1 own income over a period determined by the department and shall not include the
2 household income of the individual's foster parents.

3 (c) The department may establish additional eligibility criteria consistent with
4 its mission and the funding available.

5 **(3)** PROGRAM DESCRIPTION. (a) The program under this section shall include all
6 of the following features and requirements:

7 1. An individual may participate in the program for a maximum of 1,040 hours
8 actually worked.

9 2. The department shall determine and specify in a contract whether a
10 contractor under sub. (4) or an employer is the individual's employer of record. The
11 employer of record shall pay the individual for hours actually worked at not less than
12 the federal or state minimum wage that applies to the individual.

13 3. The department may reimburse an employer, or a contractor under sub. (4),
14 that employs an individual participating in the program for a minimum of 20 hours
15 per week at a location in this state for any of the following costs that are attributable
16 to the employment of the individual under the program:

17 a. A wage subsidy equal to the amount of wages that the employer or contractor
18 pays to the individual for hours actually worked, not to exceed 40 hours per week at
19 the federal or state minimum wage that applies to the individual.

20 b. Federal social security and Medicare taxes.

21 c. State and federal unemployment contributions or taxes, if any.

22 d. Worker's compensation insurance premiums, if any.

23 4. An employer, or, subject to the approval of the department, a contractor
24 under sub. (4), that employs an individual participating in the program may pay the

1 individual an amount that exceeds any wage subsidy paid to the employer or
2 contractor by the department under subd. 3. a.

3 5. The employment of an individual under this section may not do any of the
4 following:

5 a. Have the effect of filling a vacancy created by an employer terminating a
6 regular employee or otherwise reducing its work force for the purpose of hiring an
7 individual under this section.

8 b. Fill a position when any other person is on layoff or strike from the same or
9 a substantially equivalent job within the same organizational unit.

10 c. Fill a position when any other person is engaged in a labor dispute regarding
11 the same or a substantially equivalent job within the same organizational unit.

12 (b) The department may set priorities for the program consistent with its
13 mission and available funding.

14 **(4)** CONTRACT FOR ADMINISTRATION. The department may contract with any
15 person to administer the program under this section, including a Wisconsin Works
16 agency; county department under s. 46.215, 46.22, or 46.23; local workforce
17 development board established under 29 USC 2832; or community action agency
18 under s. 49.265. The department, or the agency or agencies with which the
19 department contracts under this subsection, shall do all of the following:

20 (a) Determine the eligibility of applicants for the program.

21 (b) Provide, or identify employers to provide, jobs for individuals transitioning
22 to unsubsidized employment from unemployment, underemployment, limited work
23 history, foster care, or other circumstances identified by the department.

24 (c) Conduct job orientation activities.

(d) Provide employment services, as specified by the department, for program participants.

(e) Maintain and update participant demographic, eligibility, and employment records in the manner required by the department.

(5) RECOVERY OF OVERPAYMENTS. (a) The department may recover from any individual participating, or who has participated, in the program under this section any overpayment resulting from a misrepresentation by the individual as to any criterion for eligibility under sub. (2) (a).

(b) The department shall recover from a contractor under sub. (4) any overpayment resulting from the failure of the contractor to comply with the terms of the contract or to meet performance standards established by the department.

(6) RULES NOT REQUIRED. Notwithstanding s. 227.10 (1), the department need not promulgate regulations, standards, or policies related to implementing or administering the program under this section as rules under ch. 227.

***–0070/4.15*SECTION 1024.** 49.165 (1) (d) (intro.) of the statutes is amended to read:

49.165 **(1)** (d) (intro.) "Organization" means a nonprofit corporation~~,~~ or a public agency ~~or a federally recognized American Indian tribe or band~~ that provides or proposes to provide any of the following domestic abuse services:

***–0063/4.26*SECTION 1025.** 49.173 of the statutes is repealed.

***–0850/7.2*SECTION 1026.** 49.175 (1) (a) of the statutes is amended to read:

49.175 **(1)** (a) *Wisconsin Works benefits.* For Wisconsin Works benefits, ~~$74,650,100~~ $72,131,500 in fiscal year ~~2011–12~~ 2013–14 and ~~$72,131,500~~ $64,294,000 in fiscal year ~~2012–13~~ 2014–15.

***–0850/7.3*SECTION 1027.** 49.175 (1) (b) of the statutes is amended to read:

49.175 **(1)** (b) *Wisconsin Works ~~administration~~ agency contracts; job access loans.* For ~~administration of Wisconsin Works performed under~~ contracts with Wisconsin Works agencies under s. 49.143~~, $10,107,200~~ and for job access loans under s. 49.147 (6), $57,586,500 in fiscal year ~~2011–12~~ 2013–14 and ~~$10,107,200~~ $58,336,500 in fiscal year ~~2012–13~~ 2014–15.

***–0850/7.4*SECTION 1028.** 49.175 (1) (f) of the statutes is repealed.

***–0850/7.5*SECTION 1029.** 49.175 (1) (g) of the statutes is amended to read:

49.175 **(1)** (g) *State administration of public assistance programs and overpayment collections.* For state administration of public assistance programs and the collection of public assistance overpayments, ~~$12,918,900~~ $12,775,600 in fiscal year 2013–14 and $12,891,200 in ~~each~~ fiscal year 2014–15.

***–0850/7.6*SECTION 1030.** 49.175 (1) (i) of the statutes is amended to read:

49.175 **(1)** (i) *Emergency assistance.* For emergency assistance under s. 49.138 and for transfer to the department of administration for low–income energy or weatherization assistance programs, ~~$6,200,000 in fiscal year 2011–12 and $6,000,000~~ $7,500,000 in each fiscal year ~~2012–13~~.

***–0090/4.3*SECTION 1031.** 49.175 (1) (k) of the statutes is created to read:

49.175 **(1)** (k) *Transform Milwaukee Jobs program.* For contract costs under the Transform Milwaukee Jobs program under s. 49.163, $3,750,000 in fiscal year 2013–14 and $5,000,000 in fiscal year 2014–15.

***–0850/7.7*SECTION 1032.** 49.175 (1) (L) of the statutes is repealed.

***–0850/7.8*SECTION 1033.** 49.175 (1) (p) of the statutes is amended to read:

49.175 **(1)** (p) *Direct child care services.* For direct child care services under s. 49.155, ~~$301,631,000~~ $272,976,700 in fiscal year ~~2011–12~~ 2013–14 and ~~$298,523,500~~ $273,156,500 in fiscal year ~~2012–13~~ 2014–15.

***–0850/7.9*SECTION 1034.** 49.175 (1) (q) of the statutes is amended to read:

49.175 **(1)** (q) *Child care state administration and ~~child care~~ licensing activities.* For state administration of child care programs under s. 49.155 and ~~the allocation under s. 49.155 (1g) (c)~~ for child care licensing activities, ~~$19,702,100~~ $30,240,600 in fiscal year ~~2011–12~~ 2013–14 and ~~$19,783,800~~ $32,305,700 in fiscal year ~~2012–13~~ 2014–15.

***–0850/7.10*SECTION 1035.** 49.175 (1) (qm) of the statutes is amended to read:

49.175 **(1)** (qm) *Quality care for quality kids.* For the child care quality improvement activities specified in s. 49.155 (1g), ~~$13,486,700 in fiscal year 2011–12 and $13,169,400~~ $13,095,800 in each fiscal year ~~2012–13~~.

***–0850/7.11*SECTION 1036.** 49.175 (1) (r) of the statutes is amended to read:

49.175 **(1)** (r) *Children of recipients of supplemental security income.* For payments made under s. 49.775 for the support of the dependent children of recipients of supplemental security income, ~~$31,232,200~~ $33,688,000 in each fiscal year.

***–0813/3.4*SECTION 1037.** 49.175 (1) (s) of the statutes is amended to read:

49.175 **(1)** (s) *Kinship care~~,~~ and long–term kinship care~~, and foster care~~ assistance.* For kinship care and long–term kinship care payments under s. 48.57 (3m) (am) and (3n) (am), for assessments to determine eligibility for those payments, and for agreements under s. 48.57 (3t) with the governing bodies of Indian tribes for the administration of the kinship care and long–term kinship care programs ~~under s. 48.57 (3m), (3n), and (3p) and for foster care for relatives under s. 48.62,~~ ~~$21,375,800~~ within the boundaries of the reservations of those tribes, $20,582,700 in each fiscal year.

****NOTE: This is reconciled s. 49.175 (1) (s). This SECTION has been affected by drafts with the following LRB numbers: LRB–0813/2 and LRB–0850/6.

***–0850/7.12*SECTION 1038.** 49.175 (1) (t) of the statutes is amended to read:

49.175 **(1)** (t) *Safety and out–of–home placement services.* For services provided ~~in counties having a population of 500,000 or more~~ to ensure the safety of children who the department or a county determines may remain at home if appropriate services are provided, and for ~~ongoing~~ services provided ~~in those counties~~ to families with children placed in out–of–home care, ~~$6,350,300~~ $7,711,100 in each fiscal year.

***–0850/7.13*SECTION 1039.** 49.175 (1) (v) of the statutes is repealed.

***–0850/7.14*SECTION 1040.** 49.175 (1) (z) of the statutes is amended to read:

49.175 **(1)** (z) *Grants to the Boys and Girls Clubs of America.* For grants to the Wisconsin Chapter of the Boys and Girls Clubs of America to fund programs that improve social, academic, and employment skills of youth who are eligible to receive temporary assistance for needy families under 42 USC 601 et seq., ~~$350,000~~ focusing on study habits, intensive tutoring in math and English, and exposure to career options and role models, $1,500,000 in each fiscal year. Grants provided under this paragraph may not be used by the grant recipient to replace funding for programs that are being funded, when the grant proceeds are received, with moneys other than those from the appropriations specified in sub. (1) (intro.).

***–0850/7.15*SECTION 1041.** 49.175 (1) (zh) of the statutes is amended to read:

49.175 **(1)** (zh) *Earned income tax credit supplement.* For the transfer of moneys from the appropriation account under s. 20.437 (2) (md) to the appropriation account under s. 20.835 (2) (kf) for the earned income tax credit, ~~$43,664,200~~ $70,664,200 in each fiscal year.

1 ***–0063/4.27*SECTION 1042.** 49.26 (1) (g) (intro.) of the statutes is amended to
2 read:

3 49.26 **(1)** (g) (intro.) An individual who is a dependent child in a Wisconsin
4 Works group that includes a participant under s. 49.147 (3), ~~(3m),~~ (4), or (5) or who
5 is a recipient of aid under s. 49.19 is subject to the school attendance requirement
6 under par. (ge) if all of the following apply:

7 ***–0063/4.28*SECTION 1043.** 49.26 (1) (h) 1s. b. of the statutes is amended to
8 read:

9 49.26 **(1)** (h) 1s. b. An individual who is a dependent child in a Wisconsin Works
10 group that includes a participant under s. 49.147 (3), ~~(3m),~~ (4), or (5) and who fails
11 to meet the school attendance requirement under par. (ge) is subject to a monthly
12 sanction.

13 ***–0063/4.29*SECTION 1044.** 49.36 (2) of the statutes is amended to read:

14 49.36 **(2)** The department may contract with any county, tribal governing body,
15 or Wisconsin Works agency to administer a work experience and job training
16 program for parents who are not custodial parents and who fail to pay child support
17 or to meet their children's needs for support as a result of unemployment or
18 underemployment. The program may provide the kinds of work experience and job
19 training services available from the program under s. 49.193, 1997 stats., or s. 49.147
20 (3)~~, (3m),~~ or (4). The program may also include job search and job orientation
21 activities. The department shall fund the program from the appropriations under
22 s. 20.437 (2) (dz) and (k).

23 ***–0749/2.1*SECTION 1045.** 49.45 (4m) (a) 3. of the statutes is renumbered 49.45
24 (4m) (a) 3. (intro.) and amended to read:

49.45 **(4m)** (a) 3. (intro.) "Financial institution" ~~has the meaning given in 12 USC 3401 (1).~~ means any of the following:

***–0749/2.2*SECTION 1046.** 49.45 (4m) (a) 3. a. to f. of the statutes are created to read:

49.45 **(4m)** (a) 3. a. A depository institution, as defined in 12 USC 1813 (c).

b. An institution–affiliated party, as defined in 12 USC 1813 (u), of a depository institution under subd. 3. a.

c. A federal credit union, as defined in 12 USC 1752, or state credit union, as defined in 12 USC 1752.

d. An institution–affiliated party, as defined in 12 USC 1786 (r), of a credit union under subd. 3. c.

e. A benefit association, insurance company, safe deposit company, money market mutual fund, or similar entity authorized to do business in this state.

f. A broker–dealer, as defined in s. 551.102 (4).

***–1485/P2.6*SECTION 1047.** 49.45 (23) (a) of the statutes is amended to read:

49.45 **(23)** (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide health care coverage for basic primary and preventive care to adults who are under the age of 65, who have family incomes not to exceed ~~200~~ 100 percent of the poverty line before application of the 5 percent income disregard under 42 CFR 435.603 (d), and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program under s. 49.665, or Medicare under 42 USC 1395 et seq. If the department creates a policy under sub. (2m) (c) 10., this paragraph does not apply to the extent that it conflicts with the policy.

1 ***–1485/P2.7*SECTION 1048.** 49.45 (23) (a) of the statutes, as affected by 2011
2 Wisconsin Act 32 and 2013 Wisconsin Act .... (this act), is repealed and recreated to
3 read:

4 49.45 **(23)** (a) The department shall request a waiver from the secretary of the
5 federal department of health and human services to permit the department to
6 conduct a demonstration project to provide health care coverage for basic primary
7 and preventive care to adults who are under the age of 65, who have family incomes
8 not to exceed 100 percent of the poverty line before application of the 5 percent
9 income disregard under 42 CFR 435.603 (d), and who are not otherwise eligible for
10 medical assistance under this subchapter, the Badger Care health care program
11 under s. 49.665, or Medicare under 42 USC 1395 et seq.

12 ***–1485/P2.8*SECTION 1049.** 49.45 (23) (b) of the statutes is amended to read:

13 49.45 **(23)** (b) If the waiver is granted and in effect, the department may
14 promulgate rules defining the health care benefit plan, including more specific
15 eligibility requirements and cost–sharing requirements. Unless otherwise provided
16 by the department by a policy created under sub. (2m) (c), cost sharing may include
17 an annual enrollment fee, which may not exceed $75 per year. Notwithstanding s.
18 227.24 (3), the plan details under this subsection may be promulgated as an
19 emergency rule under s. 227.24 without a finding of emergency. If the waiver is
20 granted and in effect, the demonstration project under this subsection shall begin ~~on~~
21 ~~January 1, 2009, or~~ on the effective date of the waiver~~, whichever is later~~.

22 ***–1485/P2.9*SECTION 1050.** 49.45 (23) (b) of the statutes, as affected by 2011
23 Wisconsin Act 32 and 2013 Wisconsin Act .... (this act), is repealed and recreated to
24 read:

1 49.45 **(23)** (b) If the waiver is granted and in effect, the department may
2 promulgate rules defining the health care benefit plan, including more specific
3 eligibility requirements and cost–sharing requirements. Cost sharing may include
4 an annual enrollment fee, which may not exceed $75 per year. Notwithstanding s.
5 227.24 (3), the plan details under this subsection may be promulgated as an
6 emergency rule under s. 227.24 without a finding of emergency. If the waiver is
7 granted and in effect, the demonstration project under this subsection shall begin on
8 the effective date of the waiver.

9 ***–1485/P2.10*SECTION 1051.** 49.45 (23) (c) of the statutes is created to read:

10 49.45 **(23)** (c) In addition to cost–sharing requirements established under par.
11 (b), a childless adult who is eligible to receive benefits under this section; who is not
12 disabled, pregnant, or American Indian, as Indian is defined in 42 CFR part 447,
13 subpart A; and whose family income exceeds 133 percent of the poverty line shall pay
14 a premium for coverage under the program under this subsection in an amount
15 determined by the department that is based on a formula in which costs decrease for
16 those with lower family incomes and that is no less than 3 percent of family income
17 but no greater than 9.5 percent of family income.

18 ***–1485/P2.11*SECTION 1052.** 49.45 (23) (d) of the statutes is created to read:

19 49.45 **(23)** (d) In determining income for purposes of eligibility under this
20 subsection, the department shall apply s. 49.471 (7) (d) to the individual to the extent
21 the federal department of health and human services approves, if approval is
22 required.

23 ***–1485/P2.12*SECTION 1053.** 49.45 (23) (e) of the statutes is created to read:

1 49.45 **(23)** (e) The department shall apply the definition of family income under
2 s. 49.471 (1) (f) and the regulations defining household under 42 CFR 435.603 (f) to
3 determinations of income for purposes of eligibility under this subsection.

4 ***–1485/P2.13*SECTION 1054.** 49.45 (23) (f) of the statutes is created to read:

5 49.45 **(23)** (f) The department may provide services to individuals who are
6 eligible under this subsection through a medical home initiative under sub. (24j).

7 ***–1485/P2.14*SECTION 1055.** 49.45 (24j) of the statutes is created to read:

8 49.45 **(24j)** MEDICAL HOME PILOT PROJECTS. (a) The department may administer
9 the medical home initiative as a service delivery mechanism to provide and
10 coordinate care for individuals who are eligible for a Medical Assistance program
11 under this subchapter that provides services under a fee–for–service model. The
12 department may administer a medical home initiative to serve individuals who are
13 members of any of the following populations:

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

16 2. Pregnant women.

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

18 4. Individuals with a diagnosis of serious mental illness or substance abuse
19 disorder.

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

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

23 (b) The department shall provide to individuals through any medical home
24 initiative administered under this subsection the benefits described under s. 49.46
25 (2) (a) and (b). The department may provide to individuals though any medical home

1 initiative administered under this subsection benefits in addition to the standard
2 plan benefits that are targeted to the population receiving services through the
3 medical home.

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

6 (d) The department may make an all–inclusive payment to the provider
7 offering services through a medical home.

8 (e) If the federal department of health and human services approves the
9 department's request to administer a medical home initiative, the department shall
10 automatically enroll an individual who is eligible for a medical home initiative under
11 this subsection in the medical home initiative. At any time after the first 6 months
12 of enrollment in the medical home initiative, the individual who is enrolled in the
13 medical home initiative may opt out of participation in the medical home initiative.

14 ***–1218/P1.1*SECTION 1056.** 49.45 (30e) (c) of the statutes is renumbered 49.45
15 (30e) (c) 1.

16 ***–1218/P1.2*SECTION 1057.** 49.45 (30e) (c) 2. of the statutes is created to read:

17 49.45 **(30e)** (c) 2. Notwithstanding subd. 1., in counties that elect to deliver the
18 services under s. 49.46 (2) (b) 6. Lm. through the Medical Assistance program on a
19 regional basis according to criteria established by the department, the department
20 shall reimburse a provider of the services for the amount of the allowable charges for
21 those services under the Medical Assistance program that is provided by the federal
22 government and for the amount of the allowable charges that is not provided by the
23 federal government.

24 ***–1485/P2.15*SECTION 1058.** 49.45 (30g) (a) 1. of the statutes is amended to
25 read:

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

***–1485/P2.16*SECTION 1059.** 49.45 (30g) (a) 3. of the statutes is amended to read:

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

***–0749/2.3*SECTION 1060.** 49.453 (2) (a) (intro.) of the statutes is amended to read:

49.453 **(2)** (a) *Institutionalized individuals.* (intro.) Except as provided in sub. (8), if an institutionalized individual or his or her spouse, or another person acting on behalf of the institutionalized individual or his or her spouse, transfers assets; regardless of whether those assets, if retained, are excluded under 42 USC 1396p; for less than fair market value on or after the institutionalized individual's look–back date, the institutionalized individual is ineligible for medical assistance for the following services for the period specified under sub. (3):

***–0749/2.4*SECTION 1061.** 49.453 (2) (b) (intro.) of the statutes is amended to read:

49.453 **(2)** (b) *Noninstitutionalized individuals.* (intro.) Except as provided in sub. (8), if a noninstitutionalized individual or his or her spouse, or another person acting on behalf of the noninstitutionalized individual or his or her spouse, transfers assets; regardless of whether those assets, if retained, are excluded under 42 USC 1396p; for less than fair market value on or after the noninstitutionalized

individual's look–back date, the noninstitutionalized individual is ineligible for medical assistance for the following services for the period specified under sub. (3):

***–0749/2.5*SECTION 1062.** 49.453 (3) (a) (intro.) of the statutes is amended to read:

49.453 **(3)** (a) (intro.) The period of ineligibility under this subsection begins on either of the following <u>for an applicant for Medical Assistance</u>:

***–0749/2.6*SECTION 1063.** 49.453 (3) (ag) of the statutes is created to read:

49.453 **(3)** (ag) The period of ineligibility under this subsection for a transfer of assets made at the time the individual is receiving long–term care services through Medical Assistance begins on the first day of the month following the month in which the individual receives advance notice of the period of ineligibility.

***–0749/2.7*SECTION 1064.** 49.453 (4c) (c) of the statutes is created to read:

49.453 **(4c)** (c) A promissory note in which the debtor is a presumptive heir of the lender or in which neither the lender nor debtor has any incentive to enforce repayment is considered cancelled upon the death of the lender for purposes of this section.

***–0749/2.8*SECTION 1065.** 49.453 (8) (a) 1. of the statutes is amended to read:

49.453 **(8)** (a) **1.** The assets are exempt under 42 USC 1396p (c) (2) (A), (B), or (C). <u>To make a satisfactory showing to the state under 42 USC 1396p (c) (2) (C) and adjust the ineligibility period under sub. (3), the individual shall demonstrate that all of the assets transferred for less than fair market value, or cash equal to the value of the assets transferred for less than fair market, have been returned to him or her.</u>

***–0749/2.9*SECTION 1066.** 49.455 (5) (title) of the statutes is amended to read:

49.455 **(5)** (title) RULES FOR TREATMENT OF RESOURCES; <u>INELIGIBILITY</u>.

***–0749/2.10*SECTION 1067.** 49.455 (5) (d) of the statutes is amended to read:

1 49.455 **(5)** (d) During a continuous period of institutionalization, after an
2 institutionalized spouse is determined to be eligible for medical assistance, no
3 resources of the community spouse are considered to be available to the
4 institutionalized spouse, except that a transfer of those resources or other assets by
5 the community spouse within the first 5 years of eligibility of the institutionalized
6 spouse may result in a period of ineligibility under s. 49.453 (2) and (3) for the
7 institutionalized spouse.

8 ***–0749/2.11*SECTION 1068.** 49.455 (5) (e) of the statutes is created to read:

9 49.455 **(5)** (e) The department may deny to the institutionalized spouse
10 eligibility for Medical Assistance if, when requested by the department, the
11 institutionalized spouse and the community spouse do not provide the total value of
12 their assets and information on income and resources to the extent required under
13 federal Medicaid law or sign the application for Medical Assistance.

14 ***–0749/2.12*SECTION 1069.** 49.455 (8) (d) of the statutes is renumbered 49.455
15 (8) (d) 1. and amended to read:

16 49.455 **(8)** (d) 1. If either spouse establishes at a fair hearing that the
17 community spouse resource allowance determined under sub. (6) (b) 1. to 2. or 4.
18 without a fair hearing does not generate enough income to raise the community
19 spouse's income to the minimum monthly maintenance needs allowance under sub.
20 (4) (c), the department shall establish, under subd. 2., an amount to be used under
21 sub. (6) (b) 3. that results in a community spouse resource allowance that generates
22 enough income to raise the community spouse's income to the minimum monthly
23 maintenance needs allowance under sub. (4) (c).

24 3. Except in exceptional cases which would result in financial duress for the
25 community spouse, the department may not establish an amount to be used under

sub. (6) (b) 3. unless the institutionalized spouse makes available to the community spouse the maximum monthly income allowance permitted under sub. (4) (b) or, if the institutionalized spouse does not have sufficient income to make available to the community spouse the maximum monthly income allowance permitted under sub. (4) (b), unless the institutionalized spouse makes all of his or her income, except for an amount equal to the sum of the personal needs allowance under sub. (4) (a) 1. and any family allowances under sub. (4) (a) 3. paid by the institutionalized spouse and the amount incurred as expenses for medical or remedial care for the institutionalized spouse under sub. (4) (a) 4., available to the community spouse as a community spouse monthly income allowance under sub. (4) (b).

***–0749/2.13*SECTION 1070.** 49.455 (8) (d) 2. of the statutes is created to read:

49.455 **(8)** (d) 2. The department shall base the amount to be used under sub. (6) (b) 3. on the cost of a single premium lifetime annuity that pays monthly amounts that, combined with other available income, raises the community spouse's income to the minimum monthly maintenance needs allowance. Any resource, regardless of whether the resource generates income, may be transferred in an amount that, combined with the community spouse resource allowance calculated before the fair hearing, provides the community spouse with sufficient funds to purchase the annuity. The community spouse is not required to purchase an annuity to obtain this amount.

***–1485/P2.17*SECTION 1071.** 49.46 (1) (a) 15. of the statutes is amended to read:

49.46 **(1)** (a) 15. Any individual who is infected with tuberculosis and meets the income and resource eligibility requirements for the federal Supplemental Security

Income program under 42 USC 1381 to 1383d. For purposes of this subdivision, "income" has the meaning given for "family income" in s. 49.471 (1) (f).

***–1485/P2.18*SECTION 1072.** 49.46 (1) (am) 1. a. of the statutes is amended to read:

49.46 **(1)** (am) 1. a. A pregnant woman whose family income, before any income is disregarded under this paragraph, does not exceed, in state fiscal year 1994–95, 155% of the poverty line for a family the size of the woman's family; and, in each state fiscal year after the 1994–95 state fiscal year, ~~185%~~ 133 percent of the poverty line for a family the size of the woman's family.

***–1485/P2.19*SECTION 1073.** 49.46 (1) (c) (intro.) of the statutes is amended to read:

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

***–1485/P2.20*SECTION 1074.** 49.46 (1) (cg) of the statutes is amended to read:

49.46 **(1)** (cg) ~~Medical~~ Except as provided under par. (cr), medical assistance shall be provided to a dependent child, a relative with whom the child is living or the spouse of the relative, if the spouse meets the requirements of s. 49.19 (1) (c) 2. a. or b., for 4 calendar months beginning with the month in which the child, relative or spouse is ineligible for aid to families with dependent children because of the collection or increased collection of maintenance or support, if the child, relative or spouse received aid to families with dependent children in 3 or more of the 6 months immediately preceding the month in which that ineligibility begins.

***–1485/P2.21*SECTION 1075.** 49.46 (1) (co) 1. of the statutes is amended to read:

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

***–1485/P2.22*SECTION 1076.** 49.46 (1) (co) 2. of the statutes is amended to read:

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

***–1485/P2.23*SECTION 1077.** 49.46 (1) (cr) of the statutes is created to read:

49.46 **(1)** (cr) To the extent approved by the federal department of health and human services, an individual or family described in par. (c), (cg), or (co) is not eligible for Medical Assistance if the federal department of health and human services approves a request from the department to deny all or some transitional Medical Assistance benefits to that individual or family, if approval is required.

***–1096/3.2*SECTION 1078.** 49.46 (1) (em) of the statutes is created to read:

49.46 **(1)** (em) For purposes of determining the eligibility and any cost–sharing requirements of an individual under par. (a) 6m., 14., or 14m., (d) 2., or (e), to the

extent approved by the federal government, the department shall exclude any assets accumulated in an independence account, as defined in s. 49.472 (**1**) (c), and any income or assets from retirement benefits earned or accumulated from employment income or employer contributions while the individual was employed and eligible for and receiving medical assistance under s. 49.472.

***–1485/P2.24*SECTION 1079.** 49.46 (2) (b) 19. of the statutes is created to read:

49.46 **(2)** (b) 19. 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).

***–1485/P2.25*SECTION 1080.** 49.46 (2) (b) 20. of the statutes is created to read:

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

***–1485/P2.26*SECTION 1081.** 49.46 (2) (bc) of the statutes is created to read:

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

***–1485/P2.27*SECTION 1082.** 49.46 (2) (br) of the statutes is created to read:

49.46 **(2)** (br) If the federal department of health and human services approves the department's request to offer a benchmark plan under this paragraph, the department may enroll any child who is receiving services through the early intervention program under s. 51.44 in a benchmark plan under this paragraph. The department may not require a child who is receiving services through the early intervention program under s. 51.44 to enroll in a benchmark plan offered under this

paragraph. The department may not charge a copayment to a child who is enrolled in the benchmark plan under this paragraph for services described in par. (b) 19.

***–1096/3.3*SECTION 1083.** 49.468 (1) (d) of the statutes is amended to read:

49.468 **(1)** (d) Benefits under par. (b) or (c) are available for an individual who has resources that are equal to or less than 200% of the allowable resources as determined under 42 USC 1381 to 1385, excluding, to the extent approved by the federal government, any assets accumulated in an independence account, as defined in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or accumulated from income or employer contributions while the individual was employed and eligible for and receiving medical assistance under s. 49.472, and who has income that is equal to or less than 100% of the poverty line.

***–1096/3.4*SECTION 1084.** 49.468 (1m) (b) of the statutes is amended to read:

49.468 **(1m)** (b) Benefits under par. (a) are available for an individual who has resources that are equal to or less than 200% of the allowable resources determined under 42 USC 1381 to 1385, excluding, to the extent approved by the federal government, any assets accumulated in an independence account, as defined in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or accumulated from income or employer contributions while the individual was employed and eligible for and receiving medical assistance under s. 49.472, and who has income that is greater than 100% of the poverty line but less than 120% of the poverty line.

***–1096/3.5*SECTION 1085.** 49.468 (2) (b) of the statutes is amended to read:

49.468 **(2)** (b) Benefits under par. (a) are available for an individual who has resources that are equal to or less than 200% of the allowable resources under 42 USC 1381 to 1385, excluding, to the extent approved by the federal government, any

assets accumulated in an independence account, as defined in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or accumulated from income or employer contributions while the individual was employed and eligible for and receiving medical assistance under s. 49.472, and who has income that is equal to or less than 200% of the poverty line.

***–1485/P2.28*SECTION 1086.** 49.47 (4) (a) 1. of the statutes is amended to read:

49.47 **(4)** (a) 1. Under 21 years of age and resides in an intermediate care facility, skilled nursing facility, or inpatient psychiatric hospital. The department shall apply the definition of family income in s. 49.471 (1) (f) to make determinations of income under this subdivision.

***–1485/P2.29*SECTION 1087.** 49.47 (4) (am) 1. of the statutes is amended to read:

49.47 **(4)** (am) 1. A pregnant woman whose family income does not exceed 155% of the poverty line for a family the size of the woman's family, except that if a waiver under par. (j) or a change in the approved state plan under s. 49.46 (1) (am) 2. is in effect, the income limit is ~~185%~~ 133 percent of the poverty line for a family the size of the woman's family in each state fiscal year after the 1994–95 state fiscal year.

***–1096/3.6*SECTION 1088.** 49.47 (4) (b) (intro.) of the statutes is amended to read:

49.47 **(4)** (b) (intro.) Eligibility exists if the applicant's property, ~~subject to the exclusion of~~ excluding any amounts under the Long–Term Care Partnership Program established under s. 49.45 (31)~~,~~ and, to the extent approved by the federal government, any ~~amounts~~ assets accumulated in an independence account, as defined in s. 49.472 (1) (c), ~~or~~ and any income or assets from retirement ~~assets that accrued~~ benefits earned or accumulated from ~~employment~~ income or employer

contributions while the applicant was employed and eligible for ~~the community options program under s. 46.27 (11), or any other Medical Assistance program, including deferred compensation or the value of retirement accounts in the Wisconsin Retirement System or under the federal Social Security Act~~ and receiving medical assistance under s. 49.472, does not exceed the following:

***–0749/2.14*SECTION 1089.** 49.47 (4) (b) 2w. of the statutes is amended to read:

49.47 **(4)** (b) 2w. For a person who is eligible under par. (a) 3. or 4., life insurance with cash surrender values if the ~~total face~~ combined cash surrender value of all life insurance policies, including riders and other attachments, is not more than $1,500.

***–1485/P2.30*SECTION 1090.** 49.47 (4) (c) 1. of the statutes is amended to read:

49.47 **(4)** (c) 1. Except as provided in par. (am) ~~and as limited by subd. 3.~~, eligibility exists if income does not exceed 133 1/3% of the maximum aid to families with dependent children payment under s. 49.19 (11) for the applicant's family size or the combined benefit amount available under supplemental security income under 42 USC 1381 to 1383c and state supplemental aid under s. 49.77 whichever is ~~higher~~ lower. In this subdivision "income" includes earned or unearned income that would be included in determining eligibility for the individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled under 42 USC 1381 to 1385. "Income" does not include earned or unearned income which would be excluded in determining eligibility for the individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled individual under 42 USC 1381 to 1385.

***–1485/P2.31*SECTION 1091.** 49.47 (4) (c) 3. of the statutes is repealed.

***–1485/P2.32*SECTION 1092.** 49.471 (1) (cm) of the statutes is created to read:

49.471 **(1)** (cm) "Disabled" means, when referring to an adult, meeting the disability standard for eligibility for federal supplemental security income under 42 USC 1382c (a) (3).

***–1485/P2.33*SECTION 1093.** 49.471 (1) (f) of the statutes is amended to read:

49.471 **(1)** (f) "Family income" ~~means the total gross earned and unearned income received by all members of a family~~ has the meaning given for "household income" under 42 CFR 435.603 (d).

***–1485/P2.34*SECTION 1094.** 49.471 (1) (k) 5. d. of the statutes is created to read:

49.471 **(1)** (k) 5. d. The mother's family income exceeds 133 percent of the poverty line.

***–1485/P2.35*SECTION 1095.** 49.471 (4) (a) (intro.) of the statutes is amended to read:

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

***–1485/P2.36*SECTION 1096.** 49.471 (4) (a) 1. of the statutes is amended to read:

49.471 **(4)** (a) 1. A pregnant woman whose family income does not exceed ~~200~~ 133 percent of the poverty line.

***–1485/P2.37*SECTION 1097.** 49.471 (4) (a) 4. a. of the statutes is amended to read:

49.471 **(4)** (a) 4. a. The individual is a parent or caretaker relative of a dependent child who is living in the home with the parent or caretaker relative or who is temporarily absent from the home for not more than 6 months or, if the

dependent child has been removed from the home for more than 6 months, the parent or caretaker relative is working toward unifying the family by complying with a permanency plan under s. 48.38 or 938.38. For purposes of this subdivision, a "dependent child" means an individual who is under the age of 18 or an individual who is age 18 and a full–time student in secondary school or equivalent vocational or technical training if before attaining the age of 19 the individual is reasonably expected to complete the school or training.

***–1485/P2.38*SECTION 1098.** 49.471 (4) (a) 4. b. of the statutes is amended to read:

49.471 **(4)** (a) 4. b. ~~Except as provided in subd. 4. c., the~~ The individual's family income does not exceed ~~200~~ 100 percent of the poverty line ~~and does not include self–employment income~~ before application of the 5 percent income disregard under 42 CFR 435.603 (d).

***–1485/P2.39*SECTION 1099.** 49.471 (4) (a) 4. c. of the statutes is repealed.

***–1485/P2.40*SECTION 1100.** 49.471 (4) (a) 5. of the statutes is amended to read:

49.471 **(4)** (a) 5. An individual who, regardless of family income, was born on or after January 1, ~~1990~~ 1988, and who, on his or her 18th birthday, was in a foster care placement under the responsibility of ~~a~~ this state, or at the option of the department, under the responsibility of another state, and enrolled in Medical Assistance under this subchapter or a Medicaid program, as determined by the department. The coverage for an individual under this subdivision ends on the last day of the month in which the individual becomes ~~21~~ 26 years of age, unless he or she otherwise loses eligibility sooner.

1 ***–1485/P2.41*SECTION 1101.** 49.471 (4) (a) 7. of the statutes is amended to
2 read:

3 49.471 **(4)** (a) 7. Individuals who qualify for a medical assistance eligibility
4 extension under s. 49.46 (1) (c), (cg), or (co) when their income increases above the
5 poverty line, except as provided in s. 49.46 (1) (cr).

6 ***–1485/P2.42*SECTION 1102.** 49.471 (4) (b) 1. of the statutes is repealed.

7 ***–1485/P2.43*SECTION 1103.** 49.471 (4) (b) 1m. of the statutes is repealed.

8 ***–1485/P2.44*SECTION 1104.** 49.471 (4) (b) 2. of the statutes is repealed.

9 ***–1485/P2.45*SECTION 1105.** 49.471 (4) (b) 3. of the statutes is amended to
10 read:

11 49.471 **(4)** (b) 3. A child whose family income exceeds 200 percent but does not
12 exceed 300 percent of the poverty line. ~~For a child under this subdivision who is an~~
13 3m. An unborn child~~,~~ whose family income exceeds 200 percent but does not
14 exceed 300 percent of the poverty line, except benefits are limited to prenatal care.

15 ***–1485/P2.46*SECTION 1106.** 49.471 (4) (b) 4. of the statutes is repealed.

16 ***–1485/P2.47*SECTION 1107.** 49.471 (4) (c) of the statutes is repealed.

17 ***–1485/P2.48*SECTION 1108.** 49.471 (4) (e) of the statutes is created to read:

18 49.471 **(4)** (e) If the department obtains approval from the federal department
19 of health and human services to provide an alternate benchmark plan under sub.
20 (11r), to the extent the federal department of health and human services approves,
21 the department may enroll in the alternate benchmark plan under sub. (11r) any
22 individual whose family income exceeds 100 percent of the poverty line, who is either
23 an adult who is not pregnant or a child, and who applies and is otherwise eligible to
24 receive benefits under this section, except that the department shall enroll a child

who has a parent who is enrolled in a plan under this section in the same plan as his or her parent.

***–1485/P2.49*SECTION 1109.** 49.471 (5) (b) 1. of the statutes is amended to read:

49.471 **(5)** (b) 1. Except as provided in sub. (6) (a) 1., a pregnant woman is eligible for the benefits specified in par. (c) during the period beginning on the day on which a qualified provider determines, on the basis of preliminary information, that the woman's family income does not exceed ~~300~~ 133 percent of the poverty line and ending on the applicable day specified in subd. 3.

***–1485/P2.50*SECTION 1110.** 49.471 (5) (b) 2. of the statutes is renumbered 49.471 (5) (b) 2. (intro.) and amended to read:

49.471 **(5)** (b) 2. (intro.) 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 ~~150 percent of the poverty line~~ any of the following 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:

***–1485/P2.51*SECTION 1111.** 49.471 (5) (b) 2. a. to c. of the statutes are created to read:

49.471 **(5)** (b) 2. a. 150 percent of the poverty line for a child who is 6 years of age or older but has not yet attained the age of 19.

b. 185 percent of the poverty line for a child who is one year of age or older but has not yet attained the age of 6.

c. 300 percent of the poverty line for a child who is under one year of age.

***–1485/P2.52*SECTION 1112.** 49.471 (5) (b) 3. a. of the statutes is amended to read:

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

***–1485/P2.53*SECTION 1113.** 49.471 (5) (c) 1. of the statutes is renumbered 49.471 (5) (c) and amended to read:

49.471 **(5)** (c) On behalf of a woman under par. (b) 1. ~~whose family income does not exceed 200 percent of the poverty line~~, the department shall audit and pay allowable charges to a provider certified under s. 49.45 (2) (a) 11. only for ambulatory prenatal care services under the benefits described in s. 49.46 (2) (a) and (b).

***–1485/P2.54*SECTION 1114.** 49.471 (5) (c) 2. of the statutes is repealed.

***–1485/P2.55*SECTION 1115.** 49.471 (6) (a) 1. of the statutes is amended to read:

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

***–1485/P2.56*SECTION 1116.** 49.471 (6) (a) 2. of the statutes is amended to read:

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

***–1485/P2.57*SECTION 1117.** 49.471 (6) (a) 3. of the statutes is created to read:

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

***–1485/P2.58*SECTION 1118.** 49.471 (6) (a) 4. of the statutes is created to read:

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

***–1485/P2.59*SECTION 1119.** 49.471 (7) (a) of the statutes is repealed.

***–1485/P2.60*SECTION 1120.** 49.471 (7) (b) 1. of the statutes is amended to read:

49.471 **(7)** (b) 1. ~~A~~ Eligibility for a pregnant woman whose family income exceeds ~~300~~ 133 percent of the poverty line ~~may become eligible for coverage under this section if the difference between the pregnant woman's family income and the~~

~~applicable income limit under sub. (4) (b) is obligated or expended for any member of the pregnant woman's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision continues without regard to any change in family income for the balance of the pregnancy and to the last day of the month in which the 60th day after the last day of the woman's pregnancy falls. Eligibility obtained by a pregnant woman under this subdivision extends to all pregnant women in the pregnant woman's family~~ is determined under the method described in s. 49.47 (4) (c).

***–1485/P2.61*SECTION 1121.** 49.471 (7) (b) 2. of the statutes is amended to read:

49.471 **(7)** (b) 2. A child who is not an unborn child, whose family income exceeds 150 percent of the poverty line, and who is ineligible under this section solely because of sub. (8) (b), or whose family income exceeds 300 percent of the poverty line, may obtain eligibility under this section if the difference between the child's family income and 150 percent of the poverty line is obligated or expended on behalf of the child or any member of the child's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision during any 6–month period, as determined by the department, continues for the remainder of the 6–month period and extends to all children in the family.

***–1485/P2.62*SECTION 1122.** 49.471 (7) (b) 3. of the statutes is amended to read:

49.471 **(7)** (b) 3. ~~For a pregnant woman to obtain eligibility under subd. 1., the amount that must be obligated or expended in any 6–month period is equal to the~~

1 ~~sum of the differences in each of those 6 months between the pregnant woman's~~
2 ~~monthly family income and the monthly family income that is 300 percent of the~~
3 ~~poverty line.~~ For a child to obtain eligibility under subd. 2., the amount that must
4 be obligated or expended in any 6–month period is equal to the sum of the differences
5 in each of those 6 months between the child's monthly family income and the monthly
6 family income that is 150 percent of the poverty line.

7 ***–1485/P2.63*SECTION 1123.** 49.471 (7) (c) (intro.) of the statutes is amended
8 to read:

9 49.471 **(7)** (c) (intro.) When calculating an individual's family income, the
10 department shall do all of the following, subject to par. (d):

11 ***–1485/P2.64*SECTION 1124.** 49.471 (7) (c) of the statutes, as affected by 2013
12 Wisconsin Act .... (this act), is repealed.

13 ***–1485/P2.65*SECTION 1125.** 49.471 (7) (d) of the statutes is created to read:

14 49.471 **(7)** (d) In addition to applying other income counting requirements the
15 department shall do all of the following:

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

21 2. When determining the size of a family for purposes of determining income
22 eligibility, exclude from family size an adult whose income is included in a calculation
23 of family income solely under subd. 1.

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

***–1485/P2.66*SECTION 1126.** 49.471 (7) (e) of the statutes is created to read:

49.471 **(7)** (e) For the purpose of determining family income, the department shall apply the regulations defining a household under 42 CFR 435.603 (f). To determine the family size for a pregnant woman, the department shall include the pregnant woman and the number of babies she is expecting.

***–1485/P2.67*SECTION 1127.** 49.471 (8) (b) (intro.) of the statutes is amended to read:

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

***–1485/P2.68*SECTION 1128.** 49.471 (8) (cg) of the statutes is created to read:

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

1. The individual has any of the following:

a. Access to individual or family health 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.

b. Access to individual or family health coverage under the state employee health plan.

2. The individual has access to any coverage described in subd. 1. during any of the following times:

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

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

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

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

***–1485/P2.69*SECTION 1129.** 49.471 (8) (cr) of the statutes is created to read:

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

a. An individual who is not disabled and who is a child, or unborn child, of an individual whose family income is at a level determined by the department but no lower than 133 percent of the poverty line.

b. A parent or caretaker relative who is not disabled, not pregnant, and an adult and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.

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

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

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

a. The parent of the individual is no longer employed by the employer through which the parent was eligible for coverage, and the parent does not have current coverage.

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

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

***–1485/P2.70*SECTION 1130.** 49.471 (8) (ct) of the statutes is created to read:

49.471 **(8)** (ct) 1. If the federal department of health and human services approves the department's request to add private major medical insurance as a type of coverage which causes ineligibility, an individual who is not disabled and not pregnant, who is over 18 years of age, whose family income exceeds 133 percent of the poverty line, and who has coverage provided by private major medical insurance in which the monthly premium does not exceed 9.5 percent of the family's monthly income is not eligible for BadgerCare Plus.

2. If the federal department of health and human services approves of the conditions to make that individual ineligible for BadgerCare Plus, an individual who is any of the following is not eligible for BadgerCare Plus if he or she has the major medical insurance coverage described under subd. 1.:

a. An individual who is not disabled and who is a child, or unborn child, of an individual whose family income is at a level determined by the department but no lower than 133 percent of the poverty line.

b. A parent or caretaker relative who is not disabled, not pregnant, and an adult and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.

***–1485/P2.71*SECTION 1131.** 49.471 (8) (d) 1. a. of the statutes is amended to read:

49.471 **(8)** (d) 1. a. A pregnant woman, except as provided in pars. (cr) 1. c. and (fm) 4.

***–1485/P2.72*SECTION 1132.** 49.471 (8) (d) 1. b. of the statutes is amended to read:

49.471 **(8)** (d) 1. b. A child described in sub. (4) (a) 2. ~~or (b) 2.~~

***–1485/P2.73*SECTION 1133.** 49.471 (8) (d) 1. g. of the statutes is created to read:

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

***–1485/P2.74*SECTION 1134.** 49.471 (8) (d) 2. dg. of the statutes is created to read:

49.471 **(8)** (d) 2. dg. The insurance is owned by someone not residing with the family and continuation of the coverage is beyond the family's control.

***–1485/P2.75*SECTION 1135.** 49.471 (8) (d) 2. dr. of the statutes is created to read:

49.471 **(8)** (d) 2. dr. The insurance only covers services provided in a service area that is beyond a reasonable driving distance.

***–1485/P2.76*SECTION 1136.** 49.471 (8) (e) of the statutes is repealed.

***–1485/P2.77*SECTION 1137.** 49.471 (8) (f) of the statutes is amended to read:

49.471 **(8)** (f) If an individual with a family income that exceeds 150 percent of the poverty line had the health insurance coverage specified in par. (b) 1. but no

longer has the coverage~~,~~ or if an individual who is an unborn child or an unborn child's mother, regardless of family income, had health insurance coverage but no longer has the coverage~~, or if a pregnant woman specified in par. (e) has health insurance coverage and does not maintain the coverage~~, the individual ~~or pregnant woman~~ is not eligible for BadgerCare Plus for the 3 calendar months following the month in which the insurance coverage ended without a good cause reason specified in par. (g).

***–1485/P2.78*SECTION 1138.** 49.471 (8) (fm) of the statutes is created to read:

49.471 **(8)** (fm) If an individual who is one of the following individuals had the health insurance coverage specified in par. (cg) 1. or (ct) but no longer has the coverage, the individual is not eligible for BadgerCare Plus for the 3 calendar months following the month in which the insurance coverage ended without a good cause reason specified in par. (g):

1. An individual who is not disabled and not pregnant, who is over 18 years of age, and whose family income exceeds 133 percent of the poverty line.

2. If the federal department of health and human services approves of the department's request to make such an individual ineligible, an individual who is not disabled and who is a child of an individual whose family income is at a level determined by the department but no lower than 133 percent of the poverty line.

3. If the federal department of health and human services approves of the department's request to make such an individual ineligible, a parent or caretaker relative who is not disabled, not pregnant, and an adult and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.

4. If the federal department of health and human services approves of the department's request to make such an individual ineligible, an adult, including a pregnant individual, who is not disabled, who is under 26 years of age; who is eligible to be covered under coverage a parent receives from an employer; and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.

***–1485/P2.79*SECTION 1139.** 49.471 (8) (g) (intro.), 1., 2., 3., 4. and 5. of the statutes are amended to read:

49.471 **(8)** (g) (intro.) Any of the following is a good cause reason for purposes of par. (f) and (fm):

1. The individual ~~or pregnant woman~~ was covered by a group health plan that was provided by a subscriber through his or her employer, and the subscriber's employment ended for a reason other than voluntary termination, unless the voluntary termination was a result of the incapacitation of the subscriber or because of an immediate family member's health condition.

2. The individual ~~or pregnant woman~~ was covered by a group health plan that was provided by a subscriber through his or her employer, the subscriber changed employers, and the new employer does not offer health insurance coverage.

3. The individual ~~or pregnant woman~~ was covered by a group health plan that was provided by a subscriber through his or her employer, and the subscriber's employer discontinued health plan coverage for all employees.

4. The ~~pregnant woman's~~ individual's coverage was continuation coverage and the continuation coverage was exhausted in accordance with 29 CFR 2590.701–2 (4).

5. The individual's ~~or pregnant woman's~~ coverage terminated due to the death or change in marital status of the subscriber.

1 ***–1485/P2.80*SECTION 1140.** 49.471 (8) (g) 5g. of the statutes is created to
2 read:

3 49.471 **(8)** (g) 5g. The insurance coverage is owned by someone not residing
4 with the family and continuation of the coverage is beyond the family's control.

5 ***–1485/P2.81*SECTION 1141.** 49.471 (8) (g) 5r. of the statutes is created to read:

6 49.471 **(8)** (g) 5r. The insurance coverage only covers services provided in a
7 service area that is beyond a reasonable driving distance.

8 ***–1485/P2.82*SECTION 1142.** 49.471 (9) (a) 2. b. of the statutes is amended to
9 read:

10 49.471 **(9)** (a) 2. b. A child described in sub. (4) (a) 2. ~~or (b) 2.~~

11 ***–1485/P2.83*SECTION 1143.** 49.471 (10) (b) 1. of the statutes is amended to
12 read:

13 49.471 **(10)** (b) 1. Except as provided in ~~subd.~~ subds. 1m. and 4., a recipient who
14 is an adult, who is not a pregnant woman, and whose family income is greater than
15 150 percent but not greater than 200 percent of the poverty line shall pay a premium
16 for coverage under BadgerCare Plus that does not exceed 5 percent of his or her
17 family income. If the recipient has self–employment income and is eligible under
18 sub. (4) (b) 4., the premium may not exceed 5 percent of family income calculated
19 before depreciation was deducted.

20 ***–1485/P2.84*SECTION 1144.** 49.471 (10) (b) 1. of the statutes, as affected by
21 2013 Wisconsin Act .... (this act), is amended to read:

22 49.471 **(10)** (b) 1. Except as provided in subds. 1m. and 4., a recipient who is
23 an adult, who is not a pregnant woman, and whose family income is greater than 150
24 percent but not greater than 200 percent of the poverty line shall pay a premium for
25 coverage under BadgerCare Plus that does not exceed 5 percent of his or her family

income. ~~If the recipient has self–employment income and is eligible under sub. (4) (b) 4., the premium may not exceed 5 percent of family income calculated before depreciation was deducted.~~

***–1485/P2.85*SECTION 1145.** 49.471 (10) (b) 1m. of the statutes is created to read:

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

***–1485/P2.86*SECTION 1146.** 49.471 (10) (b) 1m. of the statutes, as affected by 2013 Wisconsin Act .... (this act), is repealed.

***–1485/P2.87*SECTION 1147.** 49.471 (10) (b) 2. of the statutes is amended to read:

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

***–1485/P2.88*SECTION 1148.** 49.471 (10) (b) 3. of the statutes is repealed.

***–1485/P2.89*SECTION 1149.** 49.471 (10) (b) 3m. of the statutes is created to read:

49.471 **(10)** (b) 3m. A recipient who is a child, who is not disabled, and whose family income is at a level determined by the department that is at least 150 percent of the poverty line shall pay a premium in an amount determined by the department. The department may apply this subdivision only to the extent the federal department of health and human services approves applying a premium to those individuals, if approval is required.

***–1485/P2.90*SECTION 1150.** 49.471 (10) (b) 4. (intro.) of the statutes is amended to read:

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

***–1485/P2.91*SECTION 1151.** 49.471 (10) (b) 4. b. of the statutes is amended to read:

49.471 **(10)** (b) 4. b. A child who is eligible under sub. (4) (a) 2. ~~or (b) 2.~~

***–1485/P2.92*SECTION 1152.** 49.471 (10) (b) 5. of the statutes is amended to read:

49.471 **(10)** (b) 5. If a recipient who is required to pay a premium under this paragraph or under sub. (2m) or (4) (c) either does not pay a premium when due or requests that his or her coverage under this section be terminated, the recipient's coverage terminates ~~and~~. If the recipient is an adult, the recipient is not eligible for BadgerCare Plus for ~~6~~ 12 consecutive calendar months following the date on which the recipient's coverage terminated, except for any month during that ~~6–month~~ 12–month period when the recipient's family income does not exceed ~~150~~ 133 percent of the poverty line. If the recipient is a child, the recipient is not eligible for

BadgerCare Plus for 6 consecutive calendar months, or 12 consecutive calendar months if the federal department of health and human services approves, following the date on which the recipient's coverage terminated, except for any month during that period when the recipient's family income does not exceed 150 percent of the poverty line.

***–1485/P2.93*SECTION 1153.** 49.471 (10) (b) 5. of the statutes, as affected by 2013 Wisconsin Act .... (this act), is amended to read:

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

***–1485/P2.94*SECTION 1154.** 49.471 (11) (intro.) of the statutes is amended to read:

49.471 **(11)** BENCHMARK PLAN BENEFITS AND COPAYMENTS. (intro.) ~~Recipients~~ Except as provided in sub. (11r) and s. 49.45 (24j), recipients who are not eligible for the benefits described in s. 49.46 (2) (a) and (b) shall have coverage of the following benefits and pay the following copayments:

1 ***–1485/P2.95*SECTION 1155.** 49.471 (11) (a) of the statutes is amended to read:

2 49.471 **(11)** (a) Subject to sub. (6) (k), prescription drugs bearing only a generic
3 name, as defined in s. 450.12 (1) (b), with a copayment of no more than $5 per
4 prescription~~, and subject to the Badger Rx Gold program discounts~~.

5 ***–1485/P2.96*SECTION 1156.** 49.471 (11r) of the statutes is created to read:

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

10 (b) The department may charge copayments to recipients receiving coverage
11 under the alternate benchmark plan under this subsection that are higher than
12 copayments charged to recipients receiving coverage under the standard plan under
13 s. 49.46 (2). The department may not charge to a recipient of coverage under the
14 alternate benchmark plan under this subsection whose family income is at or below
15 150 percent of the poverty line a copayment that exceeds 5 percent of the individual's
16 family income for all members of the family.

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

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

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

***–1096/3.7*SECTION 1157.** 49.472 (1) (c) of the statutes is amended to read:

49.472 **(1)** (c) "Independence account" means an account approved by the department that consists solely of savings, and dividends or other gains derived from those savings, from income earned from paid employment ~~after the initial date on which~~ while an individual ~~began~~ is receiving medical assistance under this section.

***–1096/3.8*SECTION 1158.** 49.472 (3) (a) of the statutes is amended to read:

49.472 **(3)** (a) The individual's ~~family's~~ and his or her spouse's total net income is less than 250% of the poverty line for a family the size of the individual's family. ~~In~~ For purposes of calculating the net income under this paragraph, the department shall apply all of the exclusions specified under 42 USC 1382a (b), except that exclusions applied under 42 USC 1382a (b) (4) to earned income shall be applied to earned and unearned income combined, and shall exclude up to $500 per month of the individual's out–of–pocket medical and remedial expenses and long–term care costs, if any.

***–1096/3.9*SECTION 1159.** 49.472 (3) (b) of the statutes is amended to read:

49.472 **(3)** (b) The individual's assets do not exceed $15,000. In determining assets, the department may not include assets that are excluded from the resource calculation under 42 USC 1382b (a) ~~or~~; assets accumulated in an independence account; or, to the extent approved by the federal government, income or assets from retirement benefits earned or accumulated from income or employer contributions while the individual was employed and eligible for and receiving medical assistance

1 under this section. The department may exclude, in whole or in part, the value of a
2 vehicle used by the individual for transportation to paid employment.

3 ***–1096/3.10*SECTION 1160.** 49.472 (3) (f) of the statutes is amended to read:

4 49.472 **(3)** (f) The individual, if required to pay a premium under sub. (4) (a)
5 1., maintains premium payments calculated ~~by the department~~ in accordance with
6 sub. (4), unless the individual is exempted from premium payments under sub. ~~(4)~~
7 ~~(b) or~~ (5).

8 ***–1096/3.11*SECTION 1161.** 49.472 (3m) of the statutes is created to read:

9 49.472 **(3m)** VERIFYING INCOME. The department shall verify income from work
10 activity under sub. (3) (a) and (g) through documentation provided by the individual.
11 The department shall require that, for an individual to be engaged in gainful
12 employment under sub. (3) (g), the individual must be working and paying, or having
13 withheld, federal social security and Medicare taxes and other applicable state or
14 federal income taxes. The department shall require that the individual provide
15 documentation of the taxes paid or withheld.

16 ***–1096/3.12*SECTION 1162.** 49.472 (4) (a) (intro.) of the statutes is repealed.

17 ***–1096/3.13*SECTION 1163.** 49.472 (4) (a) 1. of the statutes is repealed and
18 recreated to read:

19 49.472 **(4)** (a) 1. An individual who is eligible for medical assistance under sub.
20 (3) and receives medical assistance shall pay a monthly premium to the department
21 if the individual's total earned and unearned income is equal to at least 150 percent
22 of the poverty line for an individual.

23 ***–1096/3.14*SECTION 1164.** 49.472 (4) (a) 1m. of the statutes is created to read:

49.472 **(4)** (a) 1m. Except as provided in par. (b), the premium required under subd. 1. shall be equal to 3 percent of the individual's total earned and unearned income, after the deductions specified in subd. 2., rounded down to the nearest $25.

***–1096/3.15*SECTION 1165.** 49.472 (4) (a) 2. (intro.) of the statutes is amended to read:

49.472 **(4)** (a) 2. (intro.) In determining an individual's total earned and unearned income under subd. ~~1.~~ 1m., the department shall disregard all of the following:

***–1096/3.16*SECTION 1166.** 49.472 (4) (a) 2m. of the statutes is repealed.

***–1096/3.17*SECTION 1167.** 49.472 (4) (a) 3. of the statutes is amended to read:

49.472 **(4)** (a) 3. ~~The~~ Subject to par. (b), the department may reduce the premium by 25% for an individual who is covered by private health insurance.

***–1096/3.18*SECTION 1168.** 49.472 (4) (b) of the statutes is amended to read:

49.472 **(4)** (b) The ~~department may waive monthly premiums that are calculated to be below $10~~ minimum premium payable by an individual specified in par. (a) 1. is $50 per month. Unless otherwise provided by the department by a policy created under s. 49.45 (2m) (c), the department may not assess a monthly premium for any individual whose ~~income level, after adding the individual's~~ total earned ~~income~~ and unearned income~~,~~ is below 150% of the poverty line for an individual.

***–1096/3.19*SECTION 1169.** 49.472 (4) (b) of the statutes, as affected by 2011 Wisconsin Act 32 and 2013 Wisconsin Act .... (this act), is repealed and recreated to read:

49.472 **(4)** (b) The minimum premium payable by an individual specified in par. (a) 1. is $50 per month. The department may not assess a monthly premium for any

individual whose total earned and unearned income is below 150 percent of the poverty line for an individual.

***–1096/3.20*SECTION 1170.** 49.472 (5) of the statutes is amended to read:

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

***–0217/1.1*SECTION 1171.** 49.475 (title) of the statutes is amended to read:

49.475 (title) **Information about assistance program beneficiaries; <u>electronic submission of claims</u>.**

***–0217/1.2*SECTION 1172.** 49.475 (2) (except 49.475 (2) (title)) of the statutes is renumbered 49.475 (2) (ac), and 49.475 (2) (ac) 1. b. and 4. (intro.), as renumbered, are amended to read:

49.475 **(2)** (ac) 1. b. If subd. 1. <u>a.</u> applies, the nature and period of time of any coverage, benefit, or service provided, including the name, address, and identifying number of any applicable coverage plan.

4. (intro.) If all of the following apply, agree not to deny a claim submitted by the department under ~~par. (b)~~ <u>subd. 2.</u> solely because of the claim's submission date, the type or format of the claim form, or failure by a recipient to present proper documentation at the time of delivery of the service, benefit, or item that is the basis of the claim:

***–0217/1.3*SECTION 1173.** 49.475 (2) (bc) of the statutes is created to read:

49.475 **(2)** (bc) A 3rd party shall accept the submission of claims from the department under par. (ac) 2. in electronic form and shall timely pay the claims in the manner provided in s. 628.46 (1) and (2). For purposes of timely payment of

claims under this paragraph, "written notice" under s. 628.46 (1) includes receipt of a claim in electronic form.

***–0217/1.4*SECTION 1174.** 49.475 (2m) (a) of the statutes is amended to read:

49.475 **(2m)** (a) The information that the department may request under this section is limited to the information specified in sub. (2) ~~(a)~~ (ac) 1. and does not include an employer's name unless that information is necessary for the department or a provider to obtain 3rd–party payment for an item or service.

***–0217/1.5*SECTION 1175.** 49.475 (2m) (b) of the statutes is amended to read:

49.475 **(2m)** (b) If information under sub. (2) ~~(a)~~ (ac) 1. may be available from more than one source that includes an employer operating a self–insured plan, the department shall seek the information first from a 3rd–party administrator or other entity identified in sub. (1) (f) 7. or pharmacy benefits manager before seeking the information from the employer.

***–0217/1.6*SECTION 1176.** 49.475 (3) (intro.) of the statutes is amended to read:

49.475 **(3)** WRITTEN AGREEMENT. (intro.) Upon requesting a 3rd party to provide the information under sub. (2) ~~(a)~~ (ac) 1., the department and the 3rd party shall enter into a written agreement that satisfies all of the following:

***–0217/1.7*SECTION 1177.** 49.475 (4) (a) of the statutes is amended to read:

49.475 **(4)** (a) A 3rd party shall provide the information requested under sub. (2) ~~(a)~~ (ac) 1. within 180 days after receiving the department's request if it is the first time that the department has requested the 3rd party to disclose information under this section.

***–0217/1.8*SECTION 1178.** 49.475 (4) (b) of the statutes is amended to read:

49.475 **(4)** (b) A 3rd party shall provide the information requested under sub. (2) ~~(a)~~ (ac) 1. within 30 days after receiving the department's request if the

department has previously requested the 3rd party to disclose information under this section.

***–0217/1.9*SECTION 1179.** 49.475 (5) of the statutes is amended to read:

49.475 **(5)** REIMBURSEMENT OF COSTS. From the appropriations under s. 20.435 (4) (bm) and (pa), the department shall reimburse a 3rd party that provides information under sub. (2) ~~(a)~~ (ac) 1. for the 3rd party's reasonable costs incurred in providing the requested information, including its reasonable costs, if any, to develop and operate automated systems specifically for the disclosure of the information.

***–0617/2.17*SECTION 1180.** 49.496 (1) (a) of the statutes is renumbered 49.496 (1) (ah).

***–0617/2.18*SECTION 1181.** 49.496 (1) (af) of the statutes is created to read:

49.496 **(1)** (af) "Decedent" means a deceased recipient or a deceased nonrecipient surviving spouse, whichever is applicable.

***–0617/2.19*SECTION 1182.** 49.496 (1) (bk) of the statutes is created to read:

49.496 **(1)** (bk) "Long–term care program" means any of the following:

1. The family care program providing the benefit under s. 46.286.

2. The self–directed services option that operates under a waiver from the secretary of the federal department of health and human services under 42 USC 1396n (c) in which an enrolled individual selects his or her own services and service providers.

3. The family care partnership program that is an integrated health and long–term care program operated under an amendment to the state medical assistance plan under 42 USC 1396u–2 and a waiver under 42 USC 1396n (c).

4. The program for all–inclusive care for the elderly under 42 USC 1396u–4.

5. Any program that provides long–term care services and is operated by the department under an amendment to the state medical assistance plan under 42 USC 1396n (i) or 42 USC 1396u–2; a waiver of medical assistance laws under 42 USC 1396n (c), 42 USC 1396n (b) and (c), or 42 USC 1396u; or a demonstration project under 42 USC 1315 or 42 USC 1396n (c).

***–0617/2.20*SECTION 1183.** 49.496 (1) (bw) of the statutes is created to read:

49.496 **(1)** (bw) "Nonrecipient surviving spouse" means any person who was married to a recipient while the recipient was receiving services for which the cost may be recovered under sub. (3) (a) and who survived the recipient.

***–0617/2.21*SECTION 1184.** 49.496 (1) (cm) of the statutes is created to read:

49.496 **(1)** (cm) 1. "Property of a decedent" means all real and personal property to which the recipient held any legal title or in which the recipient had any legal interest immediately before death, to the extent of that title or interest, including assets transferred to a survivor, heir, or assignee through joint tenancy, tenancy in common, survivorship, life estate, living trust, or any other arrangement.

2. Notwithstanding subd. 1., "property of a decedent" includes all real and personal property in which the nonrecipient surviving spouse had an ownership interest at the recipient's death and in which the recipient had a marital property interest with that nonrecipient surviving spouse at any time within 5 years before the recipient applied for medical assistance or during the time that the recipient was eligible for medical assistance.

***–0617/2.22*SECTION 1185.** 49.496 (3) (a) (intro.) of the statutes is amended to read:

49.496 **(3)** (a) (intro.) Except as provided in par. (b), the department shall file a claim against the estate of a recipient<u>, and against the estate of a nonrecipient</u>

surviving spouse, for all of the following, subject to the exclusion of any amounts under the Long–Term Care Partnership Program established under s. 49.45 (31), unless already recovered by the department under this section:

***–0617/2.23*SECTION 1186.** 49.496 (3) (a) 2. a. of the statutes is amended to read:

49.496 **(3)** (a) 2. a. Home–based or community–based services under 42 USC 1396d (a) (7) and (8) ~~and under any waiver granted under 42 USC 1396n (c) (4) (B) or 42 USC 1396u~~.

***–0617/2.24*SECTION 1187.** 49.496 (3) (a) 2. am. of the statutes is created to read:

49.496 **(3)** (a) 2. am. All services provided to an individual while the individual is participating in a long–term care program.

***–0617/2.25*SECTION 1188.** 49.496 (3) (a) 2. b. of the statutes is repealed.

***–0617/2.26*SECTION 1189.** 49.496 (3) (a) 2. c. of the statutes is repealed.

***–0617/2.27*SECTION 1190.** 49.496 (3) (ad) of the statutes is created to read:

49.496 **(3)** (ad) The amount the department may claim against an estate of a recipient, or an estate of a nonrecipient surviving spouse, for services that are described under par. (a) 2. am. and that are provided by a managed long–term care program funded by capitated payments is equal to the amount of the capitated payment for the recipient.

***–0617/2.28*SECTION 1191.** 49.496 (3) (aj) of the statutes is created to read:

49.496 **(3)** (aj) 1. Property that is subject to the department's claim under par. (a) in the estate of a recipient or in the estate of a nonrecipient surviving spouse is all property of a decedent that is included in the estate.

2. There is a presumption, which may be rebutted by clear and convincing evidence, that all property in the estate of a nonrecipient surviving spouse was marital property held with the recipient and that 100 percent of the property in the estate of the nonrecipient surviving spouse is subject to the department's claim under par. (a).

***–0617/2.29*SECTION 1192.** 49.496 (3) (am) (intro.) of the statutes is amended to read:

49.496 **(3)** (am) (intro.) The court shall reduce the amount of a claim under par. (a) by up to the amount specified in s. 861.33 (2) if necessary to allow the ~~recipient's~~ decedent's heirs or the beneficiaries of the ~~recipient's~~ decedent's will to retain the following personal property:

***–0617/2.30*SECTION 1193.** 49.496 (3) (c) 1. of the statutes is amended to read:

49.496 **(3)** (c) 1. If the department's claim is not allowable because of par. (b) and the estate includes an interest in any real property, including a home, the court exercising probate jurisdiction shall, in the final judgment or summary findings and order, assign the interest in the ~~home~~ real property subject to a lien in favor of the department for the amount described in par. (a). The personal representative or petitioner for summary settlement or summary assignment of the estate shall record the final judgment as provided in s. 863.29, 867.01 (3) (h), or 867.02 (2) (h).

***–0617/2.31*SECTION 1194.** 49.496 (3) (c) 2. of the statutes is amended to read:

49.496 **(3)** (c) 2. If the department's claim is not allowable because of par. (b), the estate includes an interest in any real property, including a home, and the personal representative closes the estate by sworn statement under s. 865.16, the personal representative shall stipulate in the statement that the ~~home~~ real property is assigned subject to a lien in favor of the department for the amount described in