

Section
G
cont.

1 *~~1186/4.33~~* SECTION 1357. 49.36 (2) of the statutes is amended to read:

2 49.36 (2) The department may contract with any county or Wisconsin works
3 agency to administer a work experience and job training program for parents who
4 are not custodial parents and who fail to pay child support or to meet their children's
5 needs for support as a result of unemployment or underemployment. The program
6 may provide the kinds of work experience and job training services available from
7 the program under s. 49.193, 1997 stats., or s. 49.147 (3) or (4). The program may
8 also include job search and job orientation activities. The department shall fund the
9 program from the appropriation under s. 20.445 (3) (dz).

10 *~~1186/4.34~~* SECTION 1358. 49.36 (3) (g) of the statutes is repealed.

11 *~~0786/2.1~~* SECTION 1359. 49.36 (7) of the statutes is amended to read:

12 49.36 (7) The department shall pay a county or Wisconsin works agency \$200
13 \$400 for each person who participates in the program under this section in the region
14 in which the county or Wisconsin works agency administers the program under this
15 section. The county or Wisconsin works agency shall pay any additional costs of the
16 program.

17 *~~0702/9.49~~* SECTION 1360. 49.37 of the statutes is repealed.

18 *~~0266/3.2~~* SECTION 1361. 49.43 (8) of the statutes is amended to read:

19 49.43 (8) "Medical assistance" means any services or items under ss. 49.45 to
20 49.47 49.472, except s. 49.472 (6), and under ss. 49.49 to 49.497, or any payment or
21 reimbursement made for such services or items.

22 *~~b0486/1.1~~* SECTION 1361v. 49.45 (2) (a) 3. of the statutes is amended to read:

23 49.45 (2) (a) 3. Determine the eligibility of persons for medical assistance,
24 rehabilitative and social services under ss. 49.46, 49.468 and 49.47 and rules and
25 policies adopted by the department and may designate this function to the county

1 department under s. 46.215, 46.22 or 46.23 or, to the extent permitted by federal law
2 or a waiver from federal secretary of health and human services, to a Wisconsin
3 works agency. Any person who determines eligibility for medical assistance in a
4 location other than in an office of the department or of a county department of human
5 services or of social services shall be permitted to review and update information on
6 existing records of an individual who is seeking from that person an eligibility
7 determination for medical assistance, even if the individual's case was assigned to
8 a different person as a result of the individual's seeking or receiving other public
9 assistance.

10 ***-0028/7.45*** SECTION 1362. 49.45 (2) (a) 4. of the statutes is amended to read:

11 49.45 (2) (a) 4. To the extent funds are available under s. 20.435 ~~(1)~~ (4) (bm),
12 certify all proper charges and claims for administrative services to the department
13 of administration for payment and the department of administration shall draw its
14 warrant forthwith.

15 ***-0028/7.46*** SECTION 1371. 49.45 (2) (a) 17. of the statutes is amended to read:

16 49.45 (2) (a) 17. Notify the governor, the joint committee on legislative
17 organization, the joint committee on finance and appropriate standing committees,
18 as determined by the presiding officer of each house, if the appropriation under s.
19 20.435 ~~(5)~~ (4) (b) is insufficient to provide the state share of medical assistance.

20 ***b0583/4.3*** SECTION 1373v. 49.45 (3) (a) of the statutes is amended to read:

21 49.45 (3) (a) Reimbursement shall be made to each county department under
22 ss. 46.215, 46.22 and 46.23 for the administrative services performed in the medical
23 assistance program ~~on the basis of s. 49.33 (8)~~ according to a formula based on
24 workload. For purposes of reimbursement under this paragraph, assessments

1 completed under s. 46.27 (6) (a) are administrative services performed in the medical
2 assistance program.

3 ***-0030/2.71* SECTION 1374.** 49.45 (3) (ag) of the statutes is amended to read:

4 49.45 (3) (ag) Reimbursement shall be made to each entity contracted with
5 under s. ~~46.271 (2m)~~ 46.281 (1) (d) for ~~assessments completed functional screens~~
6 performed under s. ~~46.271 (2m) (a) 2.~~ 46.281 (1) (d).

7 ***-0028/7.47* SECTION 1375.** 49.45 (3) (am) 1. of the statutes is amended to
8 read:

9 49.45 (3) (am) 1. From the appropriation under s. 20.435 ~~(1)~~ (4) (bm), the
10 department shall make incentive payments to counties to encourage counties to
11 identify medical assistance applicants and recipients who have other health care
12 coverage and the providers of the health care coverage and give that information to
13 the department.

14 ***b0492/2.1* SECTION 1376m.** 49.45 (3) (fm) of the statutes is created to read:

15 49.45 (3) (fm) The department shall seek, on behalf of dentists who are
16 providers, federal reimbursement for the cost of any equipment that the department
17 requires dentists to use to verify medical assistance eligibility electronically. If the
18 department is successful in obtaining federal reimbursement of that expense, the
19 department shall reimburse dentists who are providers for the portion of the cost of
20 the equipment that is reimbursed by the federal government.

21 ***-0028/7.48* SECTION 1381.** 49.45 (3) (j) of the statutes is amended to read:

22 49.45 (3) (j) Reimbursement for administrative contract costs under this
23 section is limited to the funds available under s. 20.435 ~~(1)~~ (4) (bm).

24 ***-0264/3.1* SECTION 1382.** 49.45 (5m) (a) of the statutes is renumbered 49.45
25 (5m) (am) and amended to read:

1 49.45 (5m) (am) Notwithstanding sub. (3) (e), from the appropriations under
2 s. 20.435 (5) (4) (b) and (o) the department shall distribute not more than \$2,256,000
3 in each fiscal year, to provide supplemental funds to rural hospitals that, as
4 determined by the department, have high utilization of inpatient services by
5 patients whose care is provided from governmental sources, and to provide
6 supplemental funds to critical access hospitals, except that the department may not
7 distribute funds to a rural hospital or to a critical access hospital to the extent that
8 the distribution would exceed any limitation under 42 USC 1396b (i) (3).

9 ***-0264/3.2*** **SECTION 1383.** 49.45 (5m) (ag) of the statutes is created to read:

10 49.45 (5m) (ag) In this subsection, “critical access hospital” has the meaning
11 given in s. 50.33 (1g).

12 ***-0264/3.3*** **SECTION 1384.** 49.45 (5m) (b) of the statutes is amended to read:

13 49.45 (5m) (b) The supplemental funding for rural hospitals under par. ~~(a)~~ (am)
14 shall be based on the utilization, by recipients of medical assistance, of the total
15 inpatient days of a rural hospital in relation to that utilization in other rural
16 hospitals.

17 ***-0328/1.1*** **SECTION 1385.** 49.45 (6b) (intro.) of the statutes is renumbered

18 49.45 (6b) and amended to read:

19 49.45 (6b) **CENTERS FOR THE DEVELOPMENTALLY DISABLED.** From the
20 appropriation under s. 20.435 (2) (gk), the department may reimburse the cost of
21 services provided by the centers for the developmentally disabled. Reimbursement
22 to the centers for the developmentally disabled shall be reduced following each
23 placement made under s. 46.275 ~~which~~ that involves a relocation from a center for
24 the developmentally disabled, as follows: by \$184 per day, beginning in fiscal year
25 1999-2000, and by \$190 per day, beginning in fiscal year 2000-01.

1 *~~0328/1.2~~* SECTION 1386. 49.45 (6b) (a) of the statutes is repealed.

2 *~~0328/1.3~~* SECTION 1387. 49.45 (6b) (b) of the statutes is repealed.

3 *~~0328/1.4~~* SECTION 1388. 49.45 (6b) (c) of the statutes is repealed.

4 *~~0028/7.49~~* SECTION 1389. 49.45 (6m) (ag) (intro.) of the statutes is amended
5 to read:

6 49.45 (6m) (ag) (intro.) Payment for care provided in a facility under this
7 subsection made under s. 20.435 ~~(1) (p) or (5) (b)~~ (4) (b), (pa) or (o) shall, except as
8 provided in pars. (bg), (bm) and (br), be determined according to a prospective
9 payment system updated annually by the department. The payment system shall
10 implement standards that are necessary and proper for providing patient care and
11 that meet quality and safety standards established under subch. II of ch. 50 and ch.
12 150. The payment system shall reflect all of the following:

13 *~~b0511/3.2~~* SECTION 1390b. 49.45 (6m) (ag) 3m. of the statutes is amended to
14 read:

15 49.45 (6m) (ag) 3m. For state fiscal year ~~1997-98~~ 1999-2000, rates that shall
16 be set by the department based on information from cost reports for the ~~1996~~ 1998
17 fiscal year of the facility and for state fiscal year ~~1998-99~~ 2000-01, rates that shall
18 be set by the department based on information from cost reports for the ~~1997~~ 1999
19 fiscal year of the facility.

20 *~~1756/2.2~~* SECTION 1391. 49.45 (6m) (ag) 8. of the statutes is repealed.

21 *~~1756/2.3~~* SECTION 1392. 49.45 (6m) (ar) 1. a. of the statutes is amended to
22 read:

23 49.45 (6m) (ar) 1. a. The department shall establish standards for payment of
24 allowable direct care costs, for facilities that do not primarily serve the
25 developmentally disabled, that are ~~not less than the median for~~ take into account

1 direct care costs for a sample of all of those facilities in this state and separate
2 standards for payment of allowable direct care costs, for facilities that primarily
3 serve the developmentally disabled, that ~~are not less than the median for take into~~
4 account direct care costs for a sample of all of those facilities in this state. The
5 standards shall be adjusted by the department for regional labor cost variations.

6 ***-1756/2.4* SECTION 1393.** 49.45 (6m) (ar) 1. cm. of the statutes is amended
7 to read:

8 49.45 (6m) (ar) 1. cm. ~~Notwithstanding the limitations under par. (ag) 8.,~~
9 Funding distributed to facilities for the provision of active treatment to
10 residents with a diagnosis of developmental disability shall be distributed in
11 accordance with a method developed by the department which is consistent with a
12 prudent buyer approach to payment for services.

13 ***-1756/2.5* SECTION 1394.** 49.45 (6m) (ar) 2. a. of the statutes is amended to
14 read:

15 49.45 (6m) (ar) 2. a. The department shall establish one or more standards for
16 the payment of support service costs that ~~are not less than the median of take into~~
17 account support service costs for a sample of all facilities within the state.

18 ***-1756/2.6* SECTION 1395.** 49.45 (6m) (ar) 3. a. of the statutes is amended to
19 read:

20 49.45 (6m) (ar) 3. a. The department shall establish standards, adjusted for
21 heating degree day variations in the state, for payment of fuel and utility costs that
22 ~~are not less than the median of take into account~~ heating fuel and utility costs for a
23 sample of all facilities within the state.

24 ***-1756/2.7* SECTION 1396.** 49.45 (6m) (ar) 4. of the statutes is amended to read:

1 49.45 (6m) (ar) 4. For net property taxes or municipal services, payment shall
2 be made for ~~these costs that range from~~ the amount of the previous calendar year's
3 tax or the amount of municipal service costs for a period specified by the department,
4 subject to a maximum limit as determined by the department.

5 *~~1756/2.8~~* **SECTION 1397.** 49.45 (6m) (ar) 5. a. of the statutes is amended to
6 read:

7 49.45 (6m) (ar) 5. a. The department shall establish one or more standards for
8 the payment of administrative and general costs that ~~are not less than the median~~
9 of take into account administrative and general costs for a sample of all facilities
10 within the state.

11 *~~1756/2.9~~* **SECTION 1398.** 49.45 (6m) (ar) 6. of the statutes is amended to read:

12 49.45 (6m) (ar) 6. Capital payment shall be based on a replacement value for
13 a facility. The replacement value shall be determined by a commercial estimator
14 contracted for by the department and paid for by the facility. The replacement value
15 shall be subject to limitations determined by the department, ~~except that the~~
16 ~~department may not reduce final capital payment of a facility by more than \$3.50 per~~
17 ~~patient day.~~

18 *~~1756/2.10~~* **SECTION 1399.** 49.45 (6m) (av) 1. of the statutes is amended to
19 read:

20 49.45 (6m) (av) 1. The department shall calculate a payment rate for a facility
21 by applying the criteria set forth under pars. (ag) 1. to 5., and 7. ~~and 8.~~, (am) 1. to 5.
22 and (ar) 1. to 5. to information from cost reports submitted by the facility.

23 *~~1756/2.11~~* **SECTION 1400.** 49.45 (6m) (av) 5m. of the statutes is amended to
24 read:

1 49.45 (6m) (av) 5m. ~~Notwithstanding the limitations under par. (ag) 8., the~~ The
2 rate under subd. 1., 4. or 5. may be adjusted by the department to reflect payments
3 for the provision of active treatment to facility residents with a diagnosis of
4 developmental disability.

5 *~~1756/2.12~~* SECTION 1401. 49.45 (6m) (bp) (intro.) of the statutes is amended
6 to read:

7 49.45 (6m) (bp) (intro.) Notwithstanding pars. ~~(ag) 3m.,~~ (am) 6. and (ar) 6., the
8 department may establish payment methods based on actual costs for capital
9 payment for a facility to which, after December 31, 1982, any of the following applies:

10 *~~0027/5.31~~* SECTION 1402. 49.45 (6m) (br) 1. of the statutes is amended to
11 read:

12 49.45 (6m) (br) 1. Notwithstanding s. 20.410 (3) (cd), 20.435 ~~(5) (4)~~ (bt) ~~or (bu)~~
13 or (7) (b) or 20.445 (3) (dz), the department shall reduce allocations of funds to
14 counties in the amount of the disallowance from the appropriation account under s.
15 20.435 ~~(5) (4)~~ (bt) ~~or (bu)~~ or (7) (b), or the department shall direct the department of
16 workforce development to reduce allocations of funds to counties or Wisconsin works
17 agencies in the amount of the disallowance from the appropriation account under s.
18 20.445 (3) (dz) or direct the department of corrections to reduce allocations of funds
19 to counties in the amount of the disallowance from the appropriation account under
20 s. 20.410 (3) (cd), in accordance with s. 16.544 to the extent applicable.

21 *~~0030/2.72~~* SECTION 1403. 49.45 (6m) (c) 5. of the statutes is amended to
22 read:

23 49.45 (6m) (c) 5. Admit only patients assessed or who waive or are exempt from
24 the requirement of assessment under s. 46.27 (6) (a) or, if required under s. 50.035
25 (4n) or 50.04 (2h), who have been referred to a resource center.

1 ***-0028/7.50*** SECTION 1404. 49.45 (6t) (intro.) of the statutes is amended to
2 read:

3 49.45 (6t) COUNTY DEPARTMENT AND LOCAL HEALTH DEPARTMENT OPERATING
4 DEFICIT REDUCTION. (intro.) From the appropriation under s. 20.435 ~~(5)~~ (4) (o), for
5 reduction of operating deficits, as defined under criteria developed by the
6 department, incurred by a county department under s. 46.215, 46.22, 46.23 or 51.42
7 or by a local health department, as defined in s. 250.01 (4), for services provided
8 under s. 49.46 (2) (a) 4. d. and (b) 6. f., j., k. and L., 9. and 15., for case management
9 services under s. 49.46 (2) (b) 12. and for mental health day treatment services for
10 minors provided under the authorization under 42 USC 1396d (r) (5), the department
11 shall allocate up to \$4,500,000 in each fiscal year to these county departments, or
12 local health departments as determined by the department, and shall perform all of
13 the following:

14 ***-0028/7.51*** SECTION 1405. 49.45 (6t) (d) of the statutes is amended to read:

15 49.45 (6t) (d) If the federal department of health and human services approves
16 for state expenditure in a fiscal year amounts under s. 20.435 ~~(5)~~ (4) (o) that result
17 in a lesser allocation amount than that allocated under this subsection or disallows
18 use of the allocation of federal medicaid funds under par. (c), reduce allocations under
19 this subsection and distribute on a prorated basis, as determined by the department.

20 ***-1756/2.13*** SECTION 1406. 49.45 (6u) (intro.) of the statutes is amended to
21 read:

22 49.45 (6u) SUPPLEMENTAL PAYMENTS TO CERTAIN FACILITIES. (intro.)
23 Notwithstanding sub. (6m), from the appropriation under s. 20.435 ~~(5)~~ (4) (o), for
24 reduction of operating deficits, as defined under criteria developed by the
25 department, incurred by a facility, as defined under sub. (6m) (a) 3., that is

1 established under s. 49.70 (1) or that is owned and operated by a city, village or town,
2 the department may not distribute to these facilities more than \$38,600,000 in each
3 fiscal year, as determined by the department, except that the department shall also
4 distribute for this same purpose from the appropriation under s. 20.435 ~~(5)~~ (4) (o) any
5 additional federal medical assistance moneys that were not anticipated before
6 enactment of the biennial budget act or other legislation affecting s. 20.435 ~~(5)~~ (4) (o)
7 ~~and that were not used to fund nursing home rate increases under sub. (6m) (ag) 8.~~
8 The total amount that a county certifies under this subsection may not exceed 100%
9 of otherwise-unreimbursed care. In distributing funds under this subsection, the
10 department shall perform all of the following:

11 ***-0028/7.52* SECTION 1407.** 49.45 (6u) (d) of the statutes is amended to read:

12 49.45 (6u) (d) If the federal department of health and human services approves
13 for state expenditure in a fiscal year amounts under s. 20.435 ~~(5)~~ (4) (o) that result
14 in a lesser allocation amount than that allocated under this subsection, allocate not
15 more than the lesser amount so approved by the federal department of health and
16 human services.

17 ***-0028/7.53* SECTION 1408.** 49.45 (6u) (e) of the statutes is amended to read:

18 49.45 (6u) (e) If the federal department of health and human services approves
19 for state expenditure in a fiscal year amounts under s. 20.435 ~~(5)~~ (4) (o) that result
20 in a lesser allocation amount than that allocated under this subsection, submit a
21 revision of the method developed under par. (b) for approval by the joint committee
22 on finance in that state fiscal year.

23 ***-1060/3.1* SECTION 1409.** 49.45 (6v) (b) of the statutes is amended to read:

24 49.45 (6v) (b) The department shall, each year, submit to the joint committee
25 on finance a report for the previous fiscal year, except for the 1997–98 fiscal year, that

1 provides information on the utilization of beds by recipients of medical assistance in
2 facilities and a discussion and detailed projection of the likely balances,
3 expenditures, encumbrances and carry over of currently appropriated amounts in
4 the appropriation accounts under s. 20.435 (4) (b) and (o).

5 ***-1060/3.2* SECTION 1410.** 49.45 (6v) (c) of the statutes is amended to read:

6 49.45 (6v) (c) If the report specified in par. (b) indicates that utilization of beds
7 by recipients of medical assistance in facilities decreased is less than estimates for
8 that utilization reflected in the intentions of the joint committee on finance,
9 legislature and governor, as expressed by them in the budget determinations, the
10 department shall include a proposal to transfer moneys from the appropriation
11 under s. 20.435 (5) (4) (b) to the appropriation under s. 20.435 (7) (bd) for the purpose
12 of increasing funding for the community options program under s. 46.27. The
13 amount proposed for transfer may not reduce the balance in the appropriation
14 account under s. 20.435 (4) (b) below an amount necessary to ensure that that
15 appropriation account will end the current fiscal year or the current fiscal biennium
16 with a positive balance. The secretary shall transfer the amount identified under the
17 proposal.

18 ***-0028/7.54* SECTION 1411.** 49.45 (6w) (intro.) of the statutes is amended to
19 read:

20 49.45 (6w) HOSPITAL OPERATING DEFICIT REDUCTION. (intro.) From the
21 appropriation under s. 20.435 (5) (4) (o), for reduction of operating deficits, as defined
22 under criteria developed by the department, incurred by a hospital, as defined under
23 s. 50.33 (2) (a) and (b), that is operated by the state, established under s. 49.71 or
24 owned and operated by a city or village, the department shall allocate up to

1 \$3,300,000 in each fiscal year to these hospitals, as determined by the department,
2 and shall perform all of the following:

3 *~~0028/7.55~~* **SECTION 1412.** 49.45 (6w) (d) of the statutes is amended to read:

4 49.45 (6w) (d) If the federal department of health and human services approves
5 for state expenditure in a fiscal year amounts under s. 20.435 (~~5~~) (4) (o) that result
6 in a lesser allocation amount than that allocated under this subsection or disallows
7 use of the allocation of federal medicaid funds under par. (c), reduce allocations under
8 this subsection and distribute on a prorated basis, as determined by the department.

9 *~~0028/7.56~~* **SECTION 1413.** 49.45 (6x) (a) of the statutes is amended to read:

10 49.45 (6x) (a) Notwithstanding sub. (3) (e), from the appropriations under s.
11 20.435 (~~5~~) (4) (b) and (o) the department shall distribute not more than \$4,748,000
12 in each fiscal year, to provide funds to an essential access city hospital, except that
13 the department may not allocate funds to an essential access city hospital to the
14 extent that the allocation would exceed any limitation under 42 USC 1396b (i) (3).

15 *~~0028/7.57~~* **SECTION 1414.** 49.45 (6x) (d) of the statutes is amended to read:

16 49.45 (6x) (d) If the federal department of health and human services approves
17 for state expenditure in any state fiscal year amounts under s. 20.435 (~~5~~) (4) (o) that
18 result in a lesser distribution amount than that distributed under this subsection or
19 disallows use of federal medicaid funds under par. (a), the department of health and
20 family services shall reduce the distributions under this subsection.

21 *~~0028/7.58~~* **SECTION 1415.** 49.45 (6y) (a) of the statutes is amended to read:

22 49.45 (6y) (a) Notwithstanding sub. (3) (e), from the appropriations under s.
23 20.435 (~~5~~) (4) (b) and (o) the department shall distribute funding in each fiscal year
24 to provide supplemental payment to hospitals that enter into a contract under s.
25 49.02 (2) to provide health care services funded by a relief block grant, as determined

1 by the department, for hospital services that are not in excess of the hospitals'
2 customary charges for the services, as limited under 42 USC 1396b (i) (3). If no relief
3 block grant is awarded under this chapter or if the allocation of funds to such
4 hospitals would exceed any limitation under 42 USC 1396b (i) (3), the department
5 may distribute funds to hospitals that have not entered into a contract under s. 49.02
6 (2).

7 ***-1393/3.3* SECTION 1416.** 49.45 (6y) (am) of the statutes is created to read:

8 49.45 (6y) (am) Notwithstanding sub. (3) (e), from the appropriations under s.
9 20.435 (4) (b), (h) and (o) the department shall distribute funding in each fiscal year
10 to provide supplemental payments to hospitals that enter into contracts under s.
11 49.02 (2) with a county having a population of 500,000 or more to provide health care
12 services funded by a relief block grant, as determined by the department, for hospital
13 services that are not in excess of the hospitals' customary charges for the services,
14 as limited under 42 USC 1396b (i) (3).

15 ***-1393/3.4* SECTION 1417.** 49.45 (6y) (b) of the statutes is amended to read:

16 49.45 (6y) (b) The department need not promulgate as rules under ch. 227 the
17 procedures, methods of distribution and criteria required for distribution under ~~par.~~
18 pars. (a) and (am).

19 ***-0028/7.59* SECTION 1418.** 49.45 (6z) (a) (intro.) of the statutes is amended
20 to read:

21 49.45 (6z) (a) (intro.) Notwithstanding sub. (3) (e), from the appropriations
22 under s. 20.435 (5) (4) (b) and (o) the department shall distribute funding in each
23 fiscal year to supplement payment for services to hospitals that enter into a contract
24 under s. 49.02 (2) to provide health care services funded by a relief block grant under
25 this chapter, if the department determines that the hospitals serve a

1 disproportionate number of low-income patients with special needs. If no medical
2 relief block grant under this chapter is awarded or if the allocation of funds to such
3 hospitals would exceed any limitation under 42 USC 1396b (i) (3), the department
4 may distribute funds to hospitals that have not entered into a contract under s. 49.02
5 (2). The department may not distribute funds under this subsection to the extent
6 that the distribution would do any of the following:

7 ***-0028/7.60* SECTION 1419.** 49.45 (8) (b) of the statutes is amended to read:

8 49.45 (8) (b) Reimbursement under s. 20.435 (5) (4) (b) and (o) for home health
9 services provided by a certified home health agency or independent nurse shall be
10 made at the home health agency's or nurse's usual and customary fee per patient care
11 visit, subject to a maximum allowable fee per patient care visit that is established
12 under par. (c).

13 ***b0490/3.1* SECTION 1424m.** 49.45 (22) of the statutes is amended to read:

14 49.45 (22) MEDICAL ASSISTANCE SERVICES PROVIDED BY HEALTH MAINTENANCE
15 ORGANIZATIONS. If the department contracts with health maintenance organizations
16 for the provision of medical assistance it shall give special consideration to health
17 maintenance organizations that provide or that contract to provide comprehensive,
18 specialized health care services to pregnant teenagers. If the department contracts
19 with health maintenance organizations for the provision of medical assistance, the
20 department shall include in the contract a lead screening performance standard that
21 requires the health maintenance organization to provide annually at least one lead
22 blood test to at least 65% of the children ages 1 to 5 years who have been enrolled in
23 the health maintenance organization for at least 6 months during the applicable
24 year. The department shall specify in the contract financial penalties for failure to
25 meet the lead screening performance standard.

1 ***-0028/7.61* SECTION 1426.** 49.45 (24m) (intro.) of the statutes is amended to
2 read:

3 49.45 (24m) HOME HEALTH CARE AND PERSONAL CARE PILOT PROGRAM. (intro.)
4 From the appropriations under s. 20.435 ~~(5)~~ (4) (b) and (c), in order to test the
5 feasibility of instituting a system of reimbursement for providers of home health care
6 and personal care services for medical assistance recipients that is based on
7 competitive bidding, the department shall:

8 ***b0483/3.5* SECTION 1427g.** 49.45 (39) (a) 1. of the statutes is amended to read:
9 49.45 (39) (a) 1. "School" means a public school described under s. 115.01 (1)
10 ~~or~~, a charter school, as defined in s. 115.001 (1), the Wisconsin School for the Visually
11 Handicapped or the Wisconsin School for the Deaf. It includes school-operated early
12 childhood programs for developmentally delayed and disabled 4-year-old and
13 5-year-old children.

14 ***b0483/3.5* SECTION 1427h.** 49.45 (39) (am) of the statutes is amended to read:
15 49.45 (39) (am) *Plan amendment.* No later than September 30, 1995, the
16 department shall submit to the federal department of health and human services an
17 amendment to the state medical assistance plan to permit the application of pars. (b)
18 ~~to~~ and (c). If the amendment to the state plan is approved, school districts ~~and~~,
19 cooperative educational service agencies and the department of public instruction on
20 behalf of the Wisconsin School for the Visually Handicapped and the Wisconsin
21 School for the Deaf claim reimbursement under pars. (b) ~~to~~ and (c). Paragraphs (b)
22 ~~to~~ and (c) do not apply unless the amendment to the state plan is approved and in
23 effect. The department shall submit to the federal department of health and human
24 services an amendment to the state plan if necessary to permit the application of

1 pars. (b) and (c) to the Wisconsin School for the Visually Handicapped and the
2 Wisconsin School for the Deaf.

3 *b0483/3.5* SECTION 1427i. 49.45 (39) (b) of the statutes is amended to read:
4 49.45 (39) (b) *Payment for school medical services.* If a school district or a
5 cooperative educational service agency elects to provide school medical services and
6 meets all requirements under par. (c), the department shall reimburse the school
7 district or the cooperative educational service agency for 60% of the federal share of
8 allowable charges for the school medical services that it provides and for allowable
9 administrative costs. If the Wisconsin School for the Visually Handicapped or the
10 Wisconsin School for the Deaf elects to provide school medical services and meets all
11 requirements under par. (c), the department shall reimburse the department of
12 public instruction for 60% of the federal share of allowable charges for the school
13 medical services that the Wisconsin School for the Visually Handicapped or the
14 Wisconsin School for the Deaf provides and for allowable administrative costs. The
15 department shall promulgate rules establishing a methodology for making
16 reimbursements under this paragraph. All other expenses for the school medical
17 services provided by a school district or a cooperative educational service agency
18 shall be paid for by the school district or the cooperative educational service agency
19 with funds received from state or local taxes. The school district, the Wisconsin
20 School for the Visually Handicapped, the Wisconsin School for the Deaf or the
21 cooperative educational service agency shall comply with all requirements of the
22 federal department of health and human services for receiving federal financial
23 participation.

24 *-0315/4.1* SECTION 1428. 49.45 (46) of the statutes is created to read:

1 49.45 (46) ALCOHOL AND OTHER DRUG ABUSE RESIDENTIAL TREATMENT SERVICES. (a)
2 If a county, city, town or village elects to become certified as a provider of alcohol and
3 other drug abuse residential treatment services or to contract with a certified
4 provider to provide the services, the county, city, town or village may provide directly
5 or under contract alcohol and other drug abuse residential treatment services in
6 facilities with fewer than 16 beds under this subsection in the county, city, town or
7 village to medical assistance recipients through the medical assistance program. A
8 county, city, town or village that elects to provide or to contract for the services shall
9 pay the amount of the allowable charges for the services under the medical
10 assistance program that is not provided by the federal government. The department
11 shall reimburse the county, city, town or village under this subsection only for the
12 amount of the allowable charges for those services under the medical assistance
13 program that is provided by the federal government.

14 (b) This subsection does not apply after July 1, 2003.

15 ***-0321/6.1*** **SECTION 1429.** 49.45 (47) of the statutes is created to read:

16 49.45 (47) ADULT DAY CARE CENTERS. (a) In this subsection, “adult day care
17 center” means an entity that provides services for part of a day in a group setting to
18 adults who need an enriched health-supportive or social experience and who may
19 need assistance with activities of daily living, supervision or protection.

20 (b) No person may receive reimbursement under s. 46.27 (11) for the provision
21 of services to clients in an adult day care center unless the adult day care center is
22 certified by the department under sub. (2)(a) 11. as a provider of medical assistance.

23 (c) The biennial fee for the certification required under par. (b) of an adult day
24 care center is \$89, plus a biennial fee of \$17.80 per client, based on the number of

1 clients that the adult day care center is certified to serve. Fees collected under this
2 paragraph shall be credited to the appropriation account under s. 20.435 (6) (jm).

3 (d) The department, by rule, may increase any fee specified in par. (c).

4 ***-0263/2.1* SECTION 1430.** 49.453 (4) (title) of the statutes is amended to read:

5 49.453 (4) (title) IRREVOCABLE ANNUITIES, PROMISSORY NOTES AND SIMILAR
6 TRANSFERS.

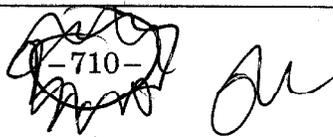
7 ***-0263/2.2* SECTION 1431.** 49.453 (4) (a) of the statutes is renumbered 49.453
8 (4) (a) (intro.) and amended to read:

9 49.453 (4) (a) (intro.) For the purposes of sub. (2), whenever a covered
10 individual or his or her spouse, or another person acting on behalf of the covered
11 individual or his or her spouse, transfers assets to an irrevocable annuity, or
12 transfers assets by promissory note or similar instrument, in an amount that exceeds
13 the expected value of the benefit, the covered individual or his or her spouse transfers
14 assets for less than fair market value. A transfer to an annuity, or a transfer by
15 promissory note or similar instrument, is not in excess of the expected value only if
16 all of the following are true:

17 ***-0263/2.3* SECTION 1432.** 49.453 (4) (a) 1. and 2. of the statutes are created
18 to read:

19 49.453 (4) (a) 1. a. The periodic payments back to the transferor include
20 principal and interest that, at the time that the transfer is made, is at least at one
21 of the following:

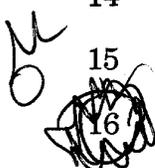
22 a. For an annuity, promissory note or similar instrument that is not specified
23 under subd. 1. b. or par. (am), the applicable federal rate required under section 1274
24 (d) of the Internal Revenue Code, as defined in s. 71.01 (6).

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1 b. For an annuity with a guaranteed life payment, the appropriate average of
2 the applicable federal rates based on the expected length of the annuity minus 1.5%.

3 2. The terms of the instrument provide for a payment schedule that includes
4 equal periodic payments, except that payments may be unequal if the interest
5 payments are tied to an interest rate and the inequality is caused exclusively by
6 fluctuations in that rate.

7 ***b0495/2.5* SECTION 1432g.** 49.453 (4) (am) of the statutes is created to read:
8 49.453 (4) (am) Paragraph (a) 1. does not apply to a variable annuity that is
9 tied to a mutual fund that is registered with the federal securities and exchange
10 commission.



11 ***-0263/2.4* SECTION 1433.** 49.453 (4) (c) of the statutes is amended to read:
12 49.453 (4) (c) The department shall promulgate rules specifying the method to
13 be used in calculating the expected value of the benefit, based on 26 CFR 1.72-1 to
14 1.72-18, and specifying the criteria for adjusting the expected value of the benefit
15 based on a medical condition diagnosed by a physician before the assets were
16 transferred to the annuity, or transferred by promissory note or similar instrument.
17 In calculating the amount of the divestment when a transfer to an annuity, or a
18 transfer by promissory note or similar instrument, is made, payments made to the
19 transferor in any year subsequent to the year in which the transfer was made shall
20 be discounted to the year in which the transfer was made by the applicable federal
21 rate specified under par. (a) on the date of the transfer.

22 ***b0483/3.6* SECTION 1433t.** 49.46 (1) (a) 1m. of the statutes is amended to
23 read:

24 49.46 (1) (a) 1m. Any pregnant woman who meets the ~~resource and~~ income
25 limits under s. 49.19 (4) (~~bm~~) and (es) and whose pregnancy is medically verified.

1 Eligibility continues to the last day of the month in which the 60th day after the last
2 day of the pregnancy falls.

3 ***b0483/3.6* SECTION 1433u.** 49.46 (1) (a) 12. of the statutes is amended to
4 read:

5 49.46 (1) (a) 12. Any child not described under subd. 1. who is under 19 years
6 of age and who meets the ~~resource and~~ income limits under s. 49.19 (4) (es).

7 ***b0591/3.69* SECTION 1433v.** 49.46 (1) (a) 14m. of the statutes is created to
8 read:

9 49.46 (1) (a) 14m. Any person who would meet the financial and other eligibility
10 requirements for home or community-based services under the family care benefit
11 but for the fact that the person engages in substantial gainful activity under 42 USC
12 1382c (a) (3), if a waiver under s. 46.281 (1) (c) is in effect or federal law permits
13 federal financial participation for medical assistance coverage of the person and if
14 funding is available for the person under the family care benefit.

15 ***-0261/2.1* SECTION 1434.** 49.46 (1p) of the statutes is created to read:

16 49.46 (1p) DEMONSTRATION PROJECT FOR PERSONS WITH HIV. The department
17 shall request a waiver from the secretary of the federal department of health and
18 human services to allow the department to provide under this section coverage of
19 services specified under sub. (2) (b) 17. for persons who have HIV infection, as defined
20 in s. 252.01 (2). If a waiver is granted and in effect, the department shall provide
21 coverage for the services specified under sub. (2) (b) 17. for persons who qualify under
22 the terms of the waiver.

23 ***b0483/3.7* SECTION 1434t.** 49.46 (2) (b) 1. (intro.) of the statutes is amended
24 to read:

1 49.46 (2) (b) 1. (intro.) Dentists' services, which, except as provided in s. 49.45
2 (24g), and except for dentists' services provided pursuant to a federal waiver to
3 individuals who have attained the age of 65, shall be provided on a fee-for-service
4 basis and limited to basic services within each of the following categories:

5 ***-0030/2.73*** SECTION 1435. 49.46 (2) (b) 8. of the statutes is amended to read:

6 49.46 (2) (b) 8. Home or community-based services, if provided under s. 46.27
7 (11), 46.275, 46.277 or 46.278 or under the family care benefit if a waiver is in effect
8 under s. 46.281 (1) (c).

9 ***-0261/2.2*** SECTION 1436. 49.46 (2) (b) 17. of the statutes is created to read:

10 49.46 (2) (b) 17. If a waiver under sub. (1p) is granted and in effect, clinical
11 evaluation services, as defined by the department, for persons who qualify for
12 coverage under sub. (1p).

13 ***-0315/4.2*** SECTION 1437. 49.46 (2) (b) 18. of the statutes is created to read:

14 49.46 (2) (b) 18. Alcohol or other drug abuse residential treatment services of
15 no more than 45 days per treatment episode, under s. 49.45 (46). This subdivision
16 does not apply after July 1, 2003.

17 ***-0030/2.74*** SECTION 1438. 49.47 (4) (as) 1. of the statutes is amended to read:

18 49.47 (4) (as) 1. The person would meet the financial and other eligibility
19 requirements for home or community-based services under s. 46.27 (11) or 46.277
20 or under the family care benefit if a waiver is in effect under s. 46.281 (1) (c) but for
21 the fact that the person engages in substantial gainful activity under 42 USC 1382c
22 (a) (3).

23 ***-0030/2.75*** SECTION 1439. 49.47 (4) (as) 3. of the statutes is amended to read:

24 49.47 (4) (as) 3. Funding is available for the person under s. 46.27 (11) or 46.277
25 or under the family care benefit if a waiver is in effect under s. 46.281 (1) (c).

1 ***-0266/3.3* SECTION 1440.** 49.472 of the statutes is created to read:

2 **49.472 Medical assistance purchase plan. (1) DEFINITIONS.** In this section:

3 (a) “Earned income” has the meaning given in 42 USC 1382a (a) (1).

4 (am) “Family” means an individual, the individual’s spouse and any dependent
5 child, as defined in s. 49.141 (1) (c), of the individual.

6 (b) “Health insurance” means surgical, medical, hospital, major medical or
7 other health service coverage, including a self-insured health plan, but does not
8 include hospital indemnity policies or ancillary coverages such as income
9 continuation, loss of time or accident benefits.

10 (c) “Independence account” means an account approved by the department that
11 consists solely of savings, and dividends or other gains derived from those savings,
12 from income earned from paid employment after the initial date that an individual
13 began receiving medical assistance under this section.

14 (d) “Medical assistance purchase plan” means medical assistance, eligibility for
15 which is determined under this section.

16 (e) “Unearned income” has the meaning given in 42 USC 1382a (a) (2).

17 **(2) WAIVERS AND AMENDMENTS.** The department shall submit to the federal
18 department of health and human services an amendment to the state medical
19 assistance plan, and shall request any necessary waivers from the secretary of the
20 federal department of health and human services, to permit the department to
21 expand medical assistance eligibility as provided in this section. If the state plan
22 amendment and all necessary waivers are approved and in effect, the department
23 shall implement the medical assistance eligibility expansion under this section not
24 later than January 1, 2000, or 3 months after full federal approval, whichever is
25 later.

1 (3) ELIGIBILITY. Except as provided in sub. (6) (a), an individual is eligible for
2 and shall receive medical assistance under this section if all of the following
3 conditions are met:

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4 (a) The individual's family's net income is less than 250% of the poverty line
5 for a family the size of the individual's family. In calculating the net income, the
6 department shall apply all of the exclusions specified under 42 USC 1382a (b).

7 (b) The individual's assets do not exceed \$15,000. In determining assets, the
8 department may not include assets that are excluded from the resource calculation
9 under 42 USC 1382b (a) or assets accumulated in an independence account. The
10 department may exclude, in whole or in part, the value of a vehicle used by the
11 individual for transportation to paid employment.

12 (c) The individual would be eligible for supplemental security income for
13 purposes of receiving medical assistance but for evidence of work, attainment of the
14 substantial gainful activity level, earned income and unearned income in excess of
15 the limit established under 42 USC 1396d (q) (2) (B) and (D).

16 (e) The individual is legally able to work in all employment settings without
17 a permit under s. 103.70.

18 (f) The individual maintains premium payments calculated by the department
19 in accordance with sub. (4), unless the individual is exempted from premium
20 payments under sub. (4) (b) or (5).

21 (g) The individual is engaged in gainful employment or is participating in a
22 program that is certified by the department to provide health and employment
23 services that are aimed at helping the individual achieve employment goals.

24 (h) The individual meets all other requirements established by the department
25 by rule.

1 (4) PREMIUMS. (a) Except as provided in par. (b) and sub. (5), an individual who
2 is eligible for medical assistance under sub. (3) and receives medical assistance shall
3 pay a monthly premium to the department. The department shall establish the
4 monthly premiums by rule in accordance with the following guidelines:

5 1. The premium for any individual may not exceed the sum of the following:

6 a. Three and one-half percent of the individual's earned income after the
7 disregards specified in subd. 2m.

8 b. One hundred percent of the individual's unearned income after the
9 deductions specified in subd. 2.

10 2. In determining an individual's unearned income under subd. 1., the
11 department shall disregard all of the following:

12 a. A maintenance allowance established by the department by rule. The
13 maintenance allowance may not be less than the sum of \$20, the federal
14 supplemental security income payment level determined under 42 USC 1382 (b) and
15 the state supplemental payment determined under s. 49.77 (2m).

16 b. Medical and remedial expenses and impairment-related work expenses.

17 2m. If the disregards under subd. 2. exceed the unearned income against which
18 they are applied, the department shall disregard the remainder in calculating the
19 individual's earned income.

20 3. The department may reduce the premium by 25% for an individual who is
21 covered by private health insurance.

22 (b) The department may waive monthly premiums that are calculated to be
23 below \$10 per month. The department may not assess a monthly premium for any
24 individual whose income level, after adding the individual's earned income and
25 unearned income, is below 150% of the poverty line.

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

5 (6) INSURED PERSONS. (a) Notwithstanding sub. (4) (a) 3., from the
6 appropriation under s. 20.435 (4) (b), the department shall, on the part of an
7 individual who is eligible for medical assistance under sub. (3), pay premiums for or
8 purchase individual coverage offered by the individual's employer if the department
9 determines that paying the premiums for or purchasing the coverage will not be more
10 costly than providing medical assistance.

11 (b) If federal financial participation is available, from the appropriation under
12 s. 20.435 (4) (b), the department may pay medicare Part A and Part B premiums for
13 individuals who are eligible for medicare and for medical assistance under sub. (3).

14 (7) DEPARTMENT DUTIES. The department shall do all of the following:

15 (a) Determine eligibility, or contract with a county department, as defined in
16 49.45 (6c) (a) 3., or with a tribal governing body to determine eligibility, of individuals
17 for the medical assistance purchase plan in accordance with sub. (3).

18 (b) Ensure, to the extent practicable, continuity of care for a medical assistance
19 recipient under this section who is engaged in paid employment, or is enrolled in a
20 home-based or community-based waiver program under section 1915 (c) of the
21 Social Security Act, and who becomes ineligible for medical assistance.

22 *~~0028/7.62~~* SECTION 1441. 49.475 (5) of the statutes is amended to read:

23 49.475 (5) REIMBURSEMENT OF COSTS. From the appropriations under s. 20.435
24 ~~(1) (4)~~ (bm) and ~~(p) (pa)~~, the department shall reimburse an insurer that provides
25 information under this section for the insurer's reasonable costs incurred in

1 providing the requested information, including its reasonable costs, if any, to develop
2 and operate automated systems specifically for the disclosure of information under
3 this section.

4 ***-1295/2.5* SECTION 1444.** 49.496 (2) (title) of the statutes is amended to read:
5 49.496 (2) (title) LIENS ON THE HOMES OF NURSING HOME RESIDENTS AND INPATIENTS
6 AT HOSPITALS.

7 ***-1295/2.6* SECTION 1445.** 49.496 (2) (a) of the statutes is amended to read:
8 49.496 (2) (a) Except as provided in par. (b), the department may obtain a lien
9 on a recipient's home if the recipient resides in a nursing home, or if the recipient
10 resides in a hospital and is required to contribute to the cost of care, and the recipient
11 cannot reasonably be expected to be discharged from the nursing home or hospital
12 and return home. The lien is for the amount of medical assistance paid on behalf of
13 the recipient while the recipient resides in a nursing home that is recoverable under
14 sub. (3) (a).

15 ***-1295/2.7* SECTION 1446.** 49.496 (2) (b) 3. of the statutes is amended to read:
16 49.496 (2) (b) 3. The recipient's sibling who has an ownership interest in the
17 home and who has lived in the home continuously beginning at least 12 months
18 before the recipient was admitted to the nursing home or hospital.

19 ***-1295/2.8* SECTION 1447.** 49.496 (2) (c) 1. of the statutes is amended to read:
20 49.496 (2) (c) 1. Notify the recipient in writing of its determination that the
21 recipient cannot reasonably be expected to be discharged from the nursing home or
22 hospital, its intent to impose a lien on the recipient's home and the recipient's right
23 to a hearing on whether the requirements for the imposition of a lien are satisfied.

24 ***-1295/2.9* SECTION 1448.** 49.496 (2) (f) 3. of the statutes is amended to read:

1 49.496 (2) (f) 3. A child of any age who resides in the home, if that child resided
2 in the home for at least 24 months before the recipient was admitted to the nursing
3 home or hospital and provided care to the recipient that delayed the recipient's
4 admission to the nursing home or hospital.

5 ***-1295/2.10*** SECTION 1449. 49.496 (2) (f) 4. of the statutes is amended to read:

6 49.496 (2) (f) 4. A sibling who resides in the home, if the sibling resided in the
7 home for at least 12 months before the recipient was admitted to the nursing home
8 or hospital.

9 ***-1295/2.11*** SECTION 1450. 49.496 (2) (h) of the statutes is amended to read:

10 49.496 (2) (h) The department shall file a release of a lien imposed under this
11 subsection if the recipient is discharged from the nursing home or hospital and
12 returns to live in the home.

13 ***-1295/2.12*** SECTION 1451. 49.496 (3) (a) (intro.) of the statutes is amended
14 to read:

15 49.496 (3) (a) (intro.) Except as provided in par. (b), the department shall file
16 a claim against the estate of a recipient ~~or against the estate of the surviving spouse~~
17 ~~of a recipient~~ for all of the following unless already recovered by the department
18 under this section:

19 ***-1295/2.13*** SECTION 1452. 49.496 (3) (a) 1. of the statutes is amended to read:

20 49.496 (3) (a) 1. The amount of medical assistance paid on behalf of the
21 recipient while the recipient resided in a nursing home or while the recipient was an
22 inpatient in a ~~medical institution~~ hospital and was required to contribute to the cost
23 of care.

24 ***-1295/2.14*** SECTION 1453. 49.496 (3) (a) 2. a. of the statutes is amended to
25 read:

1 49.496 (3) (a) 2. a. Home-based or community-based services under 42 USC
2 1396d (a) (7) and (8) and under any waiver granted under 42 USC 1396n (c) (4) (B)
3 or 42 USC 1396u.

4 *~~1295/2.15~~* SECTION 1454. 49.496 (3) (a) 2. d. of the statutes is created to
5 read:

6 49.496 (3) (a) 2. d. Personal care services under s. 49.46 (2) (b) 6. j.

7 *~~1295/2.16~~* SECTION 1455. 49.496 (3) (am) (intro.) of the statutes is amended
8 to read:

9 49.496 (3) (am) (intro.) The court shall reduce the amount of a claim under par.
10 (a) by up to ~~\$3,000~~ the amount specified in s. 861.33 (2) if necessary to allow the
11 recipient's heirs or the beneficiaries of the recipient's will to retain the following
12 personal property:

13 *~~1295/2.17~~* SECTION 1456. 49.496 (3) (am) 3. of the statutes is amended to
14 read:

15 49.496 (3) (am) 3. Other tangible personal property not used in trade,
16 agriculture or other business, not to exceed ~~\$1,000~~ in value the amount specified in
17 s. 861.33 (1) (a) 4.

18 *~~0260/2.3~~* SECTION 1458. 49.496 (3) (c) of the statutes is renumbered 49.496
19 (3) (c) 1. and amended to read:

20 49.496 (3) (c) 1. If the department's claim is not allowable because of par. (b)
21 and the estate includes an interest in a home, the court exercising probate
22 jurisdiction shall, in the final judgment or summary findings and order, assign the
23 interest in the home subject to a lien in favor of the department for the amount
24 described in par. (a). The personal representative or petitioner for summary

1 settlement or summary assignment of the estate shall record the final judgment as
2 provided in s. 863.29, 867.01 (3) (h) or 867.02 (2) (h).

3 ***-0260/2.4* SECTION 1459.** 49.496 (3) (c) 2. of the statutes is created to read:

4 49.496 (3) (c) 2. If the department's claim is not allowable because of par. (b),
5 the estate includes an interest in a home and the personal representative closes the
6 estate by sworn statement under s. 865.16, the personal representative shall
7 stipulate in the statement that the home is assigned subject to a lien in favor of the
8 department for the amount described in par. (a). The personal representative shall
9 record the statement in the same manner as described in s. 863.29, as if the
10 statement were a final judgment.

11 ***-1295/2.19* SECTION 1460.** 49.496 (3) (f) of the statutes is created to read:

12 49.496 (3) (f) The department may contract with or employ an attorney to
13 probate estates to recover under this subsection the costs of care.

14 ***b0583/4.4* SECTION 1460m.** 49.496 (4) of the statutes is amended to read:

15 49.496 (4) ADMINISTRATION. The department may require a county department
16 under s. 46.215, 46.22 or 46.23 or the governing body of a federally recognized
17 American Indian tribe administering medical assistance to gather and provide the
18 department with information needed to recover medical assistance under this
19 section. The department shall pay to a county department or tribal governing body
20 an amount equal to 5% of the recovery collected by the department relating to a
21 beneficiary for whom the county department or tribal governing body made the last
22 determination of medical assistance eligibility. A county department or tribal
23 governing body may use funds received under this subsection only to pay costs
24 incurred under this subsection and, if any amount remains, to pay for improvements
25 to functions required under s. ~~49.33(2)~~ 49.45(2)(b) 1. The department may withhold

1 payments under this subsection for failure to comply with the department's
2 requirements under this subsection. The department shall treat payments made
3 under this subsection as costs of administration of the medical assistance program.

4 ***-0028/7.63* SECTION 1461.** 49.496 (5) of the statutes is amended to read:

5 49.496 (5) USE OF FUNDS. From the appropriation under s. 20.435 (5) (4) (im),
6 the department shall pay the amount of the payments under sub. (4) that is not paid
7 from federal funds, shall pay to the federal government the amount of the funds
8 recovered under this section equal to the amount of federal funds used to pay the
9 benefits recovered under this section and shall spend the remainder of the funds
10 recovered under this section for medical assistance benefits under this subchapter.

11 ***-0033/1.2* SECTION 1462.** 49.499 (intro.) of the statutes, as affected by 1997
12 Wisconsin Act 27, is renumbered 49.499 (1) (intro.).

13 ***-0033/1.3* SECTION 1463.** 49.499 (1) to (3) of the statutes are renumbered
14 49.499 (1) (a) to (c).

15 ***-0033/1.4* SECTION 1464.** 49.499 (2m) of the statutes is created to read:

16 49.499 (2m) From the appropriation under s. 20.435 (6) (g), the department
17 may distribute funds for innovative projects designed to protect the health and
18 property of a resident in a nursing facility, as defined in s. 49.498 (1) (i).

19 ***-1967/3.1* SECTION 1465.** 49.665 (1) (a) of the statutes is renumbered 49.665
20 (1) (e) and amended to read:

21 49.665 (1) (e) "~~Custodial parent~~ Parent" has the meaning given in s. 49.141 (1)
22 (b) (j).

23 ***-1967/3.2* SECTION 1466.** 49.665 (1) (b) of the statutes is repealed and
24 recreated to read:

25 49.665 (1) (b) "Child" means a person who is under the age of 19.

1 *–1967/3.3* SECTION 1467. 49.665 (1) (d) of the statutes is amended to read:

2 49.665 (1) (d) “Family” means a unit that consists of at least one dependent
3 child and his or her ~~eustodial~~ parent or parents, all of whom reside in the same
4 household. “Family” includes the spouse of an individual who is a ~~eustodial~~ parent
5 if the spouse resides in the same household as the individual.

6 *–1967/3.4* SECTION 1468. 49.665 (1) (f) of the statutes is created to read:

7 49.665 (1) (f) “State plan” means the state child health plan under 42 USC
8 1397aa (b).

9 *–1967/3.5* SECTION 1469. 49.665 (3) of the statutes is amended to read:

10 49.665 (3) ADMINISTRATION. The department shall administer a program to
11 provide the health services and benefits described in s. 49.46 (2) to ~~families~~ persons
12 that meet the eligibility requirements specified in sub. (4). The department shall
13 promulgate rules setting forth the application procedures and appeal and grievance
14 procedures. The department may promulgate rules limiting access to the program
15 under this section to defined enrollment periods. The department may also
16 promulgate rules establishing a method by which the department may purchase
17 family coverage offered by the employer of a member of an eligible family or by a
18 member of a child’s household under circumstances in which the department
19 determines that purchasing that coverage would not be more costly than providing
20 the coverage under this section.

21 *–1967/3.6* SECTION 1470. 49.665 (4) (a) 1. of the statutes is amended to read:

22 49.665 (4) (a) 1. The family’s income does not exceed 185% of the poverty line,
23 except as provided in par. (at) and except that a family that is already receiving
24 health care coverage under this section may have an income that does not exceed

1 200% of the poverty line. The department shall establish by rule the criteria to be
2 used to determine income.

3 ***b0489/1.1* SECTION 1470d.** 49.665 (4) (a) 3. of the statutes is amended to
4 read:

5 49.665 (4) (a) 3. The family has not had access to employer–subsidized health
6 care coverage within the time period established by the department by rule, but not
7 to exceed 18 months, immediately preceding application for health care coverage
8 under this section. The department may establish exceptions to this subdivision
9 time period restriction by rule. An individual is not ineligible for health care
10 coverage under this section solely because the individual had continuation coverage
11 under 42 USC 300bb–1, et seq., at any time prior to applying for health care coverage
12 under this section.

13 ***–1967/3.7* SECTION 1471.** 49.665 (4) (am) of the statutes is created to read:

14 49.665 (4) (am) A child who does not reside with his or her parent is eligible
15 for health care coverage under this section if the child meets all of the following
16 requirements:

17 1. The child’s income does not exceed 185% of the poverty line, except as
18 provided in par. (at) and except that a child that is already receiving health care
19 coverage under this section may have an income that does not exceed 200% of the
20 poverty line. The department shall use the criteria established under par. (a) 1. to
21 determine income under this subdivision.

22 2. The child does not have access to employer–subsidized health care coverage.

23 3. The child has not had access to employer–subsidized health care coverage
24 within the time period established by the department under par. (a) 3. The
25 department may establish exceptions to this subdivision.

1 4. The child meets all other requirements established by the department by
2 rule. In establishing other eligibility criteria, the department may not include any
3 health condition requirements.

4 ***-1967/3.8*** SECTION 1472. 49.665 (4) (at) of the statutes is created to read:

5 49.665 (4) (at) 1. a. Except as provided in subd. 1. b., the department shall
6 establish a lower maximum income level for the initial eligibility determination if
7 funding under s. 20.435 (4) (bc), (jz) and (p) is insufficient to accommodate the
8 projected enrollment levels for the health care program under this section. The
9 adjustment may not be greater than necessary to ensure sufficient funding.

10 b. The department may not lower the maximum income level for initial
11 eligibility unless the department first submits to the joint committee on finance its
12 plans for lowering the maximum income level and the committee approves the plan.
13 If, within 14 days after submitting the plan to the joint committee on finance, the
14 cochairpersons of the committee do not notify the secretary that the committee has
15 scheduled a meeting for the purpose of reviewing the plan, the plan is considered
16 approved by the committee.

17 2. If, after the department has established a lower maximum income level
18 under subd. 1., projections indicate that funding under s. 20.435 (4) (bc), (jz) and (p)
19 is sufficient to raise the level, the department shall, by state plan amendment, raise
20 the maximum income level for initial eligibility, but not to exceed 185% of the poverty
21 line.

22 3. The department may not adjust the maximum income level of 200% of the
23 poverty line for persons already receiving health care coverage under this section.

24 ***-1967/3.9*** SECTION 1473. 49.665 (4) (b) of the statutes is amended to read:

1 49.665 (4) (b) Notwithstanding fulfillment of the eligibility requirements
2 under this subsection, ~~a family no person is not~~ entitled to health care coverage under
3 this section.

4 *~~1967/3.10~~* **SECTION 1474.** 49.665 (4) (c) of the statutes is amended to read:

5 49.665 (4) (c) No ~~family person~~ may be denied health care coverage under this
6 section solely because of a health condition of that person or of any family member
7 of that person.

8 *~~1967/3.11~~* **SECTION 1475.** 49.665 (5) (a) of the statutes is amended to read:

9 49.665 (5) (a) Except as provided in ~~par. pars.~~ (b) and (bm), a family ~~that, or~~
10 child who does not reside with his or her parent, who receives health care coverage
11 under this section shall pay a percentage of the cost of that coverage in accordance
12 with a schedule established by the department by rule. If the schedule established
13 by the department requires a family, or child who does not reside with his or her
14 parent, to contribute more than 3% of the family's or child's income towards the cost
15 of the health care coverage provided under this section, the department shall submit
16 the schedule to the joint committee on finance for review and approval of the
17 schedule. If the cochairpersons of the joint committee on finance do not notify the
18 department within 14 working days after the date of the department's submittal of
19 the schedule that the committee has scheduled a meeting to review the schedule, the
20 department may implement the schedule. If, within 14 days after the date of the
21 department's submittal of the schedule, the cochairpersons of the committee notify
22 the department that the committee has scheduled a meeting to review the schedule,
23 the department may not require a family, or child who does not reside with his or her
24 parent, to contribute more than 3% of the family's or child's income unless the joint
25 committee on finance approves the schedule. The joint committee on finance may not

1 approve and the department may not implement a schedule that requires a family
2 or child to contribute more than 3.5% of the family's or child's income towards the cost
3 of the health care coverage provided under this section.

4 ***-1967/3.12* SECTION 1476.** 49.665 (5) (b) of the statutes is amended to read:

5 49.665 (5) (b) The department may not require a family, or child who does not
6 reside with his or her parent, with an income below ~~143%~~ 150% of the poverty line
7 to contribute to the cost of health care coverage provided under this section.

8 ***b0484/1.1* SECTION 1476c.** 49.665 (5m) of the statutes is created to read:

9 49.665 (5m) OUTREACH. The department shall coordinate with the department
10 of public instruction to develop, and beginning on October 1, 1999, to implement, an
11 outreach mailing targeted at families of children who are enrolled in the federal
12 school lunch program under 42 USC 1751, et seq., to inform the families of those
13 children about health care coverage under this section and the family's potential
14 eligibility for that coverage.

15 ***b0522/3.2* SECTION 1476d.** 49.665 (5) (bm) of the statutes is created to read:

16 49.665 (5) (bm) If the federal department of health and human services notifies
17 the department of health and family services that Native Americans may not be
18 required to contribute to the cost of the health care coverage provided under this
19 section, the department of health and family services may not require Native
20 Americans to contribute to the cost of health care coverage under this section.

21 ***-1295/2.20* SECTION 1477.** 49.682 (2) (c) (intro.) of the statutes is amended
22 to read:

23 49.682 (2) (c) (intro.) The court shall reduce the amount of a claim under par.
24 (a) by up to \$3,000 the amount specified in s. 861.33 (2) if necessary to allow the

1 client's heirs or the beneficiaries of the client's will to retain the following personal
2 property:

3 ***-1295/2.21* SECTION 1478.** 49.682 (2) (c) 3. of the statutes is amended to read:

4 49.682 (2) (c) 3. Other tangible personal property not used in trade, agriculture
5 or other business, not to exceed \$1,000 in value the amount specified in s. 861.33 (1)
6 (a) 4.

7 ***-0260/2.5* SECTION 1479.** 49.682 (2) (e) of the statutes is renumbered 49.682
8 (2) (e) 1. and amended to read:

9 49.682 (2) (e) 1. If the department's claim is not allowable because of par. (d)
10 and the estate includes an interest in a home, the court exercising probate
11 jurisdiction shall, in the final judgment or summary findings and order, assign the
12 interest in the home subject to a lien in favor of the department for the amount
13 described in par. (a). The personal representative or petitioner for summary
14 settlement or summary assignment of the estate shall record the final judgment as
15 provided in s. 863.29, 867.01 (3) (h) or 867.02 (2) (h).

16 ***-0260/2.6* SECTION 1480.** 49.682 (2) (e) 2. of the statutes is created to read:

17 49.682 (2) (e) 2. If the department's claim is not allowable because of par. (d),
18 the estate includes an interest in a home and the personal representative closes the
19 estate by sworn statement under s. 865.16, the personal representative shall
20 stipulate in the statement that the home is assigned subject to a lien in favor of the
21 department for the amount described in par. (a). The personal representative shall
22 record the statement in the same manner as described in s. 863.29, as if the
23 statement were a final judgment.

24 ***-1295/2.22* SECTION 1481.** 49.682 (6) of the statutes is created to read:

1 49.682 (6) The department may contract with or employ an attorney to probate
2 estates to recover under this section the costs of care.

3 *~~0028/7.64~~* SECTION 1482. 49.683 (2) of the statutes is amended to read:

4 49.683 (2) Approved costs for medical care under sub. (1) shall be paid from the
5 appropriation under s. 20.435 (5) (4) (e).

6 *~~0028/7.65~~* SECTION 1483. 49.687 (2) of the statutes is amended to read:

7 49.687 (2) The department shall develop and implement a sliding scale of
8 patient liability for kidney disease aid under s. 49.68, cystic fibrosis aid under s.
9 49.683 and hemophilia treatment under s. 49.685, based on the patient's ability to
10 pay for treatment. To ensure that the needs for treatment of patients with lower
11 incomes receive priority within the availability of funds under s. 20.435 (5) (4) (e),
12 the department shall revise the sliding scale for patient liability by January 1, 1994,
13 and shall, every 3 years thereafter by January 1, review and, if necessary, revise the
14 sliding scale.

15 *~~1003/4.1~~* SECTION 1484. 49.775 (4) of the statutes is amended to read:

16 49.775 (4) PAYMENT AMOUNT. The payment under sub. (2) is \$100 ~~\$250~~ per
17 month ~~per~~ for one dependent child and \$150 per month for each additional dependent
18 child.

19 *~~b0193/2.2~~* SECTION 1486j. 49.854 (2) (e) of the statutes is created to read:

20 49.854 (2) (e) *Date that support lien docket is operational.* The department
21 shall publish a notice in the Wisconsin Administrative Register that states the date
22 on which the statewide support lien docket is first operational. The department shall
23 publish the notice stating the date as soon as possible after the statewide support lien
24 docket begins operating or, if the department is able to determine with certainty the

1 date on which the statewide support lien docket will begin operating, as soon as
2 possible after the department determines that date.

3 ***b0193/2.2* SECTION 1486k.** 49.854 (2) (e) of the statutes, as created by 1999
4 Wisconsin Act (this act), is repealed.

5 ***-0589/2.18* SECTION 1487.** 49.855 (7) of the statutes is repealed.

6 ***-0265/1.1* SECTION 1489.** 49.89 (2) of the statutes is amended to read:

7 49.89 (2) SUBROGATION. The department of health and family services, the
8 department of workforce development, a county or an elected tribal governing body
9 that provides any public assistance under this chapter or under s. 253.05 as a result
10 of the occurrence of an injury, sickness or death that creates a claim or cause of action,
11 whether in tort or contract, on the part of a public assistance recipient or beneficiary
12 or the estate of a recipient or beneficiary against a 3rd party, including an insurer,
13 is subrogated to the rights of the recipient, beneficiary or estate and may make a
14 claim or maintain an action or intervene in a claim or action by the recipient,
15 beneficiary or estate against the 3rd party. Subrogation under this subsection
16 because of the provision of medical assistance under subch. IV constitutes a lien,
17 equal to the amount of the medical assistance provided as a result of the injury,
18 sickness or death that gave rise to the claim. The lien is on any payment resulting
19 from a judgment or settlement that may be due the obligor. A lien under this
20 subsection continues until it is released and discharged by the department of health
21 and family services.

22 ***-0265/1.2* SECTION 1490.** 49.89 (3m) (bm) of the statutes is created to read:

23 49.89 (3m) (bm) A person against whom a claim that is subrogated under sub.
24 (2) or assigned under sub. (3) is made, or that person's attorney or insurer, shall
25 provide notice under par. (c), if that person, attorney or insurer knows, or could

1 reasonably determine, that the claimant is a recipient or former recipient of medical
2 assistance under subch. IV, or is the estate of a former recipient of medical assistance
3 under subch. IV.

4 ***-1186/4.35* SECTION 1491.** 49.89 (7) (c) of the statutes is amended to read:
5 49.89 (7) (c) The incentive payment shall be an amount equal to 15% of the
6 amount recovered because of benefits paid under s. 49.19, ~~49.20~~, s. 49.20, 1997 stats.,
7 and 49.30 or 253.05. The incentive payment shall be taken from the state share of
8 the sum recovered, except that the incentive payment for an amount recovered
9 because of benefits paid under s. 49.19 shall be considered an administrative cost
10 under s. 49.19 for the purpose of claiming federal funding.

11 ***-0030/2.77* SECTION 1493.** 50.02 (2) (d) of the statutes is created to read:
12 50.02 (2) (d) The department shall promulgate rules that prescribe the time
13 periods and the methods of providing information specified in ss. 50.033 (2r) and (2s),
14 50.034 (5m) and (5n), 50.035 (4m) and (4n) and 50.04 (2g) (a) and (2h) (a).

15 ***-0321/6.2* SECTION 1495.** 50.033 (2) of the statutes is amended to read:
16 50.033 (2) REGULATION. Standards for operation of licensed adult family homes
17 and procedures for application for licensure, monitoring, inspection, revocation and
18 appeal of revocation under this section shall be under rules promulgated by the
19 department under s. 50.02 (2) (am) 2. An adult family home licensure is valid until
20 revoked under this section. Licensure is not transferable. The biennial licensure fee
21 for a licensed adult family home is ~~\$75~~ \$135. The fee is payable to the county
22 department under s. 46.215, 46.22, 46.23, 51.42 or 51.437, if the county department
23 licenses the adult family home under sub. (1m) (b), and is payable to the department,
24 on a schedule determined by the department if the department licenses the adult
25 family home under sub. (1m) (b).

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1 ***-0030/2.78*** **SECTION 1496.** 50.033 (2r) of the statutes is created to read:

2 50.033 (2r) **PROVISION OF INFORMATION REQUIRED.** Subject to sub. (2t), an adult
3 family home shall, within the time period after inquiry by a prospective resident that
4 is prescribed by the department by rule, inform the prospective resident of the
5 services of a resource center under s. 46.283, the family care benefit under s. 46.286
6 and the availability of a functional and financial screen to determine the prospective
7 resident's eligibility for the family care benefit under s. 46.286 (1).

8 ***-0030/2.79*** **SECTION 1497.** 50.033 (2s) of the statutes is created to read:

9 50.033 (2s) **REQUIRED REFERRAL.** Subject to sub. (2t), an adult family home shall,
10 within the time period prescribed by the department by rule, refer to a resource
11 center under s. 46.283 a person who is seeking admission, who is at least 65 years
12 of age or has a physical disability and whose disability or condition is expected to last
13 at least 90 days, unless any of the following applies:

14 (a) The person has received a screen for functional eligibility under s. 46.286
15 (1) (a) within the previous 6 months.

16 (b) The person is entering the adult family home only for respite care.

17 (c) The person is an enrollee of a care management organization.

18 ***-0030/2.80*** **SECTION 1498.** 50.033 (2t) of the statutes is created to read:

19 50.033 (2t) **APPLICABILITY.** Subsections (2r) and (2s) apply only if the secretary
20 has certified under s. 46.281 (3) that a resource center is available for the adult family
21 home and for specified groups of eligible individuals that include those persons
22 seeking admission to or the residents of the adult family home.

23 ***-0030/2.81*** **SECTION 1499.** 50.034 (5m) of the statutes is created to read:

24 50.034 (5m) **PROVISION OF INFORMATION REQUIRED.** Subject to sub. (5p), a
25 residential care apartment complex shall, within the time period after inquiry by a

1 prospective resident that is prescribed by the department by rule, inform the
2 prospective resident of the services of a resource center under s. 46.283, the family
3 care benefit under s. 46.286 and the availability of a functional and financial screen
4 to determine the prospective resident's eligibility for the family care benefit under
5 s. 46.286 (1).

6 ***-0030/2.82* SECTION 1500.** 50.034 (5n) of the statutes is created to read:

7 50.034 (5n) REQUIRED REFERRAL. Subject to sub. (5p), a residential care
8 apartment complex shall, within the time period prescribed by the department by
9 rule, refer to a resource center under s. 46.283 a person who is seeking admission,
10 who is at least 65 years of age or has a physical disability and whose disability or
11 condition is expected to last at least 90 days, unless any of the following applies:

12 (a) The person has received a screen for functional eligibility under s. 46.286
13 (1) (a) within the previous 6 months.

14 (b) The person is entering the residential care apartment complex only for
15 respite care.

16 (c) The person is an enrollee of a care management organization.

17 ***-0030/2.83* SECTION 1501.** 50.034 (5p) of the statutes is created to read:

18 50.034 (5p) APPLICABILITY. Subsections (5m) and (5n) apply only if the secretary
19 has certified under s. 46.281 (3) that a resource center is available for the residential
20 care apartment complex and for specified groups of eligible individuals that include
21 those person seeking admission to or the residents of the residential care apartment
22 complex.

23 ***b0591/3.70* SECTION 1501d.** 50.034 (6) of the statutes is amended to read:

24 50.034 (6) FUNDING. Funding for supportive, personal or nursing services that
25 a person who resides in a residential care apartment complex receives, other than

1 private or 3rd-party funding, may be provided only under s. 46.27 (11)(c) 7. or 46.277
2 (5) (e), unless except if the provider of the services is a certified medical assistance
3 provider under s. 49.45 or if the funding is provided as a family care benefit under
4 ss. 46.2805 to 46.2895.

5 *~~0030/2.84~~* **SECTION 1502.** 50.034 (8) of the statutes is created to read:

6 50.034 (8) FORFEITURES. (a) Whoever violates sub. (5m) or (5n) or rules
7 promulgated under sub. (5m) or (5n) may be required to forfeit not more than \$500
8 for each violation.

9 (b) The department may directly assess forfeitures provided for under par. (a).
10 If the department determines that a forfeiture should be assessed for a particular
11 violation, it shall send a notice of assessment to the residential care apartment
12 complex. The notice shall specify the amount of the forfeiture assessed, the violation
13 and the statute or rule alleged to have been violated, and shall inform the residential
14 care apartment complex of the right to a hearing under par. (c).

15 (c) A residential care apartment complex may contest an assessment of a
16 forfeiture by sending, within 10 days after receipt of notice under par. (b), a written
17 request for a hearing under s. 227.44 to the division of hearings and appeals created
18 under s. 15.103 (1). The administrator of the division may designate a hearing
19 examiner to preside over the case and recommend a decision to the administrator
20 under s. 227.46. The decision of the administrator of the division shall be the final
21 administrative decision. The division shall commence the hearing within 30 days
22 after receipt of the request for a hearing and shall issue a final decision within 15
23 days after the close of the hearing. Proceedings before the division are governed by
24 ch. 227. In any petition for judicial review of a decision by the division, the party,

1 other than the petitioner, who was in the proceeding before the division shall be the
2 named respondent.

3 (d) All forfeitures shall be paid to the department within 10 days after receipt
4 of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days
5 after receipt of the final decision after exhaustion of administrative review, unless
6 the final decision is appealed and the order is stayed by court order. The department
7 shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

8 (e) The attorney general may bring an action in the name of the state to collect
9 any forfeiture imposed under this section if the forfeiture has not been paid following
10 the exhaustion of all administrative and judicial reviews. The only issue to be
11 contested in any such action shall be whether the forfeiture has been paid.

12 ***-0030/2.85* SECTION 1503.** 50.035 (4m) of the statutes is created to read:

13 50.035 (4m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (4p), a
14 community-based residential facility shall, within the time period after inquiry by
15 a prospective resident that is prescribed by the department by rule, inform the
16 prospective resident of the services of a resource center under s. 46.283, the family
17 care benefit under s. 46.286 and the availability of a functional and financial screen
18 to determine the prospective resident's eligibility for the family care benefit under
19 s. 46.286 (1).

20 ***-0030/2.86* SECTION 1504.** 50.035 (4n) of the statutes is created to read:

21 50.035 (4n) REQUIRED REFERRAL. Subject to sub. (4p), a community-based
22 residential facility shall, within the time period prescribed by the department by
23 rule, refer to a resource center under s. 46.283 a person who is seeking admission,
24 who is at least 65 years of age or has a physical disability and whose disability or
25 condition is expected to last at least 90 days, unless any of the following applies:

1 (a) The person has received a screen for functional eligibility under s. 46.286
2 (1) (a) within the previous 6 months.

3 (b) The person is entering the community-based residential facility only for
4 respite care.

5 (c) The person is an enrollee of a care management organization.

6 ***-0030/2.87* SECTION 1505.** 50.035 (4p) of the statutes is created to read:

7 50.035 (4p) APPLICABILITY. Subsections (4m) and (4n) apply only if the secretary
8 has certified under s. 46.281 (3) that a resource center is available for the
9 community-based residential facility and for specified groups of eligible individuals
10 that include those persons seeking admission to or the residents of the
11 community-based residential facility.

12 ***-0327/1.4* SECTION 1506.** 50.035 (7) (c) of the statutes is amended to read:

13 50.035 (7) (c) If the date estimated under par. (a) 2. is less than 24 months after
14 the date of the individual's statement of financial condition, the community-based
15 residential facility shall provide the statement to the county department under s.
16 46.215 or 46.22 and shall refer the potential resident to the county department to
17 determine whether an assessment under s. 46.27 (6) should be conducted.

18 ***-0030/2.88* SECTION 1507.** 50.035 (8) of the statutes is repealed.

19 ***-0030/2.89* SECTION 1508.** 50.035 (11) of the statutes is created to read:

20 50.035 (11) FORFEITURES. (a) Whoever violates sub. (4m) or (4n) or rules
21 promulgated under sub. (4m) or (4n) may be required to forfeit not more than \$500
22 for each violation.

23 (b) The department may directly assess forfeitures provided for under par. (a).
24 If the department determines that a forfeiture should be assessed for a particular
25 violation, it shall send a notice of assessment to the community-based residential

1 facility. The notice shall specify the amount of the forfeiture assessed, the violation
2 and the statute or rule alleged to have been violated, and shall inform the licensee
3 of the right to a hearing under par. (c).

4 (c) A community-based residential facility may contest an assessment of a
5 forfeiture by sending, within 10 days after receipt of notice under par. (b), a written
6 request for a hearing under s. 227.44 to the division of hearings and appeals created
7 under s. 15.103 (1). The administrator of the division may designate a hearing
8 examiner to preside over the case and recommend a decision to the administrator
9 under s. 227.46. The decision of the administrator of the division shall be the final
10 administrative decision. The division shall commence the hearing within 30 days
11 after receipt of the request for a hearing and shall issue a final decision within 15
12 days after the close of the hearing. Proceedings before the division are governed by
13 ch. 227. In any petition for judicial review of a decision by the division, the party,
14 other than the petitioner, who was in the proceeding before the division shall be the
15 named respondent.

16 (d) All forfeitures shall be paid to the department within 10 days after receipt
17 of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days
18 after receipt of the final decision after exhaustion of administrative review, unless
19 the final decision is appealed and the order is stayed by court order. The department
20 shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

21 (e) The attorney general may bring an action in the name of the state to collect
22 any forfeiture imposed under this section if the forfeiture has not been paid following
23 the exhaustion of all administrative and judicial reviews. The only issue to be
24 contested in any such action shall be whether the forfeiture has been paid.

25 ***-0321/6.3* SECTION 1509.** 50.037 (2) (a) of the statutes is amended to read:

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50.037 (2) (a) The biennial fee for a community-based residential facility is \$170 ~~\$306~~, plus a biennial fee of \$22 ~~\$39.60~~ per resident, based on the number of residents that the facility is licensed to serve.

***-0030/2.90* SECTION 1510.** 50.04 (2g) of the statutes is created to read:

50.04 (2g) PROVISION OF INFORMATION REQUIRED. (a) Subject to sub. (2i), a nursing home shall, within the time period after inquiry by a prospective resident that is prescribed by the department by rule, inform the prospective resident of the services of a resource center under s. 46.283, the family care benefit under s. 46.286 and the availability of a functional and financial screen to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

(b) Failure to comply with this subsection is a class "C" violation under sub. (4)

(b) 3.

***-0030/2.91* SECTION 1511.** 50.04 (2h) of the statutes is created to read:

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

1. The person has received a screen for functional eligibility under s. 46.286 (1)
- (a) within the previous 6 months.
2. The person is seeking admission to the nursing home only for respite care.
 3. The person is an enrollee of a care management organization.

(b) Failure to comply with this subsection is a class "C" violation under sub. (4)

(b) 3.

***-0030/2.92* SECTION 1512.** 50.04 (2i) of the statutes is created to read:

1 50.04 (2i) APPLICABILITY. Subsections (2g) and (2h) apply only if the secretary
2 has certified under s. 46.281 (3) that a resource center is available for the nursing
3 home and for specified groups of eligible individuals that include those persons
4 seeking admission to or the residents of the nursing home.

5 *~~-0030/2.93~~* SECTION 1513. 50.04 (2m) of the statutes is renumbered 50.04
6 (2m) (a) and amended to read:

7 50.04 (2m) (a) ~~No~~ Except as provided in par. (b), no nursing home may admit
8 any patient until a physician has completed a plan of care for the patient and the
9 patient is assessed or the patient is exempt from or waives assessment under s. 46.27
10 (6) (a) ~~or 46.271 (2m) (a) 2~~. Failure to comply with this subsection is a class "C"
11 violation under sub. (4) (b) 3.

12 *~~-0030/2.94~~* SECTION 1514. 50.04 (2m) (b) of the statutes is created to read:

13 50.04 (2m) (b) Paragraph (a) does not apply to those residents for whom the
14 secretary has certified under s. 46.281 (3) that a resource center is available.

15 *~~-0030/2.95~~* SECTION 1515. 50.06 (7) of the statutes is amended to read:

16 50.06 (7) An individual who consents to an admission under this section may
17 request that an assessment be conducted for the incapacitated individual under the
18 long-term support community options program under s. 46.27 (6) or, if the secretary
19 has certified under s. 46.281 (3) that a resource center is available for the individual,
20 a functional and financial screen to determine eligibility for the family care benefit
21 under s. 46.286 (1).

22 *~~-0333/2.3~~* SECTION 1522. 50.065 (8) of the statutes is amended to read:

23 50.065 (8) The department may charge a fee for obtaining the information
24 required under sub. (2) (am) or (3) (a) or for providing information to an entity to
25 enable the entity to comply with sub. (2) (b) 1. or (3) (b). The fee may not exceed the

1 reasonable cost of obtaining the information. No fee may be charged to a nurse's
2 assistant, as defined in s. 146.40 (1) (d), for obtaining or maintaining the information
3 if to do so would be inconsistent with federal law.

4 ***-0028/7.66* SECTION 1524.** 50.135 (2) (c) of the statutes is amended to read:

5 50.135 (2) (c) The fees collected under par. (a) shall be credited to the
6 appropriations under s. 20.435 ~~(1)~~ (4) (gm) and (6) (jm) as specified in those
7 appropriations for licensing, review and certifying activities.

8 ***-0030/2.96* SECTION 1525.** 50.36 (2) (c) of the statutes is created to read:

9 50.36 (2) (c) The department shall promulgate rules that require that a
10 hospital, before discharging a patient who is aged 65 or older or who has
11 developmental disability or physical disability and whose disability or condition
12 requires long-term care that is expected to last at least 90 days, refer the patient to
13 the resource center under s. 46.283. The rules shall specify that this requirement
14 applies only if the secretary has certified under s. 46.281 (3) that a resource center
15 is available for the hospital and for specified groups of eligible individuals that
16 include persons seeking admission to or patients of the hospital.

17 ***-0030/2.97* SECTION 1526.** 50.38 of the statutes is created to read:

18 **50.38 Forfeitures.** (1) Whoever violates rules promulgated under s. 50.36 (2)
19 (c) may be required to forfeit not more than \$500 for each violation.

20 (2) The department may directly assess forfeitures provided for under sub. (1).
21 If the department determines that a forfeiture should be assessed for a particular
22 violation, the department shall send a notice of assessment to the hospital. The
23 notice shall specify the amount of the forfeiture assessed, the violation and the
24 statute or rule alleged to have been violated, and shall inform the hospital of the right
25 to a hearing under sub. (3).

1 (3) A hospital may contest an assessment of a forfeiture by sending, within 10
2 days after receipt of notice under sub. (2), a written request for a hearing under s.
3 227.44 to the division of hearings and appeals created under s. 15.103 (1). The
4 administrator of the division may designate a hearing examiner to preside over the
5 case and recommend a decision to the administrator under s. 227.46. The decision
6 of the administrator of the division shall be the final administrative decision. The
7 division shall commence the hearing within 30 days after receipt of the request for
8 a hearing and shall issue a final decision within 15 days after the close of the hearing.
9 Proceedings before the division are governed by ch. 227. In any petition for judicial
10 review of a decision by the division, the party, other than the petitioner, who was in
11 the proceeding before the division shall be the named respondent.

12 (4) All forfeitures shall be paid to the department within 10 days after receipt
13 of notice of assessment or, if the forfeiture is contested under sub. (3), within 10 days
14 after receipt of the final decision after exhaustion of administrative review, unless
15 the final decision is appealed and the order is stayed by court order. The department
16 shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

17 (5) The attorney general may bring an action in the name of the state to collect
18 any forfeiture imposed under this section if the forfeiture has not been paid following
19 the exhaustion of all administrative and judicial reviews. The only issue to be
20 contested in any such action shall be whether the forfeiture has been paid.

21 *~~0026/1.1~~* **SECTION 1529.** 50.49 (2) (b) of the statutes is amended to read:

22 50.49 (2) (b) The department shall, by rule, set a license fee to be paid by home
23 health agencies. ~~The fee shall be based on the annual net income, as determined by~~
24 ~~the department, of a home health agency.~~

25 *~~0030/2.98~~* **SECTION 1530.** 50.49 (4) of the statutes is amended to read:

1 50.49 (4) LICENSING, INSPECTION AND REGULATION. ~~The~~ Except as provided in sub.
2 (6m), the department may register, license, inspect and regulate home health
3 agencies as provided in this section. The department shall ensure, in its inspections
4 of home health agencies, that a sampling of records from private pay patients are
5 reviewed. The department shall select the patients who shall receive home visits as
6 a part of the inspection. Results of the inspections shall be made available to the
7 public at each of the regional offices of the department.

8 *~~0030/2.99~~* **SECTION 1531.** 50.49 (6m) of the statutes is created to read:

9 50.49 (6m) EXCEPTIONS. None of the following is required to be licensed as a
10 home health agency under sub. (4), regardless of whether any of the following
11 provides services that are similar to services provided by a home health agency:

12 (a) A care management organization, as defined in s. 46.2805 (1).

13 (b) A program specified in s. 46.2805 (1) (a).

14 (c) A demonstration program specified in s. 46.2805 (1) (b).

15 *~~0326/3.1~~* **SECTION 1535.** 51.03 (1) of the statutes is renumbered 51.03 (1r).

16 *~~0326/3.2~~* **SECTION 1536.** 51.03 (1g) of the statutes is created to read:

17 51.03 (1g) In this section:

18 (a) “Early intervention” means action to hinder or alter a person’s mental
19 disorder or abuse of alcohol or other drugs in order to reduce the duration of early
20 symptoms or to reduce the duration or severity of mental illness or alcohol or other
21 drug abuse that may result.

22 (b) “Individualized service planning” means a process under which a person
23 with mental illness or who abuses alcohol or other drugs and, if a child, his or her
24 family, receives information, education and skills to enable the person to participate
25 mutually and creatively with his or her mental health or alcohol or other drug abuse

1 service provider in identifying his or her personal goals and developing his or her
2 assessment, crisis protocol, treatment and treatment plan. “Individualized service
3 planning” is tailored to the person and is based on his or her strengths, abilities and
4 needs.

5 (c) “Prevention” means action to reduce the instance, delay the onset or lessen
6 the severity of mental disorder, before the disorders may progress to mental illness,
7 by reducing risk factors for, enhancing protections against and promptly treating
8 early warning signs of mental disorder.

9 (d) “Recovery” means the process of a person’s growth and improvement,
10 despite a history of mental illness or alcohol or other drug abuse, in attitudes,
11 feelings, values, goals, skills and behavior and is measured by a decrease in
12 dysfunctional symptoms and an increase in maintaining the person’s highest level
13 of health, wellness, stability, self-determination and self-sufficiency.

14 (e) “Stigma” means disqualification from social acceptance, derogation,
15 marginalization and ostracism encountered by persons with mental illness or
16 persons who abuse alcohol or other drugs as the result of societal negative attitudes,
17 feelings, perceptions, representations and acts of discrimination.

18 *~~0326/3.3~~* SECTION 1537. 51.03 (4) of the statutes is created to read:

19 51.03 (4) Within the limits of available state and federal funds, the department
20 may do all of the following:

21 (a) Promote the creation of coalitions among the state, counties, providers of
22 mental health and alcohol and other drug abuse services, consumers of the services
23 and their families and advocates for persons with mental illness and for alcoholic and
24 drug dependent persons to develop, coordinate and provide a full range of resources
25 to advance prevention; early intervention; treatment; recovery; safe and affordable

1 housing; opportunities for education, employment and recreation; family and peer
2 support; self-help; and the safety and well-being of communities.

3 (b) In cooperation with counties, providers of mental health and alcohol and
4 other drug abuse services, consumers of the services, interested community
5 members and advocates for persons with mental illness and for alcoholic and drug
6 dependent persons, develop and implement a comprehensive strategy to reduce
7 stigma of and discrimination against persons with mental illness, alcoholics and
8 drug dependent persons.

9 (c) Develop and implement a comprehensive strategy to involve counties,
10 providers of mental health and alcohol and other drug abuse services, consumers of
11 the services and their families, interested community members and advocates for
12 persons with mental illness and for alcoholic and drug dependent persons as equal
13 participants in service system planning and delivery.

14 (d) Promote responsible stewardship of human and fiscal resources in the
15 provision of mental health and alcohol and other drug abuse services.

16 (e) Develop and implement methods to identify and measure outcomes for
17 consumers of mental health and alcohol and other drug abuse services.

18 (f) Promote access to appropriate mental health and alcohol and other drug
19 abuse services regardless of a person's geographic location, age, degree of mental
20 illness, alcoholism or drug dependency or availability of personal financial resources.

21 (g) Promote consumer decision making to enable persons with mental illness
22 and alcohol or drug dependency to be more self-sufficient.

23 (h) Promote use by providers of mental health and alcohol and other drug abuse
24 services of individualized service planning, under which the providers develop
25 written individualized service plans that promote treatment and recovery, together

1 with service consumers, families of service consumers who are children and
2 advocates chosen by consumers.

3 ***-0326/3.4* SECTION 1538.** 51.03 (5) of the statutes is created to read:

4 51.03 (5) The department shall ensure that providers of mental health and
5 alcohol and other drug abuse services who use individualized service plans, as
6 specified in sub. (4) (h), do all of the following in using a plan:

7 (a) Establish meaningful and measurable goals for the consumer.

8 (b) Base the plan on a comprehensive assessment of the consumer's strengths,
9 abilities, needs and preferences.

10 (c) Keep the plan current.

11 (d) Modify the plan as necessary.

12 ***-0025/1.1* SECTION 1540.** 51.06 (1) (d) of the statutes is amended to read:

13 51.06 (1) (d) ~~At the southern center for developmentally disabled, services~~
14 Services for up to ~~10~~ 36 individuals with developmental disability who are also
15 diagnosed as mentally ill or who exhibit extremely aggressive and challenging
16 behaviors ~~and at the northern center for developmentally disabled, services for up~~
17 ~~to 12 such individuals.~~

18 ***-0023/4.3* SECTION 1541.** 51.07 (3) of the statutes is amended to read:

19 51.07 (3) The department may provide outpatient services only to patients
20 contracted for with county departments under ss. 51.42 and 51.437 in accordance
21 with s. 46.03 (18), except for those patients whom the department finds to be
22 nonresidents of this state and ~~those patients specified in sub. (4) (a)~~ persons receiving
23 services under contracts under s. 46.043. The full and actual cost less applicable
24 collections of services contracted for with county departments under s. 51.42 or
25 51.437 shall be charged to the respective county department under s. 51.42 or 51.437.

1 The state shall provide the services required for patient care only if no outpatient
2 services are funded by the department in the county or group of counties served by
3 the respective county department under s. 51.42 or 51.437.

4 ~~*-0023/4.4*~~ **SECTION 1542.** 51.07 (4) of the statutes is repealed.

5 ~~*-0030/2.100*~~ **SECTION 1562.** 51.42 (3) (ar) 17. of the statutes is created to
6 read:

7 51.42 (3) (ar) 17. If authorized under s. 46.283 (1) (a) 1., apply to the department
8 of health and family services to operate a resource center under s. 46.283 and, if the
9 department contracts with the county under s. 46.283 (2), operate the resource
10 center.

11 ~~*-0030/2.101*~~ **SECTION 1563.** 51.42 (3) (ar) 18. of the statutes is created to
12 read:

13 51.42 (3) (ar) 18. If authorized under s. 46.284 (1) (a) 1., apply to the department
14 of health and family services to operate a care management organization under s.
15 46.284 and, if the department contracts with the county under s. 46.284 (2), operate
16 the care management organization and, if appropriate, place funds in a risk reserve.

17 ~~*-1173/1.1*~~ **SECTION 1564.** 51.42 (3) (as) 3. of the statutes is amended to read:

18 51.42 (3) (as) 3. Care, services and supplies provided after December 31, 1973,
19 to any person who, on December 31, 1973, was in or under the supervision of a mental
20 health institute, or was receiving mental health services in a facility authorized by
21 s. 51.08 or 51.09, but was not admitted to a mental health institute by the
22 department of health and family services, shall be charged to the county department
23 of community programs which was responsible for such care and services at the place
24 where the patient resided when admitted to the institution. The department of
25 health and family services shall may bill county departments of community

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§16 plan

1 programs for care provided at the mental health institutes at rates which reflects the
2 ~~estimated per diem cost of specific levels of care, to be adjusted periodically by the~~
3 department of health and family services sets on a flexible basis, except that this
4 flexible rate structure shall cover the cost of operations of the mental health
5 institutes.

6 *~~0284/3.6~~* SECTION 1565. 51.42 (3) (aw) 1. d. of the statutes is amended to
7 read:

8 51.42 (3) (aw) 1. d. Provide treatment and services that are specified in a
9 conditional release plan approved by a court for a person who is a county resident and
10 is conditionally released under s. 971.17 (3) or (4) or that are specified in a supervised
11 release plan approved by a court under s. 980.06 (2) (e), 1997 stats., or s. 980.08 (5).

12 If the county department provides treatment and services under this subdivision, the
13 department of health and family services shall, from the appropriation under s.
14 20.435 (2) (bj), pay the county department for the costs of the treatment and services.

15 *~~0030/2.102~~* SECTION 1566. 51.42 (3) (e) of the statutes is amended to read:

16 51.42 (3) (e) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78
17 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07
18 (3) (c) and 938.78 (2) (a), any subunit of a county department of community programs
19 acting under this section may exchange confidential information about a client,
20 without the informed consent of the client, with any other subunit of the same county
21 department of community programs, with a resource center, care management
22 organization or family care district, or with any person providing services to the
23 client under a purchase of services contract with the county department of
24 community programs or with a resource center, care management organization or
25 family care district, if necessary to enable an employe or service provider to perform

1 his or her duties, or to enable the county department of community programs to
2 coordinate the delivery of services to the client.

3 ***-0275/5.10* SECTION 1568.** 51.423 (2) of the statutes is amended to read:

4 51.423 (2) From the appropriations under s. 20.435 (3) (o) and (7) (b), (kw) and
5 (o), the department shall distribute the funding for services provided or purchased
6 by county departments under s. 46.23, 51.42 or 51.437 to such county departments
7 as provided under s. 46.40. County matching funds are required for the distributions
8 under s. 46.40 (2) and (9) (b). Each county's required match for the distributions
9 under s. 46.40 (2) for a year equals 9.89% of the total of the county's distributions
10 under s. 46.40 (2) for that year for which matching funds are required plus the
11 amount the county was required by s. 46.26 (2) (c), 1985 stats., to spend for juvenile
12 delinquency-related services from its distribution for 1987. Each county's required
13 match for the distribution under s. 46.40 (9) (b) for a year equals 9.89% of that
14 county's amounts described in s. 46.40 (9) (a) (intro.) for that year. Matching funds
15 may be from county tax levies, federal and state revenue sharing funds or private
16 donations to the counties that meet the requirements specified in sub. (5). Private
17 donations may not exceed 25% of the total county match. If the county match is less
18 than the amount required to generate the full amount of state and federal funds
19 distributed for this period, the decrease in the amount of state and federal funds
20 equals the difference between the required and the actual amount of county
21 matching funds.