, school district, sewer district, drainage district, ~~long-term care district~~ and other public or quasi-public corporations as well as any agent, manager, representative or other person having control or custody of any employment, place of employment or of any employee.

**SECTION 229.** 111.70 (1) (j) of the statutes, as affected by 2015 Wisconsin Act .... (this act), is amended to read:

111.70 (1) (j) “Municipal employer” means any city, county, village, town, metropolitan sewerage district, school district, ~~long-term care district~~, local cultural arts district created under subch. V of ch. 229, the University of Wisconsin System Authority, or any other political subdivision of the state, or instrumentality of one or more political subdivisions of the state, that engages the services of an employee and includes any person acting on behalf of a municipal employer within the scope of the person’s authority, express or implied.

\*\*\*\*NOTE: This is reconciled s. 111.70 (1) (j). This SECTION has been affected by drafts with the following LRB numbers: -0971/P4 and -1461/P1.

**SECTION 230.** 600.01 (1) (b) 10. of the statutes is repealed.

**SECTION 231.** 600.03 (25) (a) 5. of the statutes is created to read:

600.03 (25) (a) 5. Services provided by a care management organization, as defined in s. 46.2805 (1) (dm).

**SECTION 232.** 601.41 (12) of the statutes is created to read:

601.41 (12) CARE MANAGEMENT ORGANIZATIONS. The commissioner may apply the provisions of chs. 600 to 646 to a care management organization, as defined in s. 46.2805 (1) (dm). The commissioner may promulgate rules to license care management organizations, as defined in s. 46.2805 (1) (dm), as insurers and to otherwise regulate care management organizations.

**SECTION 233.** 632.745 (6) (a) 2m. of the statutes is repealed.

**SECTION 234.** Chapter 648 of the statutes is repealed.

**SECTION 235.** 985.01 (1g) of the statutes is amended to read:

985.01 (1g) “Governing body” has the meaning given in s. 345.05 (1) (b) and ~~includes a long-term care district board under s. 46.2895.~~

**SECTION 236.** 985.01 (3) of the statutes is amended to read:

985.01 (3) “Municipality” has the meaning in s. 345.05 (1) (c) ~~and includes a long-term care district under s. 46.2895.~~

**SECTION 9118. Nonstatutory provisions; Health Services.**

(1) CHANGES TO FAMILY CARE PROGRAM.

(a) *Definitions.* In this subsection:

1. “Department” means the department of health services.
2. “Family Care Partnership Program” means an integrated health and long-term care program operated under an amendment to the state Medical Assistance plan under [42 USC 1396u-2](#) and a waiver under [42 USC 4396n](#) (c).
3. “Family care program” means the program under sections 46.2805 to 46.2895 of the statutes that provides the family care benefit as defined in section 46.2805 (4) of the statutes.
4. “Program of all-inclusive care for the elderly” means an integrated health and long-term care program operated under [42 USC 1395eee](#) or [1396u-4](#).

(b) *Waiver request; generally.* The department shall request any approval from and shall submit any amendments or waiver requests to the federal department of health and human services that are necessary to implement changes to the family care program, the program of all-inclusive care for the elderly, or the Family Care Partnership Program, including all of the following:

1. Administration by care management organizations of the family care program statewide instead of by geographic region, unless the department allows the care management organization a waiver to administer the family care benefit in a specific geographic region.

2. Addition of any primary and acute health care services selected by the department as a benefit under the family care program.

3. Selection under section 46.284 (2) (bm) of the statutes as a care management organization of any applicant that the department certifies meets the qualifications instead of using the competitive procurement process.

4. Requirement under section 46.286 (3g) of the statutes that an enrollee change care management organizations only during an open enrollment period specified by the department.

5. Prevention of the creation of new long-term care districts and dissolution of existing long-term care districts under section 46.2895 of the statutes.

6. Elimination of the insurance requirements for care management organizations under chapter 648 of the statutes.

(c) *Family care in all counties.* The department shall request any approval or submit any waiver request necessary to the federal department of health and human services to administer the family care program in every county in the state. If the federal department of health and human services does not disapprove the request,

the department shall ensure that the family care program is available to eligible residents of every county in the state by January 1, 2017, or by a date specified by the department, whichever is later. If the department specifies a later date than January 1, 2017, it shall submit a notice of that date to the legislative reference bureau for publication in the Wisconsin Administrative Register.

(d) *Waiver request not approved; saving provision.* If the federal department of health and human services does not approve of any request or submission of waiver request under paragraph (b) or (c) the department may administer that portion of the family care program under the applicable provision of sections 46.2805 to 46.2895, 2013 stats.

(e) *Other long-term care programs discontinued.* If the federal department of health and human services does not disapprove the request to administer the family care program in every county in the state, the department may elect to discontinue enrollment of participants in or administration of any of the programs under sections 46.271, 46.275, 46.277, 46.278, or 46.2785 of the statutes at any time determined by the department that is after the date that the family care program is available to eligible residents of every county in the state under paragraph (c).

(2) **MERGER OF DIVISIONS INTO MEDICAID SERVICES DIVISION.** Before March 31, 2016, the department of health services shall submit to the state budget office in the department of administration a report of the final organization of the merger of the division of the department of health services relating to long-term care and the division of the department of health services relating to health care access and accountability into a single division of the department of health services relating to Medicaid services.

**SECTION 9218. Fiscal changes; Health Services.**

(1) MERGER OF DIVISIONS INTO MEDICAID SERVICES DIVISION.

(a) The unencumbered balances of the appropriations to the department of health services under section 20.435 (7) (g) and (hc) of the statutes, as affected by this act, are transferred to the appropriation account under section 20.435 (4) (h) of the statutes, as affected by this act, on the effective date of this paragraph.

(b) The unencumbered balances of the appropriations to the department of health services under section 20.435 (7) (gc) and (h) of the statutes, as affected by this act, are transferred to the appropriation account under section 20.435 (4) (hp) of the statutes, as affected by this act, on the effective date of this paragraph.

(c) The unencumbered balance of the appropriation to the department of health services under section 20.435 (7) (gm) of the statutes, as affected by this act, is transferred to the appropriation account under section 20.435 (4) (iL) of the statutes, as affected by this act, on the effective date of this paragraph.

(d) The unencumbered balance of the appropriation to the department of health services under section 20.435 (7) (hs) of the statutes, as affected by this act, is transferred to the appropriation account under section 20.435 (4) (hs) of the statutes, as affected by this act, on the effective date of this paragraph.

(e) The unencumbered balance of the appropriation to the department of health services under section 20.435 (7) (i) of the statutes, as affected by this act, is transferred to the appropriation account under section 20.435 (4) (i) of the statutes, as affected by this act, on the effective date of this paragraph.

(f) The unencumbered balance of the appropriation to the department of health services under section 20.435 (7) (im) of the statutes, as affected by this act, is transferred to the appropriation account under section 20.435 (4) (im) of the statutes, as affected by this act, on the effective date of this paragraph.

(g) The unencumbered balance of the appropriation to the department of health services under section 20.435 (7) (jb) of the statutes, as affected by this act, is transferred to the appropriation account under section 20.435 (4) (jc) of the statutes, as affected by this act, on the effective date of this paragraph.

(h) The unencumbered balance of the appropriation to the department of health services under section 20.435 (7) (kx) of the statutes, as affected by this act, is transferred to the appropriation account under section 20.435 (4) (kx) of the statutes, as affected by this act, on the effective date of this paragraph.

(i) The unencumbered balance of the appropriations to the department of health services under section 20.435 (7) (m) and (mc) of the statutes, as affected by this act, are transferred to the appropriation account under section 20.435 (4) (m) of the statutes, as affected by this act, on the effective date of this paragraph.

(j) The unencumbered balance of the appropriation to the department of health services under section 20.435 (7) (n) of the statutes, as affected by this act, is transferred to the appropriation account under section 20.435 (4) (n) of the statutes, as affected by this act, on the effective date of this paragraph.

**SECTION 9418. Effective dates; Health Services.**

(1) FAMILY CARE CHANGES; LONG-TERM CARE DISTRICTS; INSURANCE REGULATION. The treatment of sections 13.94 (4) (a) 1. (by SECTION 2) and (b), 17.15 (5), 17.27 (3m), 19.82 (1), 20.145 (1) (g) (intro.) and 3., 20.435 (4) (jt) and (kv), 20.927 (1m) (by SECTION 45), 20.9275 (1) (b), 25.50 (1) (d) (by SECTION 47), 40.02 (28) and (36), 46.21 (2m) (c) (by SECTION 52), 46.215 (1m) (by SECTION 56) and (1p), 46.22 (1) (dm) (by SECTION 61) and (dp), 46.23 (3) (e) (by SECTION 64) and (ed), 46.27 (7) (fr) 3. c., 46.2805 (intro.), (7r), and (7u218), 46.281 (1d), 46.283 (2) (by SECTION 113) and (7) (b) (by SECTION 130), 46.284 (2) (bm) (by SECTION 135) and (d), (3m), (5) (d) 4., and (7) (b), 46.285 (intro.),

(1), and (2), 48.47 (7g), 51.42 (3) (e) (by SECTION 212), 51.437 (4r) (b) (by SECTION 216), 66.0301 (1) (a) (by SECTION 217), 66.0506 (1) (by SECTION 218), 66.0601 (1) (b) and (c), 69.30 (1) (bd) and (2), 70.11 (2), 71.26 (1) (b), 101.01 (4), 102.01 (2) (d), 102.04 (1) (a), 103.001 (6), 111.70 (1) (j) (by SECTION 229), 600.01 (1) (b) 10., 632.745 (6) (a) 2m., and 985.01 (1g) and (3) and chapter 648 of the statutes, the repeal of section 46.2895 of the statutes, and the amendment of section 46.2805 (4m) of the statutes take effect on July 1, 2018.

(2) CHANGES TO COMMUNITY OPTIONS PROGRAM; CHILDREN'S COMMUNITY OPTIONS PROGRAM. The treatment of sections 20.435 (4) (b) (by SECTION 12) (bd) (by SECTION 13), 46.27 (13), 46.272, 46.2803 (2) (by SECTION 82), 46.40 (1) (a), (7), and (14m), 46.45 (3) (a) and (c) and (6) (a) and (b), 46.56 (3) (a) 4. and (10), and 46.985 of the statutes, and the repeal of section 49.45 (6v) of the statutes take effect on January 1, 2016.

**(END)**