



State of Wisconsin

LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX - **PLEASE DO NOT REMOVE FROM DRAFTING FILE**

Date Transfer Requested: 02/18/2013 (Per: CMH)

☞ Compile Draft – Appendix A ... Part I ←

Appendix A ☞ The 2013 drafting file for LRB-0479

Appendix B ☞ The 2013 drafting file for LRB-1243

Appendix C ☞ The 2013 drafting file for LRB-1248

2013 LRB-0479

has been transferred to the drafting file for

2013 LRB-1485

Part of the compile used to create 2013 AB 40.

2013 DRAFTING REQUEST

Bill

Received: **11/1/2012** Received By: **tdodge**
Wanted: **As time permits** Same as LRB:
For: **Administration-Budget 267-7980** By/Representing: **Iwata**
May Contact: Drafter: **tdodge**
Subject: **Medical Assistance** Addl. Drafters:
Extra Copies:

Submit via email: **YES**
Requester's email:
Carbon copy (CC) to: **pam.kahler@legis.wisconsin.gov**
tamara.dodge@legis.wisconsin.gov

Pre Topic:

DOA:.....Iwata, BB0218 -

Topic:

Codify Act 32 reforms approved by the Joint Finance Committee and other changes to BadgerCare Plus and BadgerCare Plus Core pending federal approval

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 12/26/2012			_____			
/P1	tdodge 1/24/2013	scalvin 1/3/2013	rschluet 1/3/2013	_____	rosee 1/3/2013		
/P2	tdodge	scalvin	jmurphy	_____	mbarman		

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
	2/1/2013	1/25/2013	1/28/2013	_____	1/28/2013		
/P3	tdodge 2/5/2013	scalvin 2/6/2013	jfrantze 2/3/2013	_____ _____	sbasford 2/3/2013		
/P4			pherry 2/6/2013	_____ _____	sbasford 2/7/2013		State

FE Sent For:

<END>

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May Contact: Drafter: tdodge
Subject: Medical Assistance Addl. Drafters:
Extra Copies:

Submit via email: YES
Requester's email:
Carbon copy (CC) to: pam.kahler@legis.wisconsin.gov
tamara.dodge@legis.wisconsin.gov

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/?	tdodge 12/26/2012		2/6 ph	ph/jm			
/P1	tdodge 1/24/2013	scalvin 1/3/2013	rschluet 1/3/2013		srose 1/3/2013		
/P2	tdodge	scalvin	jmurphy		mbarman		

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	2/1/2013	1/25/2013	1/28/2013	_____	1/28/2013		
/P3		evinz 2/2/2013	jfrantze 2/3/2013	_____	sbasford 2/3/2013		

FE Sent For: *1/4 sue*
02/06/2013

<END>

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/P1	tdodge 1/24/2013	scalvin 1/3/2013	rschluet 1/3/2013	_____	srose 1/3/2013		
/P2		scalvin	jmurphy	_____	mbarman		

Vers. Drafted

Reviewed
1/25/2013

Typed
1/28/2013

Proofed

Submitted
1/28/2013

Jacketed

Required

FE Sent For:

1p3 eev 2/2/13

Jo

PK

2/2

Jo 2/2

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2013 DRAFTING REQUEST

Bill

Received: 11/1/2012 Received By: tdodge
Wanted: As time permits Companion to LRB:
For: Administration-Budget 267-7980 By/Representing: Iwata
May Contact: Drafter: tdodge
Subject: Medical Assistance Addl. Drafters:
Extra Copies:

Submit via email: YES
Requester's email:
Carbon copy (CC) to: pam.kahler@legis.wisconsin.gov
tamara.dodge@legis.wisconsin.gov

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/?	tdodge 12/26/2012			_____			
/P1		scalvin 1/3/2013	1/3/2013	_____	rosee 1/3/2013		
FE Sent For:		1P2 sac 01/24/2013	Jm 1/24/13	J+R 1/28/13			

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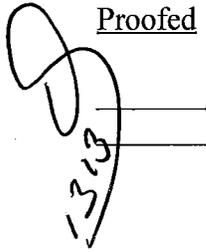
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/?	tdodge	1/1 SAC 12/21/12	1/1 SAC 01/02/12				

FE Sent For:

<END>

Dodge, Tamara

From: Hanaman, Cathlene
Sent: Thursday, November 01, 2012 2:52 PM
To: Dodge, Tamara
Subject: FW: [Possible SPAM] Statutory Language Drafting Request - BB0218
Attachments: 491 Version 2 Codifying MA Reforms drafting instructions to DOA.doc

Importance: Low

From: Yuko.Iwata@wisconsin.gov [<mailto:Yuko.Iwata@wisconsin.gov>]
Sent: Thursday, November 01, 2012 2:46 PM
To: Hanaman, Cathlene
Cc: Thornton, Scott - DOA; Gauger, Michelle C - DOA; Iwata, Yuko - DOA
Subject: [Possible SPAM] Statutory Language Drafting Request - BB0218
Importance: Low

Biennial Budget: 2013-15

Topic: Act 32 Reforms

Tracking Code: BB0218

SBO Team: HSI

SBO Analyst: Iwata, Yuko - DOA
Phone: (608) 267-7980
E-mail: Yuko.Iwata@wisconsin.gov

Agency Acronym: DHS

Agency Number: 435

Priority: High

Intent:

To codify Act 32 reforms approved by the JFC.

Attachments: True

Please send completed drafts to statlanguage@wisapps.wi.gov

Codifying Act 32 Reforms

Decision Needed

Statutory language should be included in the 2013-15 biennial budget to codify Medicaid reforms approved by the Joint Finance Committee under special authority provided in 2011 Act 32.

Background

1. Under authority provided in Act 32, the 2011-13 biennial budget, the Joint Finance Committee authorized DHS to implement several Medicaid reforms that differ from current statutory provisions governing the program. The Act 32 authority is in section 1423 of the act, codified at s. 49.45(2m).
2. The Committee approved the Medicaid reforms at its November 10, 2011, and March 14, 2012, meetings.
3. The Joint Finance approval authority sunsets on January 1, 2015, which is within the 2013-15 biennium. The 2013-15 biennial budget should include language to permanently codify those changes.
4. Of the items authorized by Joint Finance, the federal Centers for Medicare and Medicaid Services (CMS) to date has approved some items and several items are still under review. CMS approved the state's insurance crowd out and premium proposals, but only for non-disabled, non-pregnant adults above 133% of the federal poverty level (FPL). In February 2012, the Department informed the Joint Finance Committee that it was for the moment withdrawing from CMS proposals to revise the definition of household income, terminating presumptive eligibility for children, and applying premiums to children.
5. The attached table summarizes the items approved by Joint Finance and, of those, which have been approved by CMS as of October 2012.
6. The Department requests statutory language in chapter 49 to codify all changes approved by the Joint Finance Committee. The language would be structured to direct DHS to implement items already approved by CMS and to give DHS authority to implement items authorized by the Committee but not yet approved by CMS, once federal approval is received. In many cases, it will be necessary to add provisions that parallel, but not replace, the current statute language and that would become operative once federal approval is obtained. The proposed

language changes are summarized below. As noted below, DHS is no longer pursuing two of the Joint Finance-approved items and does not intend to codify them.

Recommended Language Changes

Health Insurance Coverage and Access

CMS approved changes

Add new language under s. 49.471(8) to codify the CMS approved change:

- as to non-disabled, non-pregnant adults over age 18, applies if family income exceeds 133 percent of the poverty line
- affordability test for these adults only:
 - coverage provided by an employer in which the monthly premium that an employee would pay for an employee-only policy does not exceed 9.5% of the family's income
 - coverage under the state employee health plan
- access in prior 12 months or next 3 months of month of application or month of annual Medicaid redetermination
- add disabled adults as an exempt group under (8)(d)

Non-CMS approved changes

Permit if federal approval received if federal approval is required:

- apply to non-disabled children including unborn children down to a family income of 133% of poverty or above [Note: the intent of the phrase "down to" here and subsequently is to give DHS authority to set the threshold for the requirement at any level above 133%, based on negotiations with CMS]
- apply to non-disabled, non-pregnant parents and caretaker relatives over age 18 down to a family income of 100% or above
- apply to non-disabled adults under age 26, including pregnant women, down to a family income of 100% or above and who are eligible to be covered under coverage a parent receives from an employer
- add private major medical insurance to the 9.5% affordability test above
- same access timing as above for employer-sponsored insurance
- add to the good cause reasons in (8)(d) and (g):
 - insurance is owned by someone not residing with the family and continuation of the coverage is beyond the family's control
 - insurance only covers services provided in a service area that is beyond a reasonable driving distance

- add the following good cause reasons for adults under age 26:
 - parent's loss of employment
 - discontinuation of health benefits to all employees by the parent's employer

Premiums

CMS-approved changes:

Codify under 49.471(10) and 49.45(23):

- as to childless adults in Core and as to parents and caretakers over age 18 who are not disabled, pregnant or an American Indian, applies if family income exceeds 133% (including those in extensions)
- as to these adults, premiums are set on a sliding scale based on family income and ranges from 3% to 9.5% of family income
 - premium for self-employed individuals eligible for benchmark plan benefits under s. 49.471(11) is capped at 5% of family income
- repeal (10)(b)3.

Non-CMS approved changes

Permit if federal approval is received if federal approval is required:

- apply premiums to non-disabled children whose family income is down to 150% or above, and the premium levels will be determined by the Department.

Restrictive Re-enrollment

CMS approved changes

Modify 49.471(10)(b)5. so that:

- The eligibility restriction for parents and caretakers subject to paying a premium continues for twelve consecutive calendar months instead of the current six months, but maintain the six month requirement for children.
- It does not apply to parents and caretakers for any month in which family income does not exceed 133 percent of the poverty line

Non-CMS approved changes

Modify s. 49.471(10)(b)(5) if federal approval is obtained so that:

- The eligibility for children subject to paying a premium continues for twelve consecutive calendar months instead of the current six months

- Indicate that it does not apply to children for any month in which family income does not exceed 150 percent of the poverty line.

Household Income

Non-CMS approved changes

Add language that allows DHS to apply the provisions of 49.471 and 49.45(23) in the following way, if it receives federal approval.

- For non-disabled household members, family income includes the income of all adults residing in the home for at least 60 days but does not include the income of a grandparent in a three generation household as long as the grandparent does not apply for or receive benefits as a parent or caretaker.
- An adult whose income is included but who is not applying for or receiving benefits is not included in determining the size of the family

Transitional Medical Assistance

Non-CMS approved changes

Add statutory language under 49.471(4)(a)7 and 49.46(1)(c), (cg) and (co) indicating that there no longer is coverage for TMA families, *if federal approval for the change is obtained.*

Retroactive Eligibility

CMS approved changes

State that the retroactive eligibility in 49.471(6)(a)1. and 2. does not apply to non-disabled, non-elderly, non-pregnant adults over age 18 with family income in excess of 133 percent of poverty.

Non-CMS approved changes

In addition, provide language that the retroactive eligibility in 49.471(6)(a)1. and 2. does not apply to all non-disabled individuals. *if federal approval for the change is obtained.*

Presumptive Eligibility

Non-CMS approved changes

State that presumptive eligibility for children in 49.471(5)(b)2. does not apply, *if federal approval for the change is obtained.*

Date of Termination

Non-CMS approved changes

The Department had originally received Joint Finance Committee approval to terminate benefits 10 days after the date of the notice of termination for individuals who are not elderly, blind or disabled when eligibility ends for reasons other than death of the recipient. *However the*

Department has determined that it is not administratively feasible to implement the policy and therefore does not request statutory authority for this item in the 2013-15 biennial budget.

Residency Verification

Non-CMS approved changes

The Department had originally received Joint Finance Committee approval to require that a non-disabled individual, or if a non-disabled child then the child's parent or caretaker, as a condition of eligibility shall verify Wisconsin residency by providing the documentation required by the department. *However, the Department has submitted a separate biennial budget proposal, Medicaid Eligibility Electronic Residency Verification (DIN 5422), to address Medicaid residency verification issues, including statutory changes, and therefore does not request changes in this paper.*

Alternative Benchmark for BadgerCare Plus

Non-CMS approved changes

Add language under s 49.471(4) and (11) that would allow DHS to implement an alternative benchmark plan that is different from the existing benchmark plan under current law, *if federal approval for the change is obtained*. The alternative plan would have the following participants and benefit coverage:

- All children and non-pregnant adults whose family income exceeds 100 percent of the poverty line will be enrolled in the benchmark plan
- Benefits will be similar to those in a commercial major medical health insurance policy
- Co-payments may be higher than those authorized for the 49.46(2) standard plan
- Co-payments for individuals whose family income does not exceed 150 percent of the poverty line will be capped at 5 percent of family income for all members of the family
- Children will be enrolled in whatever BadgerCare Plus plan the parent is enrolled in

Alternative Benchmark for Birth to 3 Program

Non-CMS approved changes

Create authority under s. 49.46(2)(b) for the Department to offer the following benchmark plan, *if federal approval for the change is obtained*:

- Children receiving services in the early intervention program under 51.44 may voluntarily enroll
- In addition to standard plan benefits, benefits may include early intervention teachers, home trainers, parent-to-parent mentors and developmental specialists
- No co-payments for the added services

Alternative Benchmark for Individuals with Severe and Persistent Mental Illness

CMS approval pending

Remove references to 42 USC 1396n(i) in 49.45(30g). The department has submitted a state plan amendment under different federal authority.

Medical Homes

Non-CMS approved changes

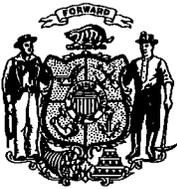
The department is developing five medical home initiatives. Modify 49.46(2), 49.471 and elsewhere as needed to:

- Authorize the department to pilot a service delivery mechanism to provide and coordinate care for individuals in fee for service Medicaid, for any of the following target groups, at the Department's discretion, *if federal approval is received*.
 - Children in out-of-home care or receiving adoption assistance under Title IV-E
 - Pregnant women
 - Individuals exiting correctional or mental health facilities
 - Individuals with a diagnosis of serious mental illness or substance abuse disorder
 - Adults with two or more chronic medical conditions
 - Other groups with conditions that the department determines would benefit from a medical home
- The medical homes may operate in limited geographic areas
- Standard plan benefits and may include additional benefits targeted to the population
- The department may make an all-inclusive payment to the medical home provider
- Individuals will be automatically enrolled in the medical home and may opt out at any time after the first six months of enrollment

Medicaid Reforms Approved by JFC under Act 32 Authority

	I	II
	JFC-approved changes	Specific changes approved by CMS as of October 2012
2012 Waiver Changes	<i>To the extent approved by federal DHHS, if required:</i>	
Health Insurance Access	BCP non-pregnant adults Above 100% and BCP Children Above 133%, if the employee-only premium \leq 9.5% of family income	BCP non-pregnant adults above 133%, if employee-only premium \leq 9.5% of family income
Health Insurance Coverage	BCP non-pregnant Adults Above 100% and BCP Children Above 133%, if the employee-only premium \leq 9.5% of family income	BCP non-pregnant adults above 133%, if employee-only premium \leq 9.5% of family income
Young Adults Covered on Parents' Plan	BCP adults under age 26 above 100%, unless DHS determine insurance coverage is beyond a reasonable driving distance	
Premiums	For BCP children above 150% For non-pregnant BCP adults above 133%, apply a premium on a sliding scale from 3% to 9.5% of family income	For BCP adults above 133%, apply a premium on a sliding scale from 3% to 9.5% of family income
Restrictive Re-enrollment	For BCP children above 150% and BCP adults above 133%, bar re-enrollment for 12 months if fail to pay premiums	For BCP adults above 133%, bar re-enrollment for 12 months if fail to pay premiums
Household Income	For eligibility purposes, include income of all adults in household, except grandparents	
Transitional Medical Assistance	Repeal all TMA coverage	
Retroactive Eligibility	Eliminate for all non-disabled individuals, if real time eligibility is implemented	End for non-disabled adults above 133%
Presumptive Eligibility	Eliminate for all children if real time eligibility is implemented	
Residency Verification	Require BCP individuals to document residency	

	I	III
	JFC-approved changes	Specific changes approved by CMS
Benchmark and Medical Homes	Authorize DHS to submit a SPA and, to the extent approved by DHHS, implement:	
Alternative Benchmark Plan	For all BCP children and non-pregnant adults above 100%, similar to a commercial major medical health plan	
Alternative Benchmark for Birth to 3 Program	For Medicaid eligible children enrolled in Birth to 3.	
Alternative Benchmark Plan for Community Recovery Services	For adults with severe and persistent mental illness. Remove the statutory reference to a 1915i state plan to allow the state to use a benchmark plan.	
Foster Children Medical Home	Authorize DHS to pilot	
Pregnant Women	Authorize DHS to pilot	
People with Mental Illness and Substance Abuse Medical Home	Authorize DHS to pilot	
Adults with Two or More Chronic Medical Conditions Medical Home	Authorize DHS to pilot	
Medical Home for People Leaving Correctional and Mental Health Facilities	Authorize DHS to pilot	
Medical Homes for Any Other Target Group	Authorize DHS to pilot	



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-0479/P1

TJD:~).....

SM

In: 12/26/12

DOA:.....Iwata, BB0218 - Codify Act 32 reforms approved by the Joint Finance Committee and other changes to BadgerCare Plus and BadgerCare Plus Core pending federal approval

FOR 2013-2015 BUDGET — NOT READY FOR INTRODUCTION

D-note

do not gen

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

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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

2 SECTION 1. 49.45 (23) (c) of the statutes is created to read:
3 49.45 (23) (c) In addition to cost-sharing requirements established under par.
4 (b), a childless adult who is eligible to receive benefits under this section; who is not
5 disabled, pregnant, or American Indian; and whose family income exceeds 133
6 percent of the poverty line shall pay a premium for coverage under the program

1 under this subsection[✓] in an amount determined by the department that is based on
2 a formula in which costs decrease for those with lower family incomes and that is no
3 less than 3 percent of family income but no greater than 9.5 percent of family income.
4 If the recipient has self-employment income, the premium may not exceed 5 percent
5 of family income calculated before depreciation was deducted.

****NOTE: Please confirm that the last sentence of this paragraph meets your intent.

6 **SECTION 2.** 49.45 (23) (d) of the statutes is created to read:

7 49.45 (23) (d) In determining income for purposes of eligibility under this
8 section, the department shall apply s. 49.471 (7) (d)[✓] to the individual to the extent
9 the federal department of health and human services approves, if approval is
10 required.

11 **SECTION 3.** 49.45 (24j)[✓] of the statutes is created to read:

12 49.45 (24j) MEDICAL HOME PILOT PROJECTS. (a) If the federal department of
13 health and human services approves the department's request to administer a
14 medical home initiative, the department may administer the medical home initiative
15 as a service delivery mechanism to provide and coordinate care for individuals who
16 are eligible for a Medical Assistance program under this subchapter[✓] that provides
17 services under a fee-for-service model. The department may administer a medical
18 home initiative to serve individuals who are members of any of the following
19 populations:

20 1. Children who are in out-of-home care or are receiving adoption assistance
21 under 42 USC 670 – 679c.

22 2. Pregnant women.

23 3. Individuals who are exiting mental health facilities or correctional facilities.

1 4. Individuals with a diagnosis of serious mental illness or substance abuse
2 disorder.

3 5. Adults with two or more chronic medical conditions.

4 6. Other groups of individuals with conditions that the department determines
5 would benefit from services through a medical home.

6 (b) The department shall provide to individuals through any medical home
7 initiative administered under this subsection the benefits described under s. 49.46
8 (2) (a) and (b). The department may provide to individuals through any medical home
9 initiative administered under this subsection benefits in addition to the standard
10 plan benefits that are targeted to the population receiving services through the
11 medical home.

12 (c) The department may elect to administer any medical home initiative under
13 this subsection in a limited geographical area.

14 (d) The department may make an all-inclusive payment to the provider
15 offering services through a medical home.

16 (e) The department shall automatically enroll an individual who is eligible for
17 a medical home initiative under this subsection in the medical home initiative. At
18 any time after the first 6 months of enrollment in the medical home initiative, the
19 individual who is enrolled in the medical home initiative may opt out of participation
20 in the medical home initiative.

21 **SECTION 4.** 49.45 (30g) ^X(a) 1. of the statutes is amended to read:

1 49.45 (30g) (a) 1. An approved amendment to the state medical assistance plan
 2 ~~submitted under 42 USC 1396n (i)~~ permits reimbursement for the services under s.
 3 49.46 (2) (b) 6. Lo. in the manner provided under this subsection.

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; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; s. 13.92 (1) (bm) 2.

4 **SECTION 5.** 49.45 (30g) (a) 3. of the statutes is amended to read:

5 49.45 (30g) (a) 3. The individual, the community recovery services, and the
 6 community recovery services provider meet any condition set forth in the approved
 7 amendment to the medical assistance plan ~~submitted under 42 USC 1396n (i)~~.

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; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; s. 13.92 (1) (bm) 2.

8 **SECTION 6.** 49.46 (1) (c) (intro.) of the statutes is amended to read:

9 49.46 (1) (c) (intro.) Except as provided under par. (co) or (cr), a family that
 10 becomes ineligible for aid to families with dependent children under s. 49.19 because
 11 of increased income from employment or increased hours of employment or because
 12 of the expiration of the time during which the disregards under s. 49.19 (5) (a) 4. or
 13 4m. or (am) apply shall receive medical assistance for:

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 253; 2007 a. 20, 91; 2009 a. 28, 221; 2011 a. 10, 32.

14 **SECTION 7.** 49.46 (1) (cg) of the statutes is amended to read:

15 49.46 (1) (cg) Medical Except as provided under par. (cr), medical assistance
 16 shall be provided to a dependent child, a relative with whom the child is living or the
 17 spouse of the relative, if the spouse meets the requirements of s. 49.19 (1) (c) 2. a. or
 18 b., for 4 calendar months beginning with the month in which the child, relative or
 19 spouse is ineligible for aid to families with dependent children because of the

1 collection or increased collection of maintenance or support, if the child, relative or
2 spouse received aid to families with dependent children in 3 or more of the 6 months
3 immediately preceding the month in which that ineligibility begins.

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 253; 2007 a. 20, 91; 2009 a. 28, 221; 2011 a. 10, 32.

4 **SECTION 8.** 49.46 (1) (co) 1. of the statutes is amended to read:

5 49.46 (1) (co) 1. Except as provided under subd. 2. or par. (cr), medical
6 assistance shall be provided to a family for 12 consecutive calendar months following
7 the month in which the family becomes ineligible for aid to families with dependent
8 children because of increased income from employment, because the family no longer
9 receives the earned income disregard under s. 49.19 (5) (a) 4. or 4m. or (am) due to
10 the expiration of the time limit during which the disregards are applied or because
11 of the application of the monthly employment time eligibility limitation under 45
12 CFR 233.100 (a) (1) (i).

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 253; 2007 a. 20, 91; 2009 a. 28, 221; 2011 a. 10, 32.

13 **SECTION 9.** 49.46 (1) (co) 2. of the statutes is amended to read:

14 49.46 (1) (co) 2. If a waiver under subd. 3. is granted and except as provided
15 in par. (cr), the department may select individuals to receive medical assistance
16 benefits as provided under par. (c), rather than under subd. 1., as a control group for
17 part or all of the period during which the waiver is in effect.

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 253; 2007 a. 20, 91; 2009 a. 28, 221; 2011 a. 10, 32.

18 **SECTION 10.** 49.46 (1) (cr) of the statutes is created to read:

19 49.46 (1) (cr) An individual or family described in par. (c), (cg), or (co) is not
20 eligible for Medical Assistance if the federal department of health and human

1 services approves a request from the department to deny transitional Medical
2 assistance benefits to that individual or family, if approval is required.

3 SECTION 11. 49.46 (2) (b) 19. of the statutes is created to read:

4 49.46 (2) (b) 19. Subject to par. (br), services provided by early intervention
5 teachers, home trainers, parent-to-parent mentors, and developmental specialists.

****NOTE: Most other benefits described under this paragraph are services provided to recipients. Is it sufficient to just describe the providers?

6 SECTION 12. 49.46 (2) (b) 20. of the statutes is created to read:

7 49.46 (2) (b) 20. Subject to s. 49.45 (24j), any additional services, as determined
8 by the department, that are targeted to a population enrolled in a medical home
9 initiative under s. 49.45 (24j).

10 SECTION 13. 49.46 (2) (bc) of the statutes is created to read:

11 49.46 (2) (bc) Subject to s. 49.45 (24j), the department may provide any of the
12 services described in par. (a) or (b) through a medical home initiative under s. 49.45
13 (24j).

14 SECTION 14. 49.46 (2) (br) of the statutes is created to read:

15 49.46 (2) (br) If the federal department of health and human services approves
16 the department's request to offer a benchmark plan under this paragraph, the
17 department may enroll any child who is receiving services through the early
18 intervention program under s. 51.44 in a benchmark plan under this paragraph. The
19 department may not require a child who is receiving services through the early
20 intervention program under s. 51.44 to enroll in a benchmark plan offered under this
21 paragraph. The department may not charge a copayment to a child who is enrolled
22 in the benchmark plan under this paragraph for services described in par. (b) 19.

23 SECTION 15. 49.471 (4) (a) (intro.) of the statutes is amended to read:

1 49.471 (4) (a) (intro.) Except as otherwise provided in this section, all of the
2 following individuals are eligible for the benefits described in s. 49.46 (2) (a) and (b),
3 subject to sub. (6) (k) and s. 49.45 (24j):

4 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

4 **SECTION 16.** 49.471 (4) (a) 7. of the statutes is amended to read:

5 49.471 (4) (a) 7. Individuals who qualify for a medical assistance eligibility
6 extension under s. 49.46 (1) (c), (cg), or (co) when their income increases above the
7 poverty line, except as provided in s. 49.46 (1) (cr).

8 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

8 **SECTION 17.** 49.471 (4) (e) of the statutes is created to read:

9 49.471 (4) (e) If the department obtains approval from the federal department
10 of health and human services to provide an alternate benchmark plan under sub.
11 (11r), the department shall enroll in the alternate benchmark plan under sub. (11r)
12 any individual whose family income exceeds 100 percent of the poverty line, who is
13 either an adult who is not pregnant or a child, and who applies and is otherwise
14 eligible to receive benefits under this section, except that the department shall enroll
15 a child who has a parent who is enrolled in a plan under this section in the same plan
16 as his or her parent.

17 **SECTION 18.** 49.471 (5) (b) 2. of the statutes is amended to read:

18 49.471 (5) (b) 2. Except as provided in sub. (6) (a) 2., a child who is not an unborn
19 child is eligible for the benefits described in s. 49.46 (2) (a) and (b) during the period
20 beginning on the day on which a qualified entity determines, on the basis of
21 preliminary information, that the child's family income does not exceed 150 percent
22 of the poverty line and ending on the applicable day specified in subd. 3., unless the

1 federal department of health and human services approves the department's request
2 to not extend eligibility to children during this period.

3 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. ✕

SECTION 19. 49.471 (5) (b) 3. a. of the statutes is amended to read:

4 49.471 (5) (b) 3. a. If the woman or child applies for benefits under sub. (4)
5 within the time required under par. (d), the benefits specified in subd. 1. or 2.,
6 whichever is applicable, end on the day on which the department or the county
7 department under s. 46.215, 46.22, or 46.23 determines whether the woman or child
8 is eligible for benefits under sub. (4), except that a child who is not an unborn child
9 is not eligible for benefits described in s. 49.46 (2) (a) and (b) during that time if the
10 federal department of health and human services approves the department's request
11 not to provide those benefits during that time.

12 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. ✓

SECTION 20. 49.471 (6) (a) 1. of the statutes is amended to read:

13 49.471 (6) (a) 1. Any Except as provided in subd. 4., ^x any pregnant woman,
14 including a pregnant woman under sub. (5) (b) 1., is eligible for medical assistance
15 under this section for any of the 3 months prior to the month of application if she met
16 the eligibility criteria under this section in that month.

17 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. ✕

SECTION 21. 49.471 (6) (a) 2. of the statutes is amended to read:

18 49.471 (6) (a) 2. Any Except as provided in subd. 3. or 4., [✓] any child who is not
19 an unborn child, including a child under sub. (5) (b) 2., parent, or caretaker relative
20 whose family income is less than 150 percent of the poverty line is eligible for medical
21 assistance under this section for any of the 3 months prior to the month of application
22 if the individual met the eligibility criteria under this section and had a family
23 income of less than 150 percent of the poverty line in that month.

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

1 **SECTION 22.** 49.471 (6) (a) 3. of the statutes is created to read:

2 49.471 (6) (a) 3. Any individual described in subd. 2. who is not disabled, not
3 elderly, and not pregnant, who is an adult, and whose family income exceeds 133
4 percent of the federal poverty level is not eligible for medical assistance under this
5 section for any of the 3 months before the month of application for medical assistance
6 benefits.

7 **SECTION 23.** 49.471 (6) (a) 4. of the statutes is created to read:

8 49.471 (6) (a) 4. To the extent allowed by the federal department of health and
9 human services, any individual described in subd. 1. or 2. who is not disabled is not
10 eligible for medical assistance under this section for any of the 3 months before the
11 month of application for medical assistance benefits.

12 **SECTION 24.** 49.471 (7) (c) (intro.) of the statutes is amended to read:

13 49.471 (7) (c) (intro.) When calculating an individual's family income, the
14 department shall do all of the following, subject to par. (d):

15 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

15 **SECTION 25.** 49.471 (7) (d) of the statutes is created to read:

16 49.471 (7) (d) 1. When calculating the family income of a member of a household
17 who is not disabled, the department shall include the income of all adults residing
18 in the home for at least 60 days but shall exclude the income of a grandparent in a
19 household containing 3 generations, unless the grandparent applies for or receives
20 benefits as a parent or caretaker under this section.

21 2. When determining the size of a family for purposes of determining income
22 eligibility, the department shall exclude from family size an adult whose income is
23 included in a calculation of family income but who is not applying for or receiving
24 benefits under this subchapter.

****NOTE: To clarify, is the adult whose income excluded an individual who is not applying for or receiving BadgerCare Plus benefits or an individual who is not applying for or receiving Medical Assistance benefits? As worded the individual is not applying for or receiving Medical Assistance benefits under subchapter IV of ch. 49.

*

IS

(cg), (cf)

1 3. The department may only apply this paragraph to the extent the federal
2 department of health and human services approves the income eligibility calculation
3 methods, if federal approval is required.

4 SECTION 26. 49.471 (8) (b) (intro.) of the statutes is amended to read:

5 49.471 (8) (b) (intro.) Except as provided in pars. (c), (cm), and (d), an individual
6 whose family income exceeds 150 percent of the poverty line is not eligible for
7 BadgerCare Plus if any of the following applies:

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

8 SECTION 27. 49.471 (8) (cg) of the statutes is created to read:

9 49.471 (8) (cg) An individual who is not disabled and not pregnant, who is over
10 18 years of age, and whose family income exceeds 133 percent of the poverty line is
11 not eligible for BadgerCare Plus if all of the following apply:

12 1. The individual has access to individual or family health coverage that is any
13 of the following:

14 a. Coverage provided by an employer in which the monthly premium that an
15 employee would pay for an employee-only policy does not exceed 9.5 percent of the
16 family's monthly income.

****NOTE: Please confirm that the limit is 9.5 percent of monthly income and not annual income.

17 b. Coverage under the state employee health plan.

18 c. If the federal department of health and human services approves the
19 department's request to add private major medical insurance as a type of coverage
20 to which access causes ineligibility, coverage provided by a private major medical

1 insurance in which the monthly premium does not exceed 9.5 percent of the family's
2 monthly income[^]

3 2. The individual has access to any coverage described in subd. 1[^] during any of
4 the following times, subject to the approval by the federal department of health and
5 human services described under subd. 1. c.:

6 a. The 12 months before the first day of the month in which an individual
7 applies for and the month in which an individual applies for BadgerCare Plus.

8 b. The 3 months after the last day of the month in which the individual applies
9 for BadgerCare Plus.

10 c. The month including the date of the annual determination of the individual's
11 eligibility for Medical Assistance.

12 3. The individual does not have as a reason for not obtaining health insurance
13 any of the good cause reasons under (d) 2. a. to e. ✓

***NOTE: Please confirm that the language in this paragraph meets your intent.

14 **SECTION 28.** 49.471 (8) (cr) of the statutes is created to read:

15 49.471 (8) (cr) 1. Subject to subd. 4., an individual who is any of the following
16 is not eligible for BadgerCare Plus if the criteria under par. (cg) 1. and 2. apply to that
17 individual:

18 a. An individual who is not disabled and who is a child, or unborn child, of an
19 individual whose family income is at a level determined by the department but no
20 lower than 100 percent of the ~~federal~~ poverty line.

21 b. A parent or caretaker relative who is not disabled, not pregnant, and an adult
22 and whose family income is at a level determined by the department but ~~is~~ no lower
23 than 133 percent of the poverty line.

1 c. An adult, including a pregnant individual, who is not disabled, who is under
2 26 years of age; who is eligible to be covered under coverage a parent receives from
3 an employer; and whose family income is at a level determined by the department
4 but no lower than 100 percent of the federal poverty line.

5 2. An individual under subd. 1. is not ineligible if any of the good cause reasons
6 described in par. (d) 2. a. to e. is the reason that the individual did not obtain health
7 insurance coverage.

****NOTE: I applied all of the good cause reasons to individuals who would otherwise
be ineligible under this new paragraph. Is that okay?

8 3. An individual under subd. 1. c. is not ineligible if any of the following good
9 cause reasons is the reason the individual did not obtain health insurance coverage:

10 a. The parent of the individual is no longer employed by the employer through
11 which the parent was eligible for coverage.

12 b. The employer of the parent of the individual discontinued providing health
13 benefits to all employees.

14 4. The department may apply this paragraph to eligibility determinations for
15 for BadgerCare Plus only if the federal department of health and human services
16 approves of the conditions to make that individual ineligible, if approval is required.

17 **SECTION 29.** 49.471 (8) (d) 1. g. of the statutes is created to read:

18 49.471 (8) (d) 1. g. An adult who is disabled.

****NOTE: Does the term "disabled" need to be defined here or elsewhere in this
draft?

19 **SECTION 30.** 49.471 (8) (d) 2. dg. of the statutes is created to read:

20 49.471 (8) (d) 2. dg. If the federal department of health and human services
21 approves this reason as a good cause reason for not obtaining health insurance, the

1 insurance is owned by someone not residing with the family and continuation of the
2 coverage is beyond the family's control.

3 **SECTION 31.** 49.471 (8) (d) 2. dr.[✓] of the statutes is created to read:

4 49.471 (8) (d) 2. dr. If the federal department of health and human services
5 approves this reason as a good cause reason for not obtaining health insurance, the
6 insurance only covers services provided in a service area that is beyond a reasonable
7 driving distance.

8 **SECTION 32.** 49.471 (8) (g) 5g.[✓] of the statutes is created to read:

9 49.471 (8) (g) 5g. If the federal department of health and human services
10 approves this reason as a good cause reason for not obtaining health insurance, the
11 insurance is owned by someone not residing with the family and continuation of the
12 coverage is beyond the family's control.

13 **SECTION 33.** 49.471 (8) (g) 5r.[✓] of the statutes is created to read:

14 49.471 (8) (g) 5r. If the federal department of health and human services
15 approves this reason as a good cause reason for not obtaining health insurance, the
16 insurance only covers services provided in a service area that is beyond a reasonable
17 driving distance.

18 **SECTION 34.** 49.471 (10) (b) 1.[✓] of the statutes is amended to read:

19 49.471 (10) (b) 1. Except as provided in ~~subd.~~ subds. 1m. and 4., a recipient who
20 is an adult, who is not a pregnant woman, and whose family income is greater than
21 150 percent but not greater than 200 percent of the poverty line shall pay a premium
22 for coverage under BadgerCare Plus that does not exceed 5 percent of his or her
23 family income. If the recipient has self-employment income and is eligible under

1 sub. (4) (b) 4., the premium may not exceed 5 percent of family income calculated
2 before depreciation was deducted.

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

3 **SECTION 35.** 49.471 (10) (b) 1m. of the statutes is created to read:

4 49.471 (10) (b) 1m. Except as provided in subd. 4., a recipient who is an adult
5 parent or adult caretaker; who is not disabled, pregnant, or American Indian; and
6 whose family income exceeds ^{133 percent} ~~133%~~ of the federal poverty line shall pay a premium
7 for coverage under BadgerCare Plus in an amount determined by the department
8 that is based on a formula in which costs decrease for those with lower family incomes
9 and that is no less than 3 percent of family income but no greater than 9.5 percent
10 of family income. If the recipient has self-employment income and is eligible under
11 sub. (4) (b) 4., the premium may not exceed 5 percent of family income calculated
12 before depreciation was deducted.

13 **SECTION 36.** 49.471 (10) ^x(b) 2. of the statutes is amended to read:

14 49.471 (10) (b) 2. Except as provided in subds. 3. 3m. and 4., a recipient who
15 is a child whose family income is greater than 200 percent of the poverty line shall
16 pay a premium for coverage of the benefits described in sub. (11) that does not exceed
17 the full per member per month cost of coverage for a child with a family income of
18 300 percent of the poverty line.

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

19 **SECTION 37.** 49.471 (10) (b) 3. of the statutes is repealed.

20 **SECTION 38.** 49.471 (10) (b) 3m. of the statutes is created to read:

21 49.471 (10) (b) 3m. A recipient who is a child, who is not disabled, and whose
22 family income is at a level determined by the department that is at least 150 percent
23 of the poverty line shall pay a premium in an amount determined by the department.
24 The department may apply this subdivision only to the extent the federal

1 department of health and human services approves applying a premium to those
2 individuals, if (federal) approval is required.

3 **SECTION 39.** 49.471 (10)^x (b) 4. (intro.) of the statutes is amended to read:

4 49.471 (10) (b) 4. (intro.) None of the following shall pay a premium, except as
5 provided in subd. 3m.:

6 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. ^x

7 **SECTION 40.** 49.471 (10) (b) 5. of the statutes is amended to read:

8 49.471 (10) (b) 5. If a recipient who is required to pay a premium under this
9 paragraph or under sub. (2m) or (4) (c) either does not pay a premium when due or
10 requests that his or her coverage under this section be terminated, the recipient's
11 coverage terminates and, if the recipient is an adult, the recipient is not eligible for
12 BadgerCare Plus for 6 ¹² consecutive calendar months following the date on which
13 the recipient's coverage terminated, except for any month during that ¹² ~~6~~-month
14 12-month period when the recipient's family income does not exceed 150 ¹³³ percent
15 of the poverty line. If the recipient is a child, the recipient is not eligible for
16 BadgerCare Plus for 6 consecutive calendar months, or 12 consecutive calendar
17 months if the federal department of health and human services approves, following
18 the date on which the recipient's coverage terminated, except for any month during
19 that period when the recipient's family income does not exceed 150 percent of the
20 poverty line.

21 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. ^x

22 **SECTION 41.** 49.471 (11) (intro.) of the statutes is amended to read:

23 49.471 (11) BENCHMARK PLAN BENEFITS AND COPAYMENTS. (intro.) Recipients
24 Except as provided in sub. (11r)^v and s. 49.45 (24j)^v, recipients who are not eligible for

1 the benefits described in s. 49.46 (2) (a) and (b) shall have coverage of the following
2 benefits and pay the following copayments:

3 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

3 SECTION 42. 49.471 (11r) of the statutes is created to read:

4 49.471 (11r) ALTERNATE BENCHMARK PLAN BENEFITS AND COPAYMENTS. (a) If the
5 department chooses to provide the alternate benchmark plan under this subsection,
6 the department shall provide to the recipients described under sub. (4) (e) coverage
7 for benefits similar to those in a commercial, major medical insurance policy.

8 (b) The department may charge copayments to recipients receiving coverage
9 under the alternate benchmark plan under this subsection that are higher than
10 copayments charged to recipients receiving coverage under the standard plan under
11 s. 49.46 (2). The department may not charge to a recipient of coverage under the
12 alternate benchmark plan under this subsection whose family income is at or below
13 150 percent of the poverty line a copayment that exceeds 5 percent of the individual's
14 family income for all members of the family.

15 (c) 1. The department may only provide coverage under the alternate
16 benchmark plan under this subsection to the extent the alternate benchmark plan
17 is approved by the federal department of health and human services.

18 2. If the department is providing coverage under the alternate benchmark plan
19 under this subsection the department may discontinue coverage under the
20 benchmark plan under sub. (11) for those individuals eligible for the alternate
21 benchmark plan under this subsection.

22 3. The department may provide services to individuals enrolled in the alternate
23 benchmark plan under this subsection through a medical home initiative under s.
24 49.45 (24j).

****NOTE: I included the alternate benchmark plan services as services that may be provided through a medical home initiative. Is that okay?

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(END)

D-note

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0479/P1dn

TJD:j:....

Sae

Date

To Yuko Iwata:

Please review this preliminary draft carefully to ensure it complies with the intent of the request and captures all of the parts of the request. I anticipate there may be changes to the language of the draft and thought it best to get you a draft to review before taking the time to write my analysis. Please contact me if you have any questions or redraft instructions.

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**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0479/P1dn
TJD:sac:rs

January 3, 2013

To Yuko Iwata:

Please review this preliminary draft carefully to ensure it complies with the intent of the request and captures all of the parts of the request. I anticipate there may be changes to the language of the draft and thought it best to get you a draft to review before taking the time to write my analysis. Please contact me if you have any questions or redraft instructions.

Tamara J. Dodge
Legislative Attorney
Phone: (608) 267-7380
E-mail: tamara.dodge@legis.wisconsin.gov

Dodge, Tamara

From: Kahler, Pam
Sent: Wednesday, January 16, 2013 9:45 AM
To: Dodge, Tamara
Subject: FW: Stat Language Draft for Codifying Act 32 Reforms
Attachments: 13-0479_P1.pdf.pdf

Here's one for you, Tami.

From: Iwata, Yuko - DOA [mailto:Yuko.Iwata@wisconsin.gov]
Sent: Wednesday, January 16, 2013 8:20 AM
To: Kahler, Pam
Cc: Gauger, Michelle C - DOA
Subject: FW: Stat Language Draft for Codifying Act 32 Reforms

Good morning Pam,

Here is DHS' comments on your Codify Act 32 Reforms draft. If you have any questions, please let me know.

Thanks,

Yuko Iwata
Executive Policy and Budget Analyst
Division of Executive Budget and Finance
Department of Administration
(608) 267 – 7980

From: Forsaith, Andrew C - DHS
Sent: Tuesday, January 15, 2013 6:41 PM
To: Iwata, Yuko - DOA
Cc: Gauger, Michelle C - DOA
Subject: Stat Language Draft for Codifying Act 32 Reforms

Yuko – Please see comments below on this draft. Let me know if you have any questions.

P.1, L.5 -- We recommend adding "...American Indians as defined under 42 CFR 447.50(b)(1).."

P.2, L. 4 -- Please delete the sentence in lines 4 and 5, "If the recipient has self-employment income..." Premiums are not capped at 5% for self-employed under Core.

P.2, L. 12 -- If the feds do not approve mandatory/automatic enrollment, the department may still want to go forward with medical homes on a voluntary enrollment basis. As drafted, the department must mandatorily enroll members. To allow us this flexibility, we recommend that the opening should say something like 'if the feds approve a medical home initiative substantially consistent with the department's request' or 'to the extent approved by the feds.'

Also, the Department may want the option to enroll BadgerCare Plus Core members in medical homes. For this reason, s. 49.45(23)(a) may need to cross-reference to (24j).

P.4 L 20. The phrase at the end of 49.46(1)(co)1., "...because the family no longer receives the earned income disregard..." has been obsolete since the 1990s and could be deleted. However, deleting it may be outside the scope of this draft.

P. 5, L 9. Please add the phrase "to the extent approved by the feds..." to the (1)(cr) to enable DHS to implement a partial elimination of income extension if that is what the federal government approves.

P.5, L.14 -- We recommend modifying it to: "Subject to par. (br), Services provided by early intervention teachers, home trainers, parent-to-parent mentors, and developmental specialists to children in the benchmark plan under par. (br)."

p. 6, line 18 – Please add "To the extent the federal government approves..."

p. 6 L 21 – Please change "shall" to "may."

P.7, L. 7 -- 49.471 (5) (b) 2. Is out of date and not consistent with federal law. The income limit for presumptive eligibility is not 150% of the FPL across the board. Please see recommended amendment below.

49.471 (5) (b) 2. Except as provided in sub. (6) (a) 2., a child who is not an unborn child is eligible for the benefits described in s. 49.46 (2) (a) and (b) during the period beginning on the day on which a qualified entity determines, on the basis of preliminary information, that the child's family income does not exceed;

a. 150 percent of the poverty line for children age 6 through 18,

b. 185 percent of the poverty line for children age 1 through 5,

c. 300 percent of the poverty line for children under age 1

and ending on the applicable day specified in subd. 3., unless the federal department of health and human services approves the department's request to not extend eligibility to children during this period.

P.8, L. 22 – We recommend beginning the paragraph with "In addition to other income counting rules," so that it's read to supplement rather than replace rules that now apply to relative adults. Also, please revise line 24 to read "...at least 60 *consecutive* days..."

P.9, L. 5 and drafter's note – To be clear it isn't read as replacing other rules, add 'exclude from family size an adult whose income is included in a calculation of family income solely under subd. 1.' With this, the phrase 'but who is not applying....' can be deleted.

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P. 11, L. 6 – should be 100%

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p. 12 Note: Please define "disabled" as someone who would meet the disability standard necessary to be eligible for SSI.

P. 12 - The good cause reasons listed in sections 30-33 of the draft are all conditioned on federal approval. We recommend removing that condition. We don't think we'd need fed approval for add a good cause reason (being more generous).

Additional comment:

The new access provisions for over 133% need to be added to 49.471(8)(f). Para. (f) speaks to individuals who had coverage and then ended it. The draft creates para (cg) and (cr) to apply the new provisions to access (pre-12 mos/now/post 3 mos) and needs to do the same for those who had coverage.

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

From: Forsaith, Andrew C - DHS

Sent: Friday, January 04, 2013 12:40 PM

To: Malofsky, Shelley F - DHS

Cc: Mattke, Marlia K - DHS; Cunningham, Curtis J - DHS; Currans-Henry, Rachel H - DHS; Smith, Shawn - DHS; Fox, Sabrina - DHS; LaPhilliph, John O - DHS; Megna, Richard H - DHS; Schneck, Carrie E - DHS

Subject: Stat Language Draft for Codifying Act 32 Reforms

Shelley -- Attached is a stat language draft for our budget proposal to codify the Medicaid reforms. I don't know how overflowing your plate is at the moment, and other OPIB staff may be sending you other drafts. Would you have time to review it by next Wednesday, January 9th? Please let me know if you need more time.

To all -- please provide any comments you may have on the draft. Attached are the drafting instructions we sent to DOA for the proposal.

Thanks,

Andy

Dodge, Tamara

From: Iwata, Yuko - DOA <Yuko.Iwata@wisconsin.gov>
Sent: Tuesday, January 22, 2013 4:27 PM
To: Dodge, Tamara
Cc: Gauger, Michelle C - DOA
Subject: FW: Stat Language Draft for Codifying Act 32 Reforms

Hi Tami,

I just received a response to your questions from DHS (see below). If you have any further questions, please let me know.

Thanks,

Yuko Iwata
Executive Policy and Budget Analyst
Division of Executive Budget and Finance
Department of Administration
(608) 267 – 7980

From: Forsaith, Andrew C - DHS
Sent: Tuesday, January 22, 2013 4:23 PM
To: Iwata, Yuko - DOA
Cc: Malofsky, Shelley F - DHS; LaPhilliph, John O - DHS; Fox, Sabrina - DHS
Subject: RE: Stat Language Draft for Codifying Act 32 Reforms

Yuko – Here is our response for Tammy. Sorry about the earlier confusion.

The current provisions for (f) for children should be maintained.

Additional coverage parameters should be added either to (f) or under a separate paragraph.

They should be added for the following populations:

- Non-pregnant adult over 133%
- If feds approve, child down to 133%
- If feds approve, non-pregnant adult down to 100%
- If feds approve, adult up to 26 years old down to 100%

For these populations, if someone in these specified groups had coverage in the past three months that was coverage provided by an employer in which the monthly premium that an employee would pay for an employee-only policy does not exceed 9.5 percent of the family's monthly income" or "Coverage under the state employee health plan", then they are not eligible unless they had good cause.

Also, the reference in (f) to pregnant women above 200% under (e) can be deleted because we no longer apply the policy under (e).

From: Iwata, Yuko - DOA
Sent: Monday, January 21, 2013 11:28 AM
To: Forsaith, Andrew C - DHS
Subject: FW: Stat Language Draft for Codifying Act 32 Reforms

Andy,

Tami has some questions (see below). I will forward your reply to Tami as soon as I receive it.

Thanks,
Yuko

From: Dodge, Tamara [<mailto:Tamara.Dodge@legis.wisconsin.gov>]
Sent: Monday, January 21, 2013 11:22 AM
To: Iwata, Yuko - DOA
Subject: FW: Stat Language Draft for Codifying Act 32 Reforms

Yuko,

I am confused about the last comment that Andy Forsaith makes on this draft (LRB-0479/P1). He says that the access provisions in newly created sub. (8) (cg) and (cr) need to be applied to (8) (f), but I am unsure how.

First, I assume that the 3 month ineligibility is replaced by the (8) (cg) ineligibility periods, which in most cases would be the 12 months since the whole point of par. (f) is that they had coverage and now don't.

From that, I assume that for any individual, including a child, whose income exceeds 150 % FPL who had coverage and now doesn't would be subject to the 12 month ineligibility (or whatever ineligibility from (8) (cg) applies).

After that, I get confused, (8) (f) applies to any unborn child or pregnant woman regardless of income. The new (8) (cg) and (cr) provisions apply to unborn children at 133% FPL or above. Do I apply the ineligibility provisions in (cg) to all unborn children and pregnant women? Is this subject to federal approval?

I guess I can figure out how to apply sub. (8) (cg) to the populations described in (8) (f). I am having trouble reconciling new (8) (cr) with (8) (f). Any help would be appreciated.

Thanks,
Tami

Tamara J. Dodge

Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 267 - 7380
tamara.dodge@legis.wisconsin.gov

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