

2007-2008 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0905/P2ins
PJK:jld:nwn

INSERT 1-1

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1 **SECTION 1.** 20.435 (4) (bc) [✓] of the statutes is repealed.

2 **SECTION 2.** 20.435 (4) (bm) [✓] of the statutes is amended to read:

3 20.435 (4) (bm) *Medical Assistance, [✓]and food stamps, and Badger Care [✓]stamp*

4 *program administration; contract costs, insurer reports, and resource centers.*

5 Biennially, the amounts in the schedule to provide the state share of administrative

6 contract costs for the Medical Assistance program under s. 49.45, the food stamp

7 program under s. 49.79, and the Badger Care health care program under s. [✓]49.665,

8 other than payments to counties and tribal governing bodies under s. 49.78 (8), to

9 develop and implement a registry of recipient immunizations, to reimburse insurers

10 for their costs under s. 49.475, for costs associated with outreach activities, and for

11 services of resource centers under s. 46.283. No state positions may be funded in the

12 department of health and family services from this appropriation, except positions

13 for the performance of duties under a contract in effect before January 1, 1987,

14 related to the administration of the Medical Assistance program between the

15 subunit of the department primarily responsible for administering the Medical

16 Assistance program and another subunit of the department. [✓] ~~Total administrative~~

17 ~~funding authorized for the program under s. 49.665 may not exceed 10% of the~~

18 ~~amounts budgeted under pars. (bc), (p), and (x).~~ [✓] ~~(x)~~ [✓]

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

19 **SECTION 3.** 20.435 (4) (bn) [✓] of the statutes is amended to read:



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1 20.435 (4) (bn) *Income maintenance*. Biennially, the amounts in the schedule
2 for funeral expenses under s. 49.785 and for payments under s. 49.78 (8) relating to
3 the administration of the Medical Assistance program, ~~the Badger-Care health care~~
4 ~~program under s. 49.665~~, the food stamp program, and the cemetery, funeral, and
5 burial expenses program under s. 49.785.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

6 SECTION 4. 20.435 (4) (jw) of the statutes is created to read:

7 20.435 (4) (jw) *BadgerCare Plus administrative costs*. Biennially, the amounts
8 in the schedule to provide a portion of the state share of administrative costs for the
9 BadgerCare Plus Medical Assistance program under s. 49.471. Ten percent of all
10 moneys received from penalty assessments under s. 49.471 (9) (c) shall be credited
11 to this appropriation account.

12 SECTION 5. 20.435 (4) (jz) of the statutes is amended to read:

13 20.435 (4) (jz) *Badger Care Medical Assistance cost sharing and employer*
14 *penalty assessments*. All moneys received in cost-sharing from payments under s.
15 49.665 (5) medical assistance recipients and 90 percent of all moneys received from
16 penalty assessments under s. 49.665 (7) (b) 2. 49.471 (9) (c) to be used for the Badger
17 Care health care Medical Assistance program under s. 49.665.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

18 SECTION 6. 20.435 (4) (nn) of the statutes is amended to read:



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1 20.435 (4) (nn) *Federal aid; income maintenance*. All moneys received from the
2 federal government for the costs of contracting for the administration of the Medical
3 Assistance program under subch. IV of ch. 49[✓] and the ~~Badger Care health-care~~
4 ~~program under s. 49.665~~ and the food stamp program, other than moneys received
5 under par. (pa), for payments under s. 49.78 (8).

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22, 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

6 **SECTION 7.** 20.435 (4) (o) of the statutes is amended to read:

7 20.435 (4) (o) *Federal aid; medical assistance*. All federal moneys received for
8 meeting costs of ~~medical assistance~~ Medical Assistance administered under ss.
9 46.284 (5), and 49.45 and 49.665[✓], to be used for those purposes and for transfer to the
10 ~~medical assistance~~ Medical Assistance trust fund, for those purposes.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22, 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

11 **SECTION 8.** 20.435 (4) (p) of the statutes is repealed.

12 **SECTION 9.** 20.435 (4) (x) of the statutes is repealed.

13 **SECTION 10.** 46.206 (1) (bm) of the statutes is amended to read:

14 46.206 (1) (bm) All records of the department relating to aid provided under
15 s. 49.46, 49.465, 49.468, 49.47, 49.471[✓], or 49.77 are open to inspection at reasonable
16 hours by members of the legislature who require the information contained in the
17 records in pursuit of a specific state legislative purpose. All records of any county
18 relating to aid provided under s. 49.46, 49.465, 49.468, 49.47, 49.471[✓], or 49.77 are
19 open to inspection at reasonable hours by members of the board of supervisors of the



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1 county or the governing body of a city, village or town located in the county who
2 require the information contained in the records in pursuit of a specific county or
3 municipal legislative purpose. The right to records access provided by this
4 paragraph does not apply if access is prohibited by federal law or regulation or if this
5 state is required to prohibit such access as a condition precedent to participation in
6 a federal program in which this state participates.

History: 1973 c. 147; 1977 c. 271, 449; 1981 c. 329, 335; 1983 a. 27, 239, 487; 1985 a. 176; 1987 a. 27 s. 3202 (24); 1987 a. 403 s. 256; 1989 a. 31; 1995 a. 27, 77; 1997 a. 35.

7 **SECTION 11.** 46.22 (1) (b) 1. d. of the statutes is amended to read:

8 46.22 (1) (b) 1. d. To submit a final budget in accordance with s. 46.031 (1) for
9 services authorized in this section, except for the administration of and cost of aid
10 granted under ss. 49.02, 49.19 and 49.45 to ~~49.47~~ 49.471.

History: 1971 c. 164, 218; 1973 c. 90 ss. 226, 560 (3); 1973 c. 147, 333; 1975 c. 39; 1975 c. 189 s. 99 (1), (2); 1975 c. 224 ss. 52p, 146m; 1975 c. 307, 422; 1975 c. 430 s. 78; 1977 c. 29 ss. 560, 1656 (18); 1977 c. 83 s. 26; 1977 c. 418, 449; 1979 c. 34, 221; 1981 c. 20 ss. 759 to 763m, 2202 (20) (j); 1981 c. 329; 1981 c. 390 s. 252; 1983 a. 27 s. 2202 (20); 1983 a. 190 s. 7; 1983 a. 192, 193, 447; 1985 a. 29, 120; 1985 a. 176 ss. 28, 30, 59 to 105; 1985 a. 332; 1987 a. 5, 27; 1989 a. 31, 107, 336, 359; 1991 a. 39, 274; 1993 a. 16; 1995 a. 27 ss. 2077 to 2111, 9126 (19), 9130 (4); 1995 a. 64, 77, 201, 289, 352, 404, 417; 1997 a. 3, 27, 35, 252; 1999 a. 9, 83; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 264, 344, 388, 406; s. 13.93 (2) (c).

11 **SECTION 12.** 46.27 (6u) (c) 1. a. of the statutes is amended to read:

12 46.27 (6u) (c) 1. a. Eligible for medical assistance under s. 49.46, 49.468 or,
13 49.47, or 49.471 (4) (a).

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 239; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13, 27, 39, 79, 237; 1999 a. 9, 63; 2001 a. 16, 103; 2003 a. 33; 2005 a. 22, 25, 264, 386, 387.

14 **SECTION 13.** 46.27 (6u) (d) (intro.) of the statutes is amended to read:

15 46.27 (6u) (d) (intro.) In determining financial eligibility under par. (c) 1. and
16 in calculating the amount under par. (c) 2., the county department or aging unit shall
17 include as the assets for any person, except those persons who are eligible for medical
18 assistance under s. 49.46, 49.468 or, 49.47, or 49.471 (4) (a), any portion of assets that
19 the person or the person's spouse has, after August 12, 1993, transferred to another
20 as specified in par. (b), unless one of the following conditions applies:

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 239; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13, 27, 39, 79, 237; 1999 a. 9, 63; 2001 a. 16, 103; 2003 a. 33; 2005 a. 22, 25, 264, 386, 387.

21 **SECTION 14.** 46.27 (7) (am) of the statutes is amended to read:



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1 46.27 (7) (am) From the appropriation under s. 20.435 (7) (bd), the department
 2 shall allocate funds to each county or private nonprofit agency with which the
 3 department contracts to pay assessment and case plan costs under sub. (6) not
 4 otherwise paid by fee or under s. 49.45 or 49.78 (2). The department shall reimburse
 5 counties for the cost of assessing persons eligible for medical assistance under s.
 6 49.46, 49.468, ~~or~~ 49.47, or 49.471 (4) (a) as part of the administrative services of
 7 medical assistance, payable under s. 49.45 (3) (a). Counties may use unspent funds
 8 allocated under this paragraph to pay the cost of long-term community support
 9 services and for a risk reserve under par. (fr).

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192 s. 39; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 3, 27, 39, 79, 237; 1999 a. 9, 63; 2001 a. 16, 103; 2003 a. 33; 2005 a. 22, 25, 264, 386, 387.

10 **SECTION 15.** 46.27 (7) (b) of the statutes is amended to read:

11 46.27 (7) (b) From the appropriations under s. 20.435 (7) (bd) and (im), the
 12 department shall allocate funds to each county to pay the cost of providing long-term
 13 community support services under sub. (5) (b) not otherwise paid under s. 49.45 to
 14 persons eligible for medical assistance under s. 49.46 ~~or~~ 49.47, [✓] or 49.471 (4) (a) or
 15 to persons whom the county department or aging unit administering the program
 16 finds likely to become medically indigent within 6 months by spending excess income
 17 or assets for medical or remedial care. The average per person reimbursement under
 18 this paragraph may not exceed the state share of the average per person payment
 19 rate the department expects under s. 49.45 (6m). The county department or aging
 20 unit administering the program may spend funds received under this paragraph
 21 only in accordance with the case plan and service contract created for each person
 22 receiving long-term community support services. Counties may use unspent funds



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1 allocated under this paragraph from the appropriation under s. 20.435 (7) (bd) for a
2 risk reserve under par. (fr).

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 239; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13, 27, 79, 237; 1999 a. 9, 63; 2001 a. 16, 103; 2003 a. 33; 2005 a. 22, 25, 264, 386, 387.

3 **SECTION 16.** 46.275 (1m) (a) of the statutes is amended to read:

4 46.275 (1m) (a) "Medical assistance" means aid provided under subch. IV of ch.
5 49, except s. ss. 49.468 and 49.471.

History: 1983 a. 27; 1985 a. 29 ss. 896b to 896L, 3202 (23); 1985 a. 120, 176; 1987 a. 27; 1987 a. 161 s. 13m; 1987 a. 186; 1989 a. 31; 1993 a. 16; 1995 a. 27, 77; 1997 a. 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33, 318; 2005 a. 25, 264.

6 **SECTION 17.** 46.277 (1m) (a) of the statutes is amended to read:

7 46.277 (1m) (a) "Medical assistance" means aid provided under subch. IV of ch.
8 49, except s. ss. 49.468 and 49.471.

History: 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 355.

9 **SECTION 18.** 46.278 (1m) (b) of the statutes is amended to read:

10 46.278 (1m) (b) "Medical assistance" means aid provided under subch. IV of ch.
11 49, except s. ss. 49.468 and 49.471.

History: 1987 a. 27, 186; 1989 a. 31; 1991 a. 269; 1993 a. 16; 1995 a. 27; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2003 a. 33.

12 **SECTION 19.** 46.283 (3) (k) of the statutes is amended to read:

13 46.283 (3) (k) A determination of eligibility for state supplemental payments
14 under s. 49.77, medical assistance under s. 49.46, 49.468 ~~or~~, 49.47, or 49.471, or the
15 federal food stamp program under 7 USC 2011 to 2029.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 384, 386, 388.

16 **SECTION 20.** 46.485 (3g) of the statutes is amended to read:

17 46.485 (3g) The amount that the department may transfer under sub. (2g) for
18 counties may not exceed the estimated state share of payments under s. 49.45, 49.46
19 ~~or~~, 49.47, or 49.471 for mental health care and treatment that is provided in inpatient
20 facilities for children with severe emotional disturbances.

History: 1989 a. 336; 1991 a. 39, 269; 1993 a. 16, 437; 1995 a. 27; 1997 a. 27; 1999 a. 9; 2003 a. 33.

21 **SECTION 21.** 48.57 (3m) (e) of the statutes is amended to read:

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1 48.57 (3m) (e) The department shall determine whether the child is eligible
2 for medical assistance under ss. 49.43 to ~~49.47~~ 49.471. ✓

History: 1977 c. 29; 1977 c. 83 s. 26; 1977 c. 271, 354, 418, 447, 449; 1979 c. 34, 221; 1981 c. 329; 1983 a. 189 s. 329 (17); 1983 a. 447; 1985 a. 176; 1987 a. 339; 1993 a. 385, 395, 446, 491; 1995 a. 27 ss. 2575 to 2579m, 9126 (19); 1995 a. 77, 289, 443; 1997 a. 3, 27, 35, 36, 41, 105, 237, 252, 292; 1999 a. 9, 103, 133, 162; 2001 a. 16 ss. 1629, 4036-4038, 4040, 4042, 4043; 2001 a. 38, 59, 69, 109; 2005 a. 25, 232, 293.

3 **SECTION 22.** 48.57 (3n) (e) of the statutes is amended to read:

4 48.57 (3n) (e) The department shall determine whether the child is eligible for
5 medical assistance under ss. 49.43 to ~~49.47~~ 49.471. ✓

History: 1977 c. 29; 1977 c. 83 s. 26; 1977 c. 271, 354, 418, 447, 449; 1979 c. 34, 221; 1981 c. 329; 1983 a. 189 s. 329 (17); 1983 a. 447; 1985 a. 176; 1987 a. 339; 1993 a. 385, 395, 446, 491; 1995 a. 27 ss. 2575 to 2579m, 9126 (19); 1995 a. 77, 289, 443; 1997 a. 3, 27, 35, 36, 41, 105, 237, 252, 292; 1999 a. 9, 103, 133, 162; 2001 a. 16 ss. 1629, 4036-4038, 4040, 4042, 4043; 2001 a. 38, 59, 69, 109; 2005 a. 25, 232, 293.

6 **SECTION 23.** 49.19 (1) (c) 1. of the statutes is amended to read:

7 49.19 (1) (c) 1. "Aid to families with dependent children" means money
8 payments with respect to, or vendor payments as prescribed by the department, or
9 medical care in behalf of or any type of remedial care recognized under subs. (1) to
10 (10) ~~or s. 49.46~~ ✓ or necessary burial expenses as defined in sub. (5) in behalf of a
11 dependent child or dependent children.

History: 1971 c. 125, 215, 217; 1973 c. 90, 147, 186, 328, 333; 1975 c. 39, 82, 94, 224, 307, 422; 1977 c. 29, 203, 271, 418, 449; 1979 c. 32 s. 92 (4); 1979 c. 34, 206, 221, 352; 1981 c. 1, 20, 93, 314, 317, 391; 1983 a. 27, 161, 192, 245, 310, 430, 447; 1985 a. 29, 120, 176, 281, 332; 1987 a. 27, 307, 399; 1989 a. 31, 107, 122, 359; 1991 a. 39, 178, 269, 313, 315, 316, 322; 1993 a. 16, 99, 326, 395, 437, 446, 481; 1995 a. 12; 1995 a. 27 ss. 2852 to 2871, 9126 (19); 1995 a. 77, 198, 225, 289, 295; 1997 a. 27, 35, 39, 252; 1999 a. 9; 2001 a. 59; 2003 a. 33; 2005 a. 22; 2005 a. 443 s. 265.

12 **SECTION 24.** 49.22 (2m) (a) of the statutes is amended to read:

13 49.22 (2m) (a) The department may request from any person in this state
14 information it determines appropriate and necessary for the administration of this
15 section, ss. 49.141 to 49.161, 49.19, 49.46, 49.468 and, 49.47, and 49.471 ✓ and
16 programs carrying out the purposes of 7 USC 2011 to 2029. Unless access to the
17 information is prohibited or restricted by law, or unless the person has good cause,
18 as determined by the department in accordance with federal law and regulations, for
19 refusing to cooperate, the person shall make a good faith effort to provide this
20 information within 7 days after receiving a request under this paragraph. Except
21 as provided in subs. (2p) and (2r) and subject to sub. (12), the department or the
22 county child support agency under s. 59.53 (5) may disclose information obtained



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1 under this paragraph only in the administration of this section, ss. 49.141 to 49.161,
2 49.19, 49.46 and, 49.47, and 49.471 and programs carrying out the purposes of 7 USC
3 2011 to 2029. Employees of the department or a county child support agency under
4 s. 59.53 (5) are subject to s. 49.83.

History: 1975 c. 82; 1977 c. 26, 29, 203, 418; 1979 c. 196, 221; 1981 c. 20, 93; 1983 a. 27; 1985 a. 29 ss. 861m to 866, 2390 to 2399; 1987 a. 27; 1987 a. 332 s. 64; 1987 a. 399, 403, 413; 1989 a. 31; 1991 a. 39; 1993 a. 16, 481; 1995 a. 27 ss. 2128m to 2134, 9126 (19), 9130 (4); 1995 a. 77, 187, 201, 225, 289; 1995 a. 404 ss. 39 to 43, 45, 46, 48, 173, 174; Stats. 1995 s. 49.22; 1997 a. 27, 105, 191, 237; 1999 a. 32; 2001 a. 16; 2003 a. 33; 2005 a. 25.

5 **SECTION 25.** 49.22 (2m) (b) of the statutes is amended to read:

6 49.22 (2m) (b) The department or county child support agency under s. 59.53
7 (5) may issue a subpoena, in substantially the form authorized under s. 885.02, to
8 compel the production of financial information and other documentary evidence in
9 the administration of this section, ss. 49.145, 49.19, 49.46 and, 49.47, and 49.471 and
10 programs carrying out the purposes of 7 USC 2011 to 2029.

History: 1975 c. 82; 1977 c. 26, 29, 203, 418; 1979 c. 196, 221; 1981 c. 20, 93; 1983 a. 27; 1985 a. 29 ss. 861m to 866, 2390 to 2399; 1987 a. 27; 1987 a. 332 s. 64; 1987 a. 399, 403, 413; 1989 a. 31; 1991 a. 39; 1993 a. 16, 481; 1995 a. 27 ss. 2128m to 2134, 9126 (19), 9130 (4); 1995 a. 77, 187, 201, 225, 289; 1995 a. 404 ss. 39 to 43, 45, 46, 48, 173, 174; Stats. 1995 s. 49.22; 1997 a. 27, 105, 191, 237; 1999 a. 32; 2001 a. 16; 2003 a. 33; 2005 a. 25.

11 **SECTION 26.** 49.22 (2m) (c) 3. of the statutes is amended to read:

12 49.22 (2m) (c) 3. Any other action taken in good faith to comply with this section
13 or a subpoena described in par. (bc) or to comply with a request for information or
14 access to records from the department or a county child support agency under s. 59.53
15 (5) in the administration of this section, ss. 49.145, 49.19, 49.46 and, 49.47, and
16 49.471 and programs carrying out the purposes of 7 USC 2011 to 2029.

History: 1975 c. 82; 1977 c. 26, 29, 203, 418; 1979 c. 196, 221; 1981 c. 20, 93; 1983 a. 27; 1985 a. 29 ss. 861m to 866, 2390 to 2399; 1987 a. 27; 1987 a. 332 s. 64; 1987 a. 399, 403, 413; 1989 a. 31; 1991 a. 39; 1993 a. 16, 481; 1995 a. 27 ss. 2128m to 2134, 9126 (19), 9130 (4); 1995 a. 77, 187, 201, 225, 289; 1995 a. 404 ss. 39 to 43, 45, 46, 48, 173, 174; Stats. 1995 s. 49.22; 1997 a. 27, 105, 191, 237; 1999 a. 32; 2001 a. 16; 2003 a. 33; 2005 a. 25.

17 **SECTION 27.** 49.45 (2) (a) 1. of the statutes is amended to read:

18 49.45 (2) (a) 1. Exercise responsibility relating to fiscal matters, the eligibility
19 for benefits under standards set forth in ss. 49.46 to 49.47 49.471, and general
20 supervision of the medical assistance program.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909j; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457;



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1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441. ✓

1 **SECTION 28.** 49.45 (2) (a) 3. of the statutes is amended to read:

2 49.45 (2) (a) 3. Determine the eligibility of persons for medical assistance,
3 rehabilitative, and social services under ss. 49.46, 49.468, and 49.47, and 49.471 and ✓
4 rules and policies adopted by the department and may, under a contract under s.
5 49.78 (2), delegate all, or any portion, of this function to the county department under
6 s. 46.215, 46.22, or 46.23 or a tribal governing body.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441. ✓

7 **SECTION 29.** 49.45 (2) (b) 3. of the statutes is amended to read:

8 49.45 (2) (b) 3. Audit all claims filed by any contractor making the payment of
9 benefits paid under ss. 49.46 to 49.47 49.471 and make proper fiscal adjustments. ✓

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441. ✓

10 **SECTION 30.** 49.45 (3) (b) 1. of the statutes is amended to read:

11 49.45 (3) (b) 1. The contractor, if any, administering benefits or providing
12 prepaid health care under s. 49.46, 49.465, 49.468 or, 49.47, or 49.471 shall be ✓
13 entitled to payment from the department for benefits so paid or prepaid health care
14 so provided or made available when a certification of eligibility is properly on file
15 with the contractor in addition to the payment of administrative expense incurred
16 pursuant to the contract and as provided in sub. (2) (a) 4., but the contractor shall
17 not be reimbursed for benefits erroneously paid where no certification is on file.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441. ✓

18 **SECTION 31.** 49.45 (3) (b) 2. of the statutes is amended to read:



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1 49.45 (3) (b) 2. The contractor, if any, insuring benefits under s. 49.46, 49.465,
 2 49.468 ~~or~~, 49.47, [✓] or 49.471 shall be entitled to receive a premium, in an amount and
 3 on terms agreed, for such benefits for the persons eligible to receive them and for its
 4 services as insurer.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441. ✓

5 **SECTION 32.** 49.45 (3) (dm) of the statutes is amended to read:

6 49.45 (3) (dm) After distribution of computer software has been made under
 7 1993 Wisconsin Act 16, section 9126 (13h), no payment may be made for home health
 8 care services provided to persons who are enrolled in the federal medicare program
 9 and are recipients of medical assistance under s. 49.46 ~~or~~, 49.47, [✓] or 49.471 unless the
 10 provider of the services has in use the computer software to maximize payments
 11 under the federal medicare program under 42 USC 1395.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441. ✓

12 **SECTION 33.** 49.45 (3) (L) 2. of the statutes is amended to read:

13 49.45 (3) (L) 2. The department may not pay a provider for a designated health
 14 service that is authorized under this section or s. 49.46 ~~or~~, 49.47, [✓] or 49.471, that is
 15 provided as the result of a referral made to the provider by a physician and that,
 16 under 42 USC 1396b (s), if made on behalf of a beneficiary of medicare under the
 17 requirements of 42 USC 1395nn, as amended to August 10, 1993, would result in the
 18 denial of payment for the service under 42 USC 1395nn.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.



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1 **SECTION 34.** 49.45 (6c) (d) 1. of the statutes is amended to read:

2 49.45 (6c) (d) 1. No payment may be made under sub. (6m) to a facility or to

3 an institution for mental diseases for the care of an individual who is otherwise

4 eligible for medical assistance under s. 49.46 or, 49.47, or 49.471, who has

5 developmental disability or mental illness and for whom under par. (b) or (c) it is

6 determined that he or she does not need facility care, unless it is determined that the

7 individual requires active treatment for developmental disability or active

8 treatment for mental illness and has continuously resided in a facility or institution

9 for mental diseases for at least 30 months prior to the date of the determination. If

10 that individual requires active treatment and has so continuously resided, he or she

11 shall be offered the choice of receiving active treatment for developmental disability

12 or active treatment for mental illness in the facility or institution for mental diseases

13 or in an alternative setting. A facility resident who has developmental disability or

14 mental illness, for whom under par. (c) it is determined that he or she does not need

15 facility care and who has not continuously resided in a facility for at least 30 months

16 prior to the date of the determination, may not continue to reside in the facility after

17 December 31, 1993, and shall, if the department so determines, be relocated from the

18 facility after March 31, 1990, and before December 31, 1993. The county department

19 shall be responsible for securing alternative residence on behalf of an individual who

20 is required to be relocated from a facility under this subdivision, and the facility shall

21 cooperate with the county department in the relocation.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

22 **SECTION 35.** 49.45 (6c) (d) 2. of the statutes is amended to read:

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1 49.45 (6c) (d) 2. Payment may be made under sub. (6m) to a facility or
2 institution for mental diseases for the care of an individual who is otherwise eligible
3 for medical assistance under s. 49.46 ~~or~~, 49.47, or 49.471 and who has developmental
4 disability or mental illness and is determined under par. (b) or (c) to need facility care,
5 regardless of whether it is determined under par. (b) or (c) that the individual does
6 or does not require active treatment for developmental disability or active treatment
7 for mental illness.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

8 **SECTION 36.** 49.45 (8) (a) 4. of the statutes is amended to read:

9 49.45 (8) (a) 4. "Patient care visit" means a personal contact with a patient in
10 a patient's home that is made by a registered nurse, licensed practical nurse, home
11 health aide, physical therapist, occupational therapist, or speech-language
12 pathologist who is on the staff of or under contract or arrangement with a home
13 health agency, or by a registered nurse or licensed practical nurse practicing
14 independently, to provide a service that is covered under s. 49.46 ~~or~~, 49.47, or 49.471.
15 "Patient care visit" does not include time spent by a nurse, therapist, or home health
16 aide on case management, care coordination, travel, record keeping, or supervision
17 that is related to the patient care visit.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

18 **SECTION 37.** 49.45 (9) of the statutes is amended to read:

19 49.45 (9) FREE CHOICE. Any person eligible for medical assistance under ss. s.
20 49.46, 49.468 and 49.47, or 49.471 may use the physician, chiropractor, dentist,

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1 pharmacist, hospital, skilled nursing home, health maintenance organization,
2 limited service health organization, preferred provider plan or other licensed,
3 registered or certified provider of health care of his or her choice, except that free
4 choice of a provider may be limited by the department if the department's alternate
5 arrangements are economical and the recipient has reasonable access to health care
6 of adequate quality. The department may also require a recipient to designate, in any
7 or all categories of health care providers, a primary health care provider of his or her
8 choice. After such a designation is made, the recipient may not receive services from
9 other health care providers in the same category as the primary health care provider
10 unless such service is rendered in an emergency or through written referral by the
11 primary health care provider. Alternate designations by the recipient may be made
12 in accordance with guidelines established by the department. Nothing in this
13 subsection shall vitiate the legal responsibility of the physician, chiropractor,
14 dentist, pharmacist, skilled nursing home, hospital, health maintenance
15 organization, limited service health organization, preferred provider plan or other
16 licensed, registered or certified provider of health care to patients. All contract and
17 tort relationships with patients shall remain, notwithstanding a written referral
18 under this section, as though dealings are direct between the physician, chiropractor,
19 dentist, pharmacist, skilled nursing home, hospital, health maintenance
20 organization, limited service health organization, preferred provider plan or other
21 licensed, registered or certified provider of health care and the patient. No physician,
22 chiropractor, pharmacist or dentist may be required to practice exclusively in the
23 medical assistance program.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 23; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107,



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112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

SECTION 38. 49.45 (18) (ac) of the statutes is amended to read:

49.45 (18) (ac) Except as provided in pars. (am) to (d), and subject to par. (ag),

any person eligible for medical assistance under s. 49.46, 49.468, or 49.47, or 49.471

(4) (a) shall pay up to the maximum amounts allowable under 42 CFR 447.53 to

447.58 for purchases of services provided under s. 49.46 (2). The service provider

shall collect the specified or allowable copayment, coinsurance, or deductible, unless

the service provider determines that the cost of collecting the copayment,

coinsurance, or deductible exceeds the amount to be collected. The department shall

reduce payments to each provider by the amount of the specified or allowable

copayment, coinsurance, or deductible. No provider may deny care or services

because the recipient is unable to share costs, but an inability to share costs specified

in this subsection does not relieve the recipient of liability for these costs.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

SECTION 39. 49.45 (18) (am) of the statutes is amended to read:

49.45 (18) (am) No person is liable under this subsection for services provided

through prepayment contracts. This paragraph does not apply to a person who has

coverage under s. 49.471 of the benefits described in s. 49.46 (2) (a) and (b), a person

receiving AFDC(?), or a person receiving health care coverage under s. 49.665.

aid to families with dependent children

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

SECTION 40. 49.45 (24r) of the statutes is amended to read:



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1 **49.45 (24r)** FAMILY PLANNING DEMONSTRATION PROJECT. The department shall
 2 request a waiver from the secretary of the federal department of health and human
 3 services to permit the department to conduct a demonstration project to provide
 4 family planning services, as defined in s. 253.07 (1) (b), under ~~medical assistance~~
 5 Medical Assistance to any woman between the ages of 15 and 44 whose family income
 6 does not exceed ~~185%~~ 200 percent of the poverty line for a family the size of the
 7 woman's family. If the waiver is granted and in effect, the department shall
 8 implement the waiver no later than July 1, 1998, or on the effective date of the
 9 waiver, whichever is later.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 364, 441.

10 **SECTION 41.** 49.45 (29) of the statutes is amended to read:

11 **49.45 (29)** HOSPICE REIMBURSEMENT. The department shall promulgate rules
 12 limiting aggregate payments made to a hospice under ss. 49.46 ~~and~~, 49.47, and
 13 49.471.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

(END OF INSERT 1-1)

INSERT 1-5

193

14 **SECTION 42.** 49.468 (1) (b) of the statutes is amended to read:

15 **49.468 (1) (b)** For an elderly or disabled individual who is entitled to coverage
 16 under part A of medicare, entitled to coverage under part B of medicare and who does
 17 not meet the eligibility criteria for medical assistance under s. 49.46 (1), 49.465 ~~or~~,
 18 49.47 (4), or 49.471 (4) but meets the limitations on income and resources under par.



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1 (d), medical assistance shall pay the deductible and coinsurance portions of medicare
 2 services under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to
 3 1395zz, including those medicare services that are not included in the approved state
 4 plan for services under 42 USC 1396; the monthly premiums payable under 42 USC
 5 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
 6 enrollment penalty, if applicable, for premiums under part A of medicare. Payment
 7 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
 8 other than payment of coinsurance for outpatient hospital services, may not exceed
 9 the allowable charge for the service under medical assistance minus the medicare
 10 payment.

History: 1989 a. 31, 336; 1991 a. 39, 269; 1993 a. 16; 2001 a. 16.

11 **SECTION 43.** 49.468 (1) (c) of the statutes is amended to read:

12 49.468 (1) (c) For an elderly or disabled individual who is only entitled to
 13 coverage under part A of medicare and who does not meet the eligibility criteria for
 14 medical assistance under s. 49.46 (1), 49.465 or 49.47 (4), or 49.471 (4) but meets the
 15 limitations on income and resources under par. (d), medical assistance shall pay the
 16 deductible and coinsurance portions of medicare services under 42 USC 1395 to
 17 1395i which are not paid under 42 USC 1395 to 1395i, including those medicare
 18 services that are not included in the approved state plan for services under 42 USC
 19 1396; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
 20 enrollment penalty for premiums under part A of medicare, if applicable.

History: 1989 a. 31, 336; 1991 a. 39, 269; 1993 a. 16; 2001 a. 16.

21 **SECTION 44.** 49.468 (1m) (a) of the statutes is amended to read:

22 49.468 (1m) (a) Beginning on January 1, 1993, for an elderly or disabled
 23 individual who is entitled to coverage under part A of medicare and is entitled to
 24 coverage under part B of medicare, does not meet the eligibility criteria for medical



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1 assistance under s. 49.46 (1), 49.465 ~~or~~, 49.47 (4), or 49.471 (4) but meets the
2 limitations on income and resources under par. (b), medical assistance shall pay the
3 monthly premiums under 42 USC 1395r.

History: 1989 a. 31, 336; 1991 a. 39, 269; 1993 a. 16; 2001 a. 16.

4 **SECTION 45.** 49.468 (2) (a) of the statutes is amended to read:

5 49.468 (2) (a) Beginning on January 1, 1991, for a disabled working individual
6 who is entitled under P.L. 101-239, section 6012 (a), to coverage under part A of
7 medicare and who does not meet the eligibility criteria for medical assistance under
8 s. 49.46 (1), 49.465 ~~or~~, 49.47 (4), or 49.471 (4) but meets the limitations on income and
9 resources under par. (b), medical assistance shall pay the monthly premiums for the
10 coverage under part A of medicare, including late enrollment fees, if applicable.

History: 1989 a. 31, 336; 1991 a. 39, 269; 1993 a. 16; 2001 a. 16.

(END OF INSERT 1-5)

INSERT 2-5

~~11 (b) "Caretaker relative" means a blood relative, including those of half-blood,
12 and including first cousins, nephews, nieces, and persons of preceding generations
13 as denoted by prefixes of grand, great, or great-great; a stepfather, stepmother,
14 stepbrother, or stepsister; a person who is the adoptive parent of the child's parent,
15 a natural or legally adopted child of such person, or a relative of an adoptive parent;
16 or a spouse of any person named in this paragraph even if the marriage is terminated
17 by death or divorce; who is maintaining a residence ~~as~~ the child's home and who
18 exercises primary responsibility for the child's care and control, including making
19 plans for the child.~~

INSERT 2-5 ← STARTS HERE

20 (c) "Child" means an individual who is under the age of 19 years. "Child"
21 includes an unborn child.



ins 2-5 CONT

1 (d) "Family" means all children for whom assistance is requested, their minor
2 siblings, including half brothers, half sisters, stepbrothers, and stepsisters, and any
3 parents of these minors and their spouses.

4 (e) "Family income" means the total gross earned and unearned income
5 received by all members of a family.

(END OF INSERT 2-5)

INSERT 2-6

6 (g) "Unborn child" means an individual from conception until he or she is born
7 alive for whom all of the following requirements are met:

8 1. The unborn child's mother is not eligible for medical assistance under this
9 subchapter, except that she may be eligible for benefits under s. 49.45 (27).

10 2. The income of the unborn child's mother, mother and her spouse, or mother
11 and her family, whichever is applicable, does not exceed 300 percent of the poverty
12 line.

13 3. Each of the following applicable persons who is employed provides
14 verification from his or her employer, in the manner specified by the department, of
15 his or her earnings:

- 16 a. The unborn child's mother.
- 17 b. The spouse of the unborn child's mother.
- 18 c. Members of the unborn child's mother's family.

19 4. The unborn child's mother provides medical verification of her pregnancy,
20 in the manner specified by the department.



ins 2-6

1 5. The unborn child and the mother of the unborn child [✓] meet all other
2 applicable eligibility requirements under this chapter or established by the
3 department by rule except for any of the following:

4 a. The mother is not a U.S. citizen or an alien qualifying for medicaid under 8
5 USC 1612.

6 b. The mother is an inmate of a public institution.

 ****NOTE: What about this one?

7 c. The mother does not provide a social security number, but only if subd. [✓] 4. a.
8 applies.

 ****NOTE: The definition of family does seem to work in this definition.

 ****NOTE: Can an unborn child [✓] buy coverage under sub. (4) (c), or is it ineligible
altogether if family income exceeds [✓] 300% of poverty, unlike a born child?

(END OF INSERT 2-6)

INSERT 3-2

9 2. Subdivision 1. [✓] does not apply to an individual who is eligible for medical
10 assistance under s. 49.46 (1) (a) [✓] 3., [✓] 4., [✓] 5., [✓] 6m., [✓] 14., [✓] 14m., [✓] 15. or (d) [✓] or 49.47 (4) (a) or
11 (as) [✓].

(END OF INSERT 3-2)

INSERT 4-15

12 ^{note} , and the child is living in the home with the parent or is temporarily absent
13 from the home for not more than 6 months or, if the child has been removed from the
14 home for more than 6 months, the parent

(END OF INSERT 4-15)

INSERT 4-22



ins 4-22

- 1 4. An individual who satisfies all of the following criteria: ✓
- 2 a. The individual is a parent or caretaker relative ✓ of a child who is living in the
- 3 home with the parent or caretaker relative or who is temporarily absent from the
- 4 home for not more than 6 ✓ months or, if the child has been removed from the home for
- 5 more than 6 months, the parent or caretaker relative is working toward unifying the
- 6 family by complying with a permanency plan under s. 48.38. ✓
- 7 b. Except as provided in subd. 4. c., ✓ the individual's family income does not
- 8 exceed 200 percent of the poverty line and does not include ✓ self-employment income.
- 9 c. If the individual's family income includes ✓ self-employment income, the
- 10 individual's family income does not exceed ✓ 200 percent of the poverty line as
- 11 calculated under sub. (7) (a) 2. ✓

12 5. An individual who, regardless of family income, was born on or after January

13 1, 1990, and who, on his or her 18th ✓ birthday, was in a foster care or treatment foster

14 care placement under the responsibility of a state, as determined by the department. ✓

15 The coverage for an individual under this subdivision ✓ ends on the last day of the

16 month in which the individual becomes 21 ✓ years of age, unless he or she otherwise

17 loses eligibility sooner.

****NOTE: How could an individual under this subdivision lose eligibility sooner?

(END OF INSERT 4-22)

INSERT 5-18

- 18 4. An individual who satisfies all of the following criteria: ✓
- 19 a. The individual is a parent or caretaker relative of a child who is living in the
- 20 home with the parent or caretaker relative or who is temporarily absent from the
- 21 home for not more than 6 ✓ months or, if the child has been removed from the home for



ins 5-18

1 more than 6[✓] months, the parent or caretaker relative is working toward unifying the
2 family by complying with a permanency plan under s. 48.38.[✓]

3 b. The individual's family income includes self-employment income[✓] and does
4 not exceed 200 percent of the poverty line as calculated under sub. (7) (a) 3.[✓]

(END OF INSERT 5-18)

INSERT 7-16

5 *w/FT* including a pregnant woman under sub (5) (b) 1.,[✓] child, including a child under
6 sub. (5) (b) 2.,[✓] parent, or caretaker relative **(ND #)**

(END OF INSERT 7-16)

INSERT 7-19

7 *w/FT* and had a family income of less than 150[✓] percent of the poverty line in that
8 month **(5 #)**

(END OF INSERT 7-19)

INSERT 8-13

9 (g) 1. Except as provided in subd. 2.,[✓] as a condition of eligibility for coverage
10 under this section,[✓] an individual with earned income that does not appear in a
11 computer data match used by the department shall provide verification, as
12 determined by the department, of that earned income.

13 2. Subdivision 1.[✓] does not apply to an individual under sub. (4) (a) 5.[✓] or a child
14 under the age of 18.[✓]

15 (h) Within 10[✓] days after the change occurs, a recipient shall report to the
16 department any change that might affect his or her eligibility or any change that
17 might require premium payment by a recipient who was not required to pay
18 premiums before the change.



ins 8-13

1 (i) For purposes of determining eligibility and family income, the department
2 shall include a family member who is temporarily absent from the home for not more
3 than 6 months, as determined by the department.

(END OF INSERT 8-13)

INSERT 9-4

4 *not* count the net self-employment earnings. Net self-employment earnings shall
5 be determined by subtracting from gross self-employment income all
6 self-employment expenses that are **NO**

(END OF INSERT 9-4)

INSERT 9-18

7 (b) 1. To obtain eligibility for coverage under this section, the department shall
8 allow a pregnant woman whose family income exceeds 300 percent of the poverty line
9 to obligate or expend for medical care or any other type of remedial care recognized
10 under state law or for personal health insurance premiums or for both the difference
11 between her family income and the income limit under sub. (4) (b) 1. A pregnant
12 woman who obtains eligibility under this subdivision remains eligible for the balance
13 of the pregnancy and to the last day of the month in which the 60th day after the last
14 day of the pregnancy falls without regard to any change in the woman's family
15 income.

16 2. To obtain eligibility for coverage under this section, the department shall
17 allow a child who has the health insurance coverage specified in sub. (8) (b) 1. and
18 whose family income exceeds 150 percent of the poverty line to obligate or expend for
19 medical care or any other type of remedial care recognized under state law or for
20 personal health insurance premiums or for both the difference between the child's



en 9-18

1 family income and 150[✓] percent of the poverty line. A child who obtains eligibility
2 under this subdivision[✓] during any 6-month[✓] period remains eligible for the
3 remainder of the 6-month period.[✓]

****NOTE: Does[✓] DHFS designate specific[✓] 6-month periods, such as January
through June and July through December, or do you mean that the child remains eligible
for 6 months, including the month in which he or she became eligible, or beginning with
the month after he or she became eligible, etc.?

(END OF INSERT 9-18)

INSERT 11-3

4 (c) An unborn child, regardless of family income, is not eligible for BadgerCare[✓]
5 Plus if the unborn child or the unborn child's mother has individual or family health
6 insurance coverage, as defined in 42 USC 300gg-91 (b) (1), or other health care
7 coverage under an arrangement in which a 3rd[✓] party agrees to pay for the health care
8 costs of the unborn child or the unborn child's mother.

(END OF INSERT 11-3)

INSERT 11-6

- 9 a. A pregnant woman.[✓]
- 10 b. A child described in sub. (4) (a) 2[✓] or (b) 2.[✓]
- 11 c. A child who has coverage under or access to health insurance as a dependent
- 12 of an absent parent but who resides outside of the service area of the absent parent's
- 13 plan.
- 14 2. An individual under par. (b) 2.[✓] is not ineligible if any of the following good
- 15 cause reasons applies to the individual's access to the health insurance coverage
- 16 under par. (b) 1.:[✓]
- 17 a. The individual's employment ended.



ins 11-6 CONT

1 b. The individual's employer discontinued health insurance coverage for all
2 employees.

3 c. One or more members of the individual's family were eligible for other health
4 insurance coverage or Medical Assistance[✓] at the time the employee failed to enroll
5 in the health insurance coverage under par. (b) 1.[✓] and no member of the family was
6 eligible for coverage under this section[✓] at that time.

****NOTE: I changed "coverage under BadgerCare" to "coverage under this section."[✓]
Is that correct?

7 d. The individual's health insurance coverage has ended due to the death or
8 change in marital status of the subscriber.

9 e. Any other reason that the department[✓] determines is a good cause reason.

(END OF INSERT 11-6)

INSERT 14-7

10 ^{ff} 2. None of the following shall pay a premium:[✓]

(END OF INSERT 14-7)

INSERT 14-10

11 ^{ff} b. A child who is eligible under sub. (4) (a) 2. or (b) 2.[✓]

(END OF INSERT 14-10)

INSERT 14-19

12 ^{wo ff} , and subject to the Badger Rx Gold program discounts ⁽²⁰⁾

(END OF INSERT 14-19)

INSERT 15-5



ins 15-5

not

1 for treatment of a condition that is not an emergency medical condition, as
2 defined in s. 632.85 (1) (a), **(NO 4)**

(END OF INSERT 15-5)

INSERT 17-22

3 **SECTION 46.** 49.473 (2) (a) of the statutes is amended to read:

4 49.473 (2) (a) The woman is not eligible for medical assistance under ss. 49.46
5 (1) and (1m), 49.465, 49.468, 49.47, 49.471, and 49.472, and is not eligible for health
6 care coverage under s. 49.665.

History: 2001 a. 16, 104; 2003 a. 33.

7 **SECTION 47.** 49.49 (3m) (a) (intro.) of the statutes is amended to read:

8 49.49 (3m) (a) (intro.) No provider may knowingly impose upon a recipient
9 charges in addition to payments received for services under ss. 49.45 to ~~49.47~~ 49.471
10 or knowingly impose direct charges upon a recipient in lieu of obtaining payment
11 under ss. 49.45 to ~~49.47~~ 49.471 except under the following conditions:

History: 1977 c. 418; 1979 c. 89; 1981 c. 317; 1985 a. 29 s. 3202 (23); 1985 a. 269; 1989 a. 23, 31; 1995 a. 27; 1997 a. 283; 2001 a. 109; 2003 a. 309.

12 **SECTION 48.** 49.665 (4) (a) 1. of the statutes is amended to read:

13 49.665 (4) (a) 1. The family's income does not exceed 185% of the poverty line,
14 except as provided in ~~par. (at)~~ and except that a family that is already receiving
15 health care coverage under this section may have an income that does not exceed
16 200% of the poverty line. The department shall establish by rule the criteria to be
17 used to determine income.

History: 1997 a. 27, 237; 1999 a. 9; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25.

18 **SECTION 49.** 49.665 (4) (am) 1. of the statutes is amended to read:

19 49.665 (4) (am) 1. The child's income does not exceed 185% of the poverty line,
20 except as provided in ~~par. (at)~~ and except that a child that is already receiving health
21 care coverage under this section may have an income that does not exceed 200% of



ins 17-22

1 the poverty line. The department shall use the criteria established under par. (a) 1.
2 to determine income under this subdivision.

History: 1997 a. 27, 237; 1999 a. 9; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25. ✓

3 **SECTION 50.** 49.665 (4) (ap) 1. of the statutes is amended to read:

4 49.665 (4) (ap) 1. The income of the unborn child's mother, mother and her
5 spouse, or mother and her family, whichever is applicable, does not exceed 185
6 percent of the poverty line, except as ~~provided in par. (at)~~ and except that, if an
7 unborn child is already receiving health care coverage under this section, the
8 applicable specified person or persons may have an income that does not exceed 200
9 percent of the poverty line. The department shall establish by rule the criteria to be
10 used to determine income.

History: 1997 a. 27, 237; 1999 a. 9; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25.

(END OF INSERT 17-22)

INSERT 17-23

11 **SECTION 51.** 49.665 (4) (at) ✓ of the statutes is repealed.

(END OF INSERT 17-23)

INSERT 18-5

12 **SECTION 52.** 49.688 (5) (a) (intro.) ✓ of the statutes is amended to read:

13 49.688 (5) (a) (intro.) Beginning on September 1, 2002, except as provided in
14 sub. (7) (b), as a condition of participation by a pharmacy or pharmacist in the
15 program under s. 49.45, 49.46, or ~~49.47~~, or 49.471 ✓, the pharmacy or pharmacist may
16 not charge a person who presents a valid prescription order and a card indicating



ev 18-5

1 that he or she meets eligibility requirements under sub. (2) an amount for a
2 prescription drug under the order that exceeds the following:

History: 2001 a. 16, 109; 2003 a. 33.

(END OF INSERT 18-5)

INSERT 19-2

3 SECTION 53. 49.81 (4) [✓] of the statutes is amended to read:

4 49.81 (4) The right to a speedy determination of the recipient's status or
5 eligibility for public assistance, to notice of any proposed change in such status or
6 eligibility, and, in the case of assistance granted under s. 49.19, 49.46, 49.468 ~~or~~,
7 49.47, or 49.471, [✓] to a speedy appeals process for resolving contested determinations.

History: 1977 c. 29; 1989 a. 31; 1995 a. 27 ss. 2638, 2640 to 2643, 9126 (19), 9130 (4); 1997 a. 3, 237.

(END OF INSERT 19-2)

INSERT 19-9

193

8 SECTION 54. 49.89 (7) (b) [✓] of the statutes is amended to read:

9 49.89 (7) (b) The incentive payment shall be an amount equal to 15% of the
10 amount recovered because of benefits paid under s. 49.46, 49.465, 49.468 ~~or~~, 49.47,
11 or 49.471. [✓] The incentive payment shall be taken from the federal share of the sum
12 recovered as provided under 42 CFR 433.153 and 433.154.

History: 1977 c. 29; 1979 c. 221; 1981 c. 20; 1983 a. 27, 465; 1985 a. 29 ss. 1051, 1052, 3200 (23); 1987 a. 27 s. 3202 (24); 1989 a. 31; 1995 a. 27 ss. 3152 to 3177, 3214, 3215, 9126 (19), 9130 (4); Stats. 1995 s. 49.89; 1995 a. 407; 1997 a. 3, 237; 1999 a. 9.

13 SECTION 55. 59.53 (5) (a) [✓] of the statutes is amended to read:

14 59.53 (5) (a) The board shall contract with the department of workforce
15 development to implement and administer the child and spousal support and
16 establishment of paternity and the medical support liability programs provided for
17 by Title IV of the federal social security act. The board may designate by board
18 resolution any office, officer, board, department or agency, except the clerk of circuit



Ins 19-9 2083
CONT

1 court, as the county child support agency. The board or county child support agency
 2 shall implement and administer the programs in accordance with the contract with
 3 the department of workforce development. The attorneys responsible for support
 4 enforcement under sub. (6) (a), circuit court commissioners and all other county
 5 officials shall cooperate with the county and the department of workforce
 6 development as necessary to provide the services required under the programs. The
 7 county shall charge the fee established by the department of workforce development
 8 under s. 49.22 for services provided under this paragraph to persons not receiving
 9 benefits under s. 49.148 or 49.155 or assistance under s. 46.261, 49.19 or 49.46,
 10 49.465, 49.47, 49.471, or 49.472.

History: 1995 a. 201 ss. 151, 153, 169, 413, 188, 192, 198, 201 to 206, 208, 217, 229, 234, 237, 241, 334, 362, 364, 436, 453; 1995 a. 225 ss. 164, 170; 1995 a. 279 s. 7; 1995 a. 289 s. 217; 1995 a. 404 ss. 184, 186; 1997 a. 3, 27, 35, 41, 199 s. 252; 1999 a. 150 s. 672; 2001 a. 61; 2003 a. 33, 318; 2005 a. 443 s. 265.

11 **SECTION 56.** 66.0137 (3) of the statutes is amended to read:

12 66.0137 (3) HEALTH INSURANCE FOR UNEMPLOYED PERSONS. Any city, village,
 13 town, or county may purchase health or dental insurance for unemployed persons
 14 residing in the city, village, town, or county who are not eligible for medical
 15 assistance under s. 49.46, 49.468 or, 49.47, or 49.471 (4) (a) or (b).

History: 1999 a. 9, 115; 1999 a. 150 ss. 34, 303 to 306; Stats. 1999 s. 66.0137; 1999 a. 186 s. 63; 2001 a. 16, 30; 2005 a. 194; 2005 a. 443 s. 265.

16 **SECTION 57.** 302.38 (3) of the statutes is amended to read:

17 302.38 (3) The maximum amount that a governmental unit may pay for the
 18 costs of medical or hospital care under this section is limited for that care to the
 19 amount payable by medical assistance under subch. IV of ch. 49, ~~except s. excluding~~
 20 ss. 49.468 and 49.471 (11), for care for which a medical assistance rate exists. No
 21 provider of medical or hospital care may bill a prisoner under sub. (1) for the cost of
 22 care exceeding the amount paid under this subsection by the governmental unit. If



Ins 19-9 3863

1 no medical assistance rate exists for the care provided, there is no limitation under
2 this subsection.

3 History: 1973 c. 198; 1987 a. 27, 269; 1989 a. 31 s. 1655c, 1656d; Stats. 1989 [✓] 302.38; 1989 a. 261, 359; 1995 a. 27, 43, 281, 352; 1997 a. 35.

SECTION 58. 632.746 (7m) (b) 1. of the statutes is amended to read:

4 632.746 (7m) (b) 1. The employee or dependent is eligible for benefits under the
5 Medical Assistance program under s. [✓]49.471 or 49.472 or for coverage under the
6 Badger Care health care program under s. 49.665.

7 History: 1997 a. 27; 2003 a. 33.

SECTION 59. 814.61 (13) [✓] of the statutes is amended to read:

8 814.61 (13) SUPPORT OR MAINTENANCE PETITION. For the cost of court services,
9 whenever a person not receiving benefits under s. 49.148 or 49.155 or aid under s.
10 49.19, 49.46, 49.465, 49.468 or, [✓]49.47, or [✓]49.471 files a petition requesting child
11 support, maintenance or family support payments, \$10 in addition to any other fee
12 required under this section. This subsection does not apply to a petition filed by the
13 state or its delegate.

History: 1981 c. 317; 1983 a. 27; 1983 a. 189 s. 329 (28); 1983 a. 228, 447, 538; 1985 a. 29, 169; 1987 a. 27 ss. 2143p, 3202 (24); 1987 a. 144, 355, 399; 1989 a. 31; 1989 a. 56 s. 259; 1989 a. 191; 1991 a. 39, 221, 269; 1993 a. 16, 319, 326, 481, 491; 1995 a. 27, 201, 224, 269, 279, 289, 306; 1997 a. 27, 35, 285; 1999 a. 9, 71; 2001 a. 109; 2003 a. 33, 165, 327; 2005 a. 272, 387, 434; 2005 a. 443 s. 265.

14 **SECTION 60.** 885.01 (5) [✓] of the statutes is amended to read:

15 885.01 (5) By the department of workforce development or a county child
16 support agency under s. 59.53 (5) in the administration of ss. 49.145, 49.19, 49.22,
17 49.46 and, [✓]49.47, and [✓]49.471 and programs carrying out the purposes of 7 USC 2011
18 to 2029.

19 History: 1971 c. 164; 1973 c. 272 [✓] 305, 336; 1977 c. 29 s. 1650m (4); 1977 c. 305; 1979 c. 34; 1989 a. 56; 1993 a. 486; 1997 a. 191.

SECTION 9421. Effective dates; Health and Family Services. [✓]

20 (1) ???????. The treatment of sections ?? ?? (??) of the statutes takes effect on ?????.

****NOTE: Need to wait until inserts are added.

(END OF INSERT 19-9)

**2007-2008 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0905/P2ins
PJK:jld:nwn

INSERT 2-5JOY

(b) "Caretaker relative" means any of the following who is maintaining a residence ^{gas} at the child's home and who exercises primary responsibility for the child's care and control, including making plans for the child:

1. A blood relative, including those of half-blood, and including first cousins, nephews, nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great-great.
2. A stepfather, stepmother, stepbrother, or stepsister.
3. A person who is the adoptive parent of the child's parent, a natural or legally adopted child of such person, or a relative of an adoptive parent.
4. A spouse of any person named in this paragraph even if the marriage is terminated by death or divorce.

✓ 49.19 (1)(c)1. Leave out of no amend
 ↑ Remove

✓ 49.43 (8) no amend ✓

✓ repeal 49.45 (3.5) ← add repeal - no cross refs

✓ 302.386 (1) no amend ✓

✓ * 49.45 (18)(ac) → or to the benefits under s. 49.46
 (2)(a) and (b) under s. 49.471

→ * 66.0137 (3) → add (5)(b)2.

✓ * 49.45 (18)(am) → does not apply

to a person who is eligible
 under s. 49.471 for the
 benefits under s. 49.46 (2)(a)+(b)

A leave as is

✓ add BC + take out first in (3)(a)

✓ 6-mo period - as dir by dept (7)(b)2.

✓ in (3) → treat in 3 ways (have insert)

unborn child ←

difference for

~~(d) 1. does not apply~~

ins coverage

pB +14

✓ premiums (10)(c)

(d) 1. does not apply

? ✓ spend down to 300%

really applies to
child's mother
the as a prog. woman

family

siblings of an unborn child
are children of
unborn child's mother

add to family

Other provisions:

Applicability of section. Subject to certain exceptions, Part B of title XXVII of the Public Health Service Act (42 USCS §§ 300gg-41 et seq.) shall apply with respect to health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market after June 30, 1997, regardless of when a period of creditable coverage occurs, pursuant to § 111(b) of Act Aug. 21, 1996, P. L. 104-191, which appears as 42 USCS § 300gg-41 note.

Definitions; Miscellaneous Provisions

§ 300gg-91. Definitions

(a) Group health plan. (1) Definition. The term "group health plan" means an employee welfare benefit plan (as defined in section 3(1) of the Employee Retirement Income Security Act of 1974 [29 USCS § 1002(1)]) to the extent that the plan provides medical care (as defined in paragraph (2)) and including items and services paid for as medical care) to employees or their dependents (as defined under the terms of the plan) directly or through insurance, reimbursement, or otherwise.

(2) Medical care. The term "medical care" means amounts paid for—

(A) the diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of affecting any structure or function of the body,

(B) amounts paid for transportation primarily for and essential to medical care referred to in subparagraph (A), and

(C) amounts paid for insurance covering medical care referred to in subparagraphs (A) and (B).

(3) Treatment of certain plans as group health plan for notice provision. A program under which creditable coverage described in subparagraph (C), (D), (E), or (F) of section 2701(c)(1) [42 USCS § 300gg(c)(1)] is provided shall be treated as a group health plan for purposes of applying section 2701(e) [42 USCS § 300gg(e)].

do include def

(b) Definitions relating to health insurance. (1) Health insurance coverage. The term "health insurance coverage" means benefits consisting of medical care (provided directly, through insurance or reimbursement, or otherwise and including items and services paid for as medical care) under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer.

(2) Health insurance issuer. The term "health insurance issuer" means an insurance company, insurance service, or insurance organization (including a health maintenance organization, as defined in paragraph (3)) which is licensed to engage in the business of insurance in a State and which is subject to State law which regulates insurance (within the meaning of section 514(b)(2) of the Employee Retirement Income Security Act of 1974 [29 USCS § 1144(b)(2)]). Such term does not include a group health plan.

(3) Health
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Kahler, Pam

From: Kahler, Pam
Sent: Friday, January 12, 2007 3:48 PM
To: Pink, Michelle C - DOA; Jones, James D - DHFS
Subject: BC+ x-refs

And Michelle and Jim:

Here are some more statutes for DHFS to review to see if anything from BadgerCare Plus needs to be added. Many of them refer to a specific benefit under s. 49.46 (2) and may (or may not) need a benefit under the benchmark plan added.

45.51 (13) (intro.), (a), and (b)
46.515 (6g) (a)
49.22 (6)
49.43 (intro.)
49.45 (2) (a) 22. and (b) 7. (intro.)
 (3) (f) 2. and (m)
 (8m) (intro.)
 (18) (b) 3.
 (21) (ar)
 (24g) (a)
 (24m) (a)
 (25) (am) (intro.) and (d)
 (30) (a) and (b)
 (30e) (a) (intro.), 1., and 2., (b) 2., and (c)
 (35m)
 (37) (intro.)
 (38)
 (42) (intro.)
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 (49m) (c) 1.
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 (53)
49.49 (3m) (a) 1., 2., and 3.
49.496 (3) (a) 2. d.
51.038
51.04
59.58 (5)
108.02 (15) (k) 20. a. and b.
227.01 (13) (um)
253.10 (3) (d) 1.
255.056 (7) (e)
449.17 (8)

Thanks again for going over that last set of statutes. That was very helpful.

Pamela J. Kahler
Legislative Attorney
Legislative Reference Bureau
608-266-2682

Kahler, Pam

From: LaPhilliph, John O - DHFS
Sent: Wednesday, January 17, 2007 12:36 PM
To: Kahler, Pam
Subject: Fwd: More comments on BC+ statutory language

Attachments: Additional Responses to LRB Statutory Language Questions.doc



Additional
esponses to LRB St.

Here is the email from Jim with a few more edits for the BC+ draft.
Just to be sure that this got through to you, would you mind emailing a reply? Thanks.

* * * * *

NOTICE: This email and any attachments may contain confidential information. Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations and agreements. If you received this email in error, please notify the sender; delete the email; and do not use, disclose or store the information it contains.
* * * * *

>>> James Jones 1/13/2007 10:46:24 AM >>>
Shelley reviewed the language and provided us with a new set of questions and comments. I've attached these additional comments and our answers to her questions to this e-mail. Since time is running out, I'm also copying Pam Kahler, LRB, on this e-mail.

Additional Response to LRB Draft of Statutes for BadgerCare Plus Provisions
January 13, 2007

The following remarks are additional comments and/or edits to the LRB draft dated 12/12/06 and include some changes to our earlier remarks which were sent to LRB on January 10. The headers refer to the page and line number of the draft document.

✓ **Page 2, Line 1:** To avoid confusion, we think it may be helpful for us to include a definition of parent for BadgerCare Plus (BC+). We believe the definition from the current BC statutes would be adequate. It reads:

" Parent" has the meaning given in s. 49.141 (1) (j).

✓ **Page 2, Line 23:** In addition to the changes requested earlier, we need to clarify that SSI recipients (and their essential persons) are not eligible for (BC+). Their eligibility is under 49.46(1)(a) 3. & 4.

✓ **Page 3, Line 2:** Please disregard our earlier request to add the word "first" to this line of the draft.

✓ **Page 4, Line 22:** Please add to the list of persons eligible for full benefits under (4) (a), migrants determined eligible under (6) (f).

✓ **Page 7, Line 11** Please add at the end of this sentence after the words "par (d)", the following, "at the time of the determination."

✓ **Page 8, Line 6:** The essential person referred to on this line for BadgerCare Plus is not the same one referred to in 49.46 (1) (a) 3. and defined in 49.001 (1m). We believe therefore that we need to add a definition to the BC+ statute in sub. (1). The BC+ essential person is defined as a person who:

1. Is related to an BC+ group member,
2. Is otherwise nonfinancially eligible, except that the essential person need not have a minor child under his/her care, and
3. Provides at least one of the following to another member of the BC+ group:
 - a. Child care that enables a caretaker to:
 - Work outside the home, full time (30 hours or more a week), for pay,
 - Receive training full time (30 hours or more a week), or
 - Attend HS or GED classes full time (as defined by the school), or
 - b. Care for anyone who is incapacitated.

Page 9, Line 13: We would like it to be more clear that medical expenditures for anyone in the family could be used to make either pregnant women or children eligible for BC+. In addition, once a family that "spent down" their family income to the income limits already provided in (7) (b), then all pregnant women and/or all children in the household would be eligible for BC+.

✓ **Page 10, Line 8:** Please change “medical assistance” to “BadgerCare Plus”.

Page 10, Line 9: Please add a definition or reference for the term “group health plan”. The one in HFS 101.03(67m) will do. It reads:

→ “(67m) “Group health insurance plan” means a plan that meets the definition of a group health plan in 42 USC 300gg–91(a)(1).” ← *in there*

Page 10, Line 17: Please add a definition or reference for “health insurance coverage”. The one in HFS 101.03(69m) will do. It reads:

→ “(69m) “Health insurance coverage” has the meaning provided in 42 USC 300gg–91(b)(1) and also includes any arrangement in which a third party agrees to pay for the health care costs of the individual.”

✓ **Page 11, Line 2:** Please make the following changes to (b) 3.:

“3. ~~Access to~~ The individual could be covered under the health insurance coverage specified in subd. 1. if it is applied for, and such coverage could ~~will~~ become available to the individual in the month in which the individual applies for ~~coverage~~ benefits under this section or in any of the next 3 calendar months.”

✓ **Page 11, Line 4:** Please remove the phrase, “regardless of family income,” from (c) 1.

✓ **Page 11, Line 11:** Please change “lost the coverage” to “no longer does”

✓ **Page 12, Line 4:** Please disregard our earlier request to delete subd 4. This good cause reason will apply, but only to pregnant women. Instead, please just delete the words, “individual’s or”

✓ **Page 15, Line 2:** It's unclear if the copayment is \$100 for each medical and surgical service or \$100 for the total of them during the inpatient stay. We've now clarified that the Inpatient Co-pay applies to an inpatient stay (not per day).

✓ **Page 15, Line 20:** It's unclear if the copayment is for each DME or all provided at one time. We've now clarified with our analysts that the DME co-payment would apply to each product. If someone gets crutches and a leg brace, there would be a co-pay on each. If they get a motorized wheelchair, the electric battery should be in the entire set-up so they should only have one co-pay.

✓ **MA Transportation Co-payment amount:** We discovered a problem with the information we supplied of LRG regarding the Medicaid emergency transportation co-payment amount. That co-payment is nor more than \$50 (not the \$5 currently in the draft statute).

Kahler, Pam

From: LaPhilliph, John O - DHFS
Sent: Thursday, January 18, 2007 1:40 PM
To: Kahler, Pam
Cc: Jones, James D - DHFS
Subject: Re: BC+

Pam,

Jim asked me to respond on his behalf. (FYI - he will be out the rest of the afternoon, so if you have additional questions that need a quick reply, please copy me and I'll try to answer if I can.)

The reference Jim made to include persons with incomes at or below 200% of poverty does not include children or pregnant women with presumptive eligibility.

John

* * * * *
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* * * * *

John LaPhilliph
Lead Health Care Eligibility Innovations Planner Bureau of Eligibility Management Division
of Health Care Financing Wisconsin Department of Health and Family Services
608-266-6772
laphijo@dhfs.state.wi.us

>>> "Kahler, Pam" <Pam.Kahler@legis.wisconsin.gov> 1/18/2007 12:10:38
PM >>>
Jim:

I have a question as I'm reviewing the cross-references - some of which we went over last Friday. For those in s. 46.27 (and there may be others-I just haven't come to them yet) you say to include those with incomes at or below 200 % of poverty. The reference generally would be to a person eligible under sub. (4) (a), but do you want the reference to specifically include a child with presumptive eligibility, too (under sub. (5) (b) 2.)?

Pamela J. Kahler
Legislative Attorney
Legislative Reference Bureau
608-266-2682

Kahler, Pam

From: LaPhilliph, John O - DHFS
Sent: Thursday, January 18, 2007 2:30 PM
To: Kahler, Pam
Subject: RE: BC+

You're correct. We do not intend to have the youths exiting foster care pay any premiums for themselves. FYI, I have a meeting until 4:00. I 'll have to get back to you later on your 2nd question.

>>> "Kahler, Pam" <Pam.Kahler@legis.wisconsin.gov> 1/18/2007 2:23:35 PM
>>>

Thanks. I just had another question that I was going to send, so I'm glad I got your e-mail. It looks to me as though in the draft youths exiting out of foster care are not specifically exempted from paying premiums. They should be, shouldn't they? One more fine point on the first question. It looks as though after our meeting last Friday I had intended to add children (but not pregnant women) with presumptive eligibility to the cross-reference in s. 66.0137 (3), but I'm not sure why. Should I?

-----Original Message-----

From: LaPhilliph, John O - DHFS
Sent: Thursday, January 18, 2007 1:40 PM
To: Kahler, Pam
Cc: Jones, James D - DHFS
Subject: Re: BC+

Pam,

Jim asked me to respond on his behalf. (FYI - he will be out the rest of the afternoon, so if you have additional questions that need a quick reply, please copy me and I'll try to answer if I can.)

The reference Jim made to include persons with incomes at or below 200% of poverty does not include children or pregnant women with presumptive eligibility.

John

* * * * *

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Pamela J. Kahler
Legislative Attorney
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608-266-2682

Kahler, Pam

From: LaPhilliph, John O - DHFS
Sent: Thursday, January 18, 2007 5:37 PM
To: Kahler, Pam
Cc: Jones, James D - DHFS
Subject: RE: BC+

Yes

>>> "Kahler, Pam" <Pam.Kahler@legis.wisconsin.gov> 1/18/2007 5:11:11 PM
>>>

This was excluded from in-eligibility, not from eligibility, so I take it they should be included with the others who can have insurance and still be eligible.

-----Original Message-----

From: LaPhilliph, John O - DHFS
Sent: Thursday, January 18, 2007 5:09 PM
To: Kahler, Pam
Cc: Jones, James D - DHFS
Subject: RE: BC+

They should not. We are not excluding youths leaving foster care from BC+ if they are insured or have access to insurance. (Under federal law, Medicaid eligibility for these youths is unaffected by other insurance coverage.)

>>> "Kahler, Pam" <Pam.Kahler@legis.wisconsin.gov> 1/18/2007 2:28:16 PM
>>>

Similarly, it looks as though those youths are not excluded from ineligibility by reason of having insurance or access to insurance. They should be excluded, shouldn't they?

-----Original Message-----

From: LaPhilliph, John O - DHFS
Sent: Thursday, January 18, 2007 1:40 PM
To: Kahler, Pam
Cc: Jones, James D - DHFS
Subject: Re: BC+

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* * * * *

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