

(c) Serving as a statewide clearinghouse on evidence-based disease prevention and health promotion programs.

**Vetoed
In Part** (d) Providing training and technical assistance to the staff of county departments, administering agencies, and other providers of services to aging populations.

(e) Collecting and disseminating information on disease prevention and health promotion in healthy aging populations.

(f) Coordinating public awareness activities related to disease prevention and health promotion in aging populations.

(g) Advising the department of health services on public policy issues concerning disease prevention and health promotion in aging.

**Vetoed
In Part** (4u) LABOR REGION METHODOLOGY STUDY. The department of health services shall study the labor region methodology, including the methodology under section 49.45 (6m) (ar) of the statutes, used to assist with the determination of Medical Assistance reimbursement rates, and no later than July 1, 2016, shall submit to the legislature under section 13.172 (2) of the statutes an implementation plan for incorporating any necessary changes to labor region methodology such that the proposed labor region methodology results in adjustments to direct care costs that reflect labor costs for nursing homes in each county. The department of health services may not implement any proposed changes to labor region methodology without the enactment of legislation.

(5) REQUIREMENTS FOR FOODSHARE EMPLOYMENT AND TRAINING PROGRAM DRUG SCREENING. The department of health services shall address, in the department's biennial budget request under section 16.42 of the statutes for the 2017-19 fiscal biennium, any future fiscal impact resulting from actions taken under section 49.79 (9) (d) of the statutes, as created by this act.

(6) REQUIREMENTS FOR ASSISTANCE FOR CHILDLESS ADULTS DEMONSTRATION PROJECT. If, during the 2015-17 fiscal biennium, the secretary of the federal department of health and human services approves, in whole or in part, the amendment to the waiver under section 49.45 (23) (a) of the statutes that is requested under section 49.45 (23) (g) 1. of the statutes, as created by this act, the department of health services shall do all of the following:

(a) Identify, in its quarterly report to the joint committee on finance under section 49.45 (2n) of the statutes, any costs incurred or savings realized in the 2015-17 fiscal biennium as a result of actions taken under section 49.45 (23) (g) 1. a. to e. of the statutes, as created by this act, as approved by the secretary of the federal department of health and human services.

(b) Address, in the department's biennial budget request under section 16.42 of the statutes for the 2017-19 fiscal biennium, any future fiscal impact result-

ing from actions taken under section 49.45 (23) (g) 1. a. to e. of the statutes, as created by this act, as approved by the secretary of the federal department of health and human services.

(7) MENTAL HEALTH CRISIS SERVICES GRANTS. From the appropriation account under section 20.435 (2) (gk) of the statutes, the department of health services shall award a total of \$1,500,000 in fiscal year 2015-16 as one-time grants to counties for mental health crisis services.

(7g) COUNTY-TO-COUNTY NURSING HOME BED TRANSFERS. The department of health services shall develop a policy that specifies procedures for applying for, and receiving approval of, the transfer of available, licensed nursing home beds among counties under section 150.345 of the statutes. The department of health services shall submit a report on the resulting policy to the joint committee on finance no later than July 1, 2016.

(9) CHANGES TO FAMILY CARE PROGRAM.

(a) *Definitions.* In this subsection:

1. "Department" means the department of health services.

2. "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.

3. "IRIS" means the self-directed services option program, known as Include, Respect, I Self-direct, operated by the department under a waiver from the secretary of the federal department of health and human services under 42 USC 1396n (c).

(b) *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. If the federal department of health and human services does not disapprove the request, the department is not required to comply with section 46.281 (1g) (b) of the statutes to expand the family care program to every county in the state.

(c) *Waiver request; generally.* Subject to paragraphs (d) and (e), the department shall request from the federal department of health and human services a state plan amendment or an amendment to the waiver under which the family care program and IRIS operate that includes all of the following:

1. Providing both long-term care and primary and acute care services through integrated health agencies to

**Vetoed
In Part**

long-term care consumers whose care is reimbursed by the Medical Assistance program and including, to the extent allowable by the federal department of health and human services, long-term care consumers who receive both Medical Assistance and Medicare funded services.

2. Increasing the size of regions currently served by care management organizations under the family care program such that each region has sufficient population to allow for adequate risk management by integrated health agencies.

**Vetoed
In Part** 3. Subject to subdivision 2., designating no fewer than 5 regions in the state.

4. Specifying that each one of the regions under subdivision 3. is served by multiple integrated health agencies.

5. Requiring integrated health agencies to make available a consumer-directed option under the long-term care program in which the integrated health agency would assist individuals in developing individualized support and services plans, ensure that all services are paid according to the plan, and assist enrollees in managing all fiscal requirements, including the ability to select, direct, and employ persons offering any of the services available under the IRIS program as of July 1, 2015, and the ability to manage, using the services of an integrated health agency serving as a fiscal intermediary, an individual home and community-based services budget allowance based on a functional assessment performed by a qualified entity and the availability of family and other caregivers who can help provide needed support.

6. Modifying the state's long-term care program, including allowing for audits of providers, in order to improve accountability in the provision of services.

**Vetoed
In Part** 7. Establishing an open enrollment period for the state's long-term care program that coincides with the open enrollment period for the Medicare program.

**Vetoed
In Part** 8. Requiring that rates paid to integrated health agencies for services are set through an independent, actuarial study.

9. Preserving, for a minimum of 3 years in each region after the date of implementation of the waiver under this paragraph in that region, the requirement that an integrated health agency contract for long-term care services with any long-term care service provider that agrees to accept the reimbursement rate that the integrated health agency pays to similar providers for the same services and satisfies any quality of care, utilization, or other criteria that the integrated health agency requires of other providers with which it contracts to provide the same long-term care services.

(d) *Consultation with stakeholders; key principles.* Before developing its final waiver or state plan amendment request to be submitted to the joint committee on finance under paragraph (e), the department shall do all of the following:

1. Consult with persons interested in the long-term care program, including representatives of consumers of long-term care and long-term care providers and the public.

2. Submit as part of the quarterly reports on the Medical Assistance program due by September 30, 2015, and December 30, 2015, a progress report on the development of the waiver request including information regarding outcomes from discussions with representatives of consumers of long-term care and long-term care providers and any discussions with the federal centers for Medicare and Medicaid services.

3. Hold no less than 2 public hearings regarding the waiver request.

4. Develop the final waiver request in accordance with key principles determined by the federal centers for Medicare and Medicaid services to be essential elements of a strong, managed long-term services and supports program including:

- a. Adequate planning and transition strategies.
- b. Engagement of interested persons.
- c. Enhanced provision of services in home-based and community-based settings.
- d. Alignment of payment structures with programmatic goals, including improving the health and experience of enrollees and reducing costs through those improvements.
- e. Support for eligible individuals, including counseling regarding options and enrollment from an independent source at no cost to the individual and the availability of ombudsman resources.
- f. Person-centered processes, including an option to self-direct services.
- g. A comprehensive and integrated service package.
- h. Qualified providers.
- i. Enrollee protections, including systems to manage incidents and appeals processes for enrollees.
- j. Comprehensive quality assurance and oversight procedures.

(e) *Committee approval.* No later than April 1, 2016, and before the department submits any proposed changes to the state waiver or state plan amendment under paragraph (c), the department shall submit a summary of the proposed concept plan for the waiver amendment request under paragraph (c) to the joint committee on finance for approval or disapproval by the joint committee on finance. The procedures under section 13.10 of the statutes do not apply to this paragraph and the joint committee on finance may not modify the summary of the proposed concept plan submitted under this paragraph. The department may not submit any proposed changes to the state waiver or state plan amendment under paragraph (c) unless the proposed concept plan is approved by the joint committee on finance.

(f) *Implementation of waiver; conformation with statutes.*

1. Notwithstanding sections 46.2803 to 46.2895 of the statutes and any rules promulgated under those sections, if the federal department of health and human services approves of a waiver or state plan amendment substantially similar to that requested in paragraph (c) and approved by the joint committee on finance under paragraph (e), the department may implement any changes to the family care program and IRIS in accordance with the approved waiver or state plan amendment.

2. If the waiver or state plan amendment request is not approved by the federal department of health and human services or if the approved waiver or state plan amendment is not substantially similar to that requested under paragraph (c), the department may not implement the waiver or state plan amendment and the family care program and IRIS shall operate under the statutes in effect on July 1, 2015.

3. The department shall include in its 2017-19 biennial budget request any proposed statutory changes necessary to conform the statutes to the approved waiver or state plan amendment. The department shall maintain statutory language in section 46.2895 of the statutes relating to long-term care districts created by tribes or bands until the federal department of health and human services approves a waiver request related to those long-term care districts, if such a waiver request is being pursued.

(g) *Other long-term care programs.* 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 under paragraph (b), the department may elect to discontinue enrollment of participants in or administration of any of the programs under section 46.271, 46.275, 46.277, 46.278, or 46.2785 of the statutes in a county at any time determined by the department that is after the date that the family care program is available to all eligible residents of that county.

(9q) AGING AND DISABILITY RESOURCE CENTERS.

(a) By January 1, 2017, the department of health services shall evaluate the functional screening and options counseling for reliability and consistency among resource centers, as defined in section 46.2805 (10) of the statutes, and submit a report to the joint committee on finance on that evaluation.

(b) By no later than July 1, 2016, the department of health services shall assess which responsibilities of resource center governing boards described under section 46.283 (6) of the statutes are duplicative of functions performed by the department of health services and shall propose changes to the statutory requirements for the resource center governing boards to remove any duplication of functions.

(c) By no later than April 1, 2016, the department shall study the integration of income maintenance con-

sortia and aging and disability resource centers, as defined in section 46.2805 (10) of the statutes, and shall present a report to the joint committee on finance with recommendations regarding potential efficiencies that may be gained, if any, from the integration of these entities and whether an integration would be appropriate considering the responsibilities of each entity.

(10) 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.

(10u) FOOD SAFETY FEES. During the period beginning on the effective date of this subsection and ending on July 1, 2016, neither the department of health services nor any local health department designated as an agent of the department may modify any fee established under section 254.71 of the statutes or, with respect to restaurants and temporary restaurants, under section 254.68 or 254.69 (2) of the statutes.

(11f) MEDICAL ASSISTANCE NONEMERGENCY MEDICAL TRANSPORTATION.

(a) The department of health services shall, to the extent permitted by the contract, modify the contract that is in effect on the effective date of this paragraph for the arrangement and reimbursement of nonemergency medical transportation services to recipients of Medical Assistance under subchapter IV of chapter 49 of the statutes to exclude recipients of Medical Assistance residing in Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, and Waukesha counties from that contract.

(b) If the department of health services modifies the contract under paragraph (a), the department of health services shall make alternative arrangements with counties, health maintenance organizations, or transportation providers to provide nonemergency medical transportation services to Medical Assistance recipients who reside in the counties specified in paragraph (a) no later than January 1, 2016.

SECTION 9122. Nonstatutory provisions; Insurance.

(1v) EMERGENCY RULE FOR INDEPENDENT DISPUTE RESOLUTION PROCESS. Using the procedure under section 227.24 of the statutes, the commissioner of insurance may promulgate the rules required under section 632.876 of the statutes, as created by this act, for the period before the effective date of the permanent rules promulgated under section 632.876 of the statutes, as created by this act, but not to exceed the period authorized under section 227.24 (1) (c) of the statutes, subject to extension under

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