

1 ***b2027/1.4* SECTION 1750t.** 49.45 (3) (g) of the statutes is renumbered 49.45
2 (3) (g) 1. and amended to read:

3 49.45 (3) (g) 1. The secretary may ~~appoint~~ authorize personnel to audit or
4 investigate and report to the department on any matter involving violations or
5 complaints alleging violations of ~~laws~~ statutes, regulations, or rules applicable to
6 ~~Title XIX of the federal social security act or the medical assistance program and to~~
7 perform such investigations or audits as are required to verify the actual provision
8 of services or items available under the medical assistance program and the
9 appropriateness and accuracy of claims for reimbursement submitted by providers
10 participating in the program. Department employees ~~appointed~~ authorized by the
11 secretary under this paragraph shall be issued, and shall possess at all times ~~during~~
12 ~~which~~ while they are performing their investigatory or audit functions under this
13 section, identification, signed by the secretary ~~which, that~~ specifically designates the
14 bearer as possessing the authorization to conduct medical assistance investigations
15 or audits. ~~Pursuant to~~ Under the request of a designated person and upon
16 presentation of ~~that~~ the person's authorization, providers and medical assistance
17 recipients shall accord ~~such~~ the person access to any provider personnel, records,
18 books, ~~recipient medical records,~~ or documents or other information needed. Under
19 the written request of a designated person and upon presentation of the person's
20 authorization, providers and recipients shall accord the person access to any needed
21 patient health care records of a recipient. Authorized employees ~~shall have authority~~
22 ~~to~~ may hold hearings, administer oaths, take testimony, and perform all other duties
23 necessary to bring ~~such~~ the matter before the department for final adjudication and
24 determination.

25 ***b2027/1.4* SECTION 1750td.** 49.45 (3) (g) 2. of the statutes is created to read:

1 49.45 (3) (g) 2. The department shall promulgate rules to implement this
2 paragraph.

3 *b2027/1.4* SECTION 1750v. 49.45 (3) (h) 1. of the statutes is repealed.

4 *b2027/1.4* SECTION 1750vm. 49.45 (3) (h) 1n. of the statutes is created to
5 read:

6 49.45 (3) (h) 1n. The department shall promulgate rules to implement this
7 paragraph.

8 *b2027/1.4* SECTION 1750x. 49.45 (3) (h) 2. of the statutes is repealed.

9 *b2027/1.4* SECTION 1750z. 49.45 (3) (h) 3. of the statutes is renumbered 49.45
10 (3) (h) 1m. and amended to read:

11 49.45 (3) (h) 1m. The failure or refusal of a person to purge himself or herself
12 of contempt found under s. 885.12 and perform the act as required by law shall
13 constitute provider to accord department auditors or investigators access as required
14 under par. (g) to any provider personnel, records, books, patient health care records
15 of medical assistance recipients, or documents or other information requested
16 constitutes grounds for decertification or suspension of that person the provider from
17 participation in the medical assistance program and no. No payment may be made
18 for services rendered by that person subsequent to the provider following
19 decertification or, during the period of suspension, or during any period of provider
20 failure or refusal to accord access as required under par. (g).

21 *-1627/4.11* SECTION 1765. 49.45 (5m) (am) of the statutes is amended to read:

22 49.45 (5m) (am) Notwithstanding sub. (3) (e), from the appropriations under
23 s. 20.435 (4) (b) and, (o), and (w), the department shall distribute not more than
24 \$2,256,000 in each fiscal year, to provide supplemental funds to rural hospitals that,
25 as determined by the department, have high utilization of inpatient services by

1 patients whose care is provided from governmental sources, and to provide
2 supplemental funds to critical access hospitals, except that the department may not
3 distribute funds to a rural hospital or to a critical access hospital to the extent that
4 the distribution would exceed any limitation under 42 USC 1396b (i) (3).

5 ***-1897/1.1* SECTION 1766.** 49.45 (5r) of the statutes is repealed.

6 ***-0425/2.1* SECTION 1767.** 49.45 (6b) of the statutes is amended to read:

7 49.45 (6b) CENTERS FOR THE DEVELOPMENTALLY DISABLED. From the
8 appropriation under s. 20.435 (2) (gk), the department may reimburse the cost of
9 services provided by the centers for the developmentally disabled. Reimbursement
10 to the centers for the developmentally disabled shall be reduced following each
11 placement made under s. 46.275 that involves a relocation from a center for the
12 developmentally disabled, by ~~\$184~~ \$200 per day, beginning in fiscal year ~~1999-2000~~
13 2001-02, and by ~~\$190~~ \$225 per day, beginning in fiscal year ~~2000-01~~ 2002-03.

14 ***-1627/4.12* SECTION 1768.** 49.45 (6m) (ag) (intro.) of the statutes is amended
15 to read:

16 49.45 (6m) (ag) (intro.) Payment for care provided in a facility under this
17 subsection made under s. 20.435 (4) (b), (pa) ~~or~~, (o), (w), or (wm) shall, except as
18 provided in pars. (bg), (bm), and (br), be determined according to a prospective
19 payment system updated annually by the department. The payment system shall
20 implement standards that are necessary and proper for providing patient care and
21 that meet quality and safety standards established under subch. II of ch. 50 and ch.
22 150. The payment system shall reflect all of the following:

23 ***-0194/2.1* SECTION 1771.** 49.45 (6t) (intro.) of the statutes is amended to
24 read:

1 49.45 (6t) COUNTY DEPARTMENT AND LOCAL HEALTH DEPARTMENT OPERATING
2 DEFICIT REDUCTION. (intro.) From the appropriation under s. 20.435 (4) (o), for
3 reduction of operating deficits, as defined under criteria developed by the
4 department, incurred by a county department under s. 46.215, 46.22, 46.23, or 51.42
5 or by a local health department, as defined in s. 250.01 (4), for services provided
6 under s. 49.46 (2) (a) 4. d. and (b) 6. f., fm., j., k. and, L., and Lm., 9. and, 15., and 18.,
7 for case management services under s. 49.46 (2) (b) 12. and for mental health day
8 treatment services for minors provided under the authorization under 42 USC 1396d
9 (r) (5), the department shall allocate up to \$1,500,000 moneys in each fiscal year to
10 these county departments, or local health departments as determined by the
11 department, and shall perform all of the following:

12 ***-0194/2.2*** SECTION 1772. 49.45 (6t) (intro.) of the statutes, as affected by
13 2001 Wisconsin Act (this act), is repealed and recreated to read:

14 49.45 (6t) COUNTY DEPARTMENT AND LOCAL HEALTH DEPARTMENT OPERATING
15 DEFICIT REDUCTION. (intro.) From the appropriation under s. 20.435 (4) (o), for
16 reduction of operating deficits, as defined under criteria developed by the
17 department, incurred by a county department under s. 46.215, 46.22, 46.23, or 51.42
18 or by a local health department, as defined in s. 250.01 (4), for services provided
19 under s. 49.46 (2) (a) 4. d. and (b) 6. f., fm., j., k., L., and Lm., 9., and 15., for case
20 management services under s. 49.46 (2) (b) 12. and for mental health day treatment
21 services for minors provided under the authorization under 42 USC 1396d (r) (5), the
22 department shall allocate moneys in each fiscal year to these county departments,
23 or local health departments as determined by the department, and shall perform all
24 of the following:

25 ***-0194/2.3*** SECTION 1773. 49.45 (6t) (a) of the statutes is amended to read:

1 49.45 (6t) (a) For the reduction of operating deficits incurred by the county
2 departments or local health departments, estimate the availability of federal
3 medicaid funds that may be matched to county, city, town, or village funds that are
4 expended for costs in excess of reimbursement for services provided under s. 49.46
5 (2) (a) 4. d. and (b) 6. f., fm., j., k. and, L., and Lm., 9. and, 15., and 18., for case
6 management services under s. 49.46 (2) (b) 12. and for mental health day treatment
7 services for ~~minor~~ minors provided under the authorization under 42 USC 1396d (r)
8 (5).

9 ***-0194/2.4*** SECTION 1774. 49.45 (6t) (a) of the statutes, as affected by 2001
10 Wisconsin Act ... (this act), is repealed and recreated to read:

11 49.45 (6t) (a) For the reduction of operating deficits incurred by the county
12 departments or local health departments, estimate the availability of federal
13 medicaid funds that may be matched to county, city, town, or village funds that are
14 expended for costs in excess of reimbursement for services provided under s. 49.46
15 (2) (a) 4. d. and (b) 6. f., fm., j., k., L., and Lm., 9., and 15., for case management
16 services under s. 49.46 (2) (b) 12. and for mental health day treatment services for
17 minors provided under the authorization under 42 USC 1396d (r) (5).

18 ***-1627/4.14*** SECTION 1776. 49.45 (6u) (intro.) of the statutes is amended to
19 read:

20 49.45 (6u) SUPPLEMENTAL PAYMENTS TO CERTAIN FACILITIES. (intro.)
21 Notwithstanding sub. (6m), from the appropriation under s. 20.435 (4) (o), for
22 reduction of operating deficits, as defined under criteria developed by the
23 department, incurred by a facility, ~~as defined under sub. (6m) (a) 3.~~, that is
24 established under s. 49.70 (1) or that is owned and operated by a city, village or town,
25 the department may not distribute to these facilities more than \$38,600,000

1 \$40,100,000 in each fiscal year, as determined by the department, ~~except that the~~
2 ~~department shall also distribute for this same purpose from the appropriation under~~
3 ~~s. 20.435 (4) (o) any additional federal medical assistance moneys that were not~~
4 ~~anticipated before enactment of the biennial budget act or other legislation affecting~~
5 ~~s. 20.435 (4) (o).~~ The total amount that a county certifies under this subsection may
6 not exceed 100% of otherwise-unreimbursed care. In distributing funds under this
7 subsection, the department shall perform all of the following:

8 ***-1627/4.13* SECTION 1776m.** 49.45 (6u) of the statutes, as affected by 2001
9 Wisconsin Act ... (this act), is renumbered 49.45 (6u) (am), and 49.45 (6u) (am)
10 (intro.) and 2. (intro.) and b., 3., 4., 5. and 6., as renumbered, are amended to read:

11 49.45 (6u) (am) (intro.) Notwithstanding sub. (6m), in state fiscal years in
12 which less than \$115,200,000 in federal financial participation relating to facilities
13 is received under 42 CFR 433.51, from the appropriation appropriations under s.
14 20.435 (4) (o), (w), and (wm), for reduction of operating deficits, as defined under
15 ~~criteria developed~~ the methodology used by the department in December, 2000,
16 incurred by a facility that is established under s. 49.70 (1) or that is owned and
17 operated by a city, village, or town, the department may not distribute to these
18 facilities more than ~~\$40,100,000~~ \$37,100,000 in each fiscal year, as determined by
19 the department. The total amount that a county certifies under this subsection may
20 not exceed 100% of otherwise-unreimbursed care. In distributing funds under this
21 subsection, the department shall perform all of the following:

22 2. (intro.) Based on the amount estimated available under ~~par. (a)~~ subd. 1.,
23 develop a method to distribute this allocation to the individual facilities that have
24 incurred operating deficits that shall include:

1 b. Agreement by the county in which is located the facility established under
2 s. 49.70 (1) and agreement by the city, village, or town that owns and operates the
3 facility that the applicable county, city, village, or town shall provide funds to match
4 federal medical assistance matching funds under this ~~subsection~~ paragraph.

5 3. Distribute the allocation under the distribution method that is developed,
6 unless a county has failed to comply with ~~par. (b) 2m~~ subd. 2. bm.

7 4. If the federal department of health and human services approves for state
8 expenditure in a fiscal year amounts under s. 20.435 (4) (o) and (w) that result in a
9 lesser allocation amount than that allocated under this ~~subsection~~ paragraph,
10 allocate not more than the lesser amount so approved by the federal department of
11 health and human services.

12 5. If the federal department of health and human services approves for state
13 expenditure in a fiscal year amounts under s. 20.435 (4) (o) and (w) that result in a
14 lesser allocation amount than that allocated under this ~~subsection~~ paragraph,
15 submit a revision of the method developed under ~~par. (b)~~ subd. 2. for approval by the
16 joint committee on finance in that state fiscal year.

17 6. If the federal department of health and human services disallows use of the
18 allocation of matching federal medical assistance funds distributed under ~~par. (e)~~
19 subd. 3., apply the requirements under sub. (6m) (br).

20 ***-1627/4.15* SECTION 1777.** 49.45 (6u) (ag) of the statutes is created to read:

21 49.45 (6u) (ag) In this subsection, “facility” has the meaning given in sub. (6m)

22 (a) 3.

23 ***-1627/4.16* SECTION 1778.** 49.45 (6u) (bm) of the statutes is created to read:

24 49.45 (6u) (bm) In state fiscal years in which \$115,200,000 or more in federal

25 financial participation relating to facilities is received under 42 CFR 433.51, from the

1 appropriations under s. 20.435 (4) (o) and (w), for reduction of operating deficits, as
2 defined under criteria developed by the department, incurred by a facility that is
3 established under s. 49.70 (1) or that is owned and operated by a city, village, or town,
4 the department may not distribute to these facilities more than \$77,100,000 in each
5 fiscal year, as determined by the department under a methodology as specified in the
6 state plan for services under 42 USC 1396.

7 *b2052/2.1* SECTION 1778d. 49.45 (6v) (b) of the statutes is amended to read:

8 49.45 (6v) (b) The Beginning on October 1, 2003, and annually thereafter, the
9 department shall, ~~each year,~~ submit to the joint committee on finance a report ~~for the~~
10 ~~previous fiscal year, except for the 1997–98 fiscal year, that provides information on~~
11 ~~the utilization of beds by recipients of medical assistance in facilities and a~~
12 ~~discussion and detailed projection of the likely balances, expenditures,~~
13 ~~encumbrances and carry over of currently appropriated amounts in the~~
14 ~~appropriation accounts under s. 20.435 (4) (b) and (o) for the immediately prior 2~~
15 consecutive fiscal years.

16 *b2052/2.1* SECTION 1778h. 49.45 (6v) (c) of the statutes is amended to read:

17 49.45 (6v) (c) If the report specified in par. (b) indicates that utilization of beds
18 by recipients of medical assistance in facilities is ~~less than estimates for that~~
19 ~~utilization reflected in the intentions of the joint committee on finance, legislature~~
20 ~~and governor, as expressed by them in the budget determinations, the department~~
21 ~~shall include a proposal to transfer moneys from the appropriation under s. 20.435~~
22 ~~(4) (b) to the appropriation under s. 20.435 (7) (bd) for the purpose of increasing~~
23 ~~funding for the community options program under s. 46.27. The amount proposed~~
24 ~~for transfer may not reduce the balance in the appropriation account under s. 20.435~~
25 ~~(4) (b) below an amount necessary to ensure that that appropriation account will end~~

1 ~~the current fiscal year or the current fiscal biennium with a positive balance. The~~
2 ~~secretary shall transfer the amount identified under the proposal decreased during~~
3 ~~the most recently completed fiscal year from the utilization of beds by recipients of~~
4 ~~medical assistance in facilities in the next most recently completed fiscal year, the~~
5 ~~department shall multiply the difference between the number of days of care~~
6 ~~provided to the recipients in the facilities in each of those prior 2 consecutive fiscal~~
7 ~~years by the average daily costs of care in the facilities for the most recently~~
8 ~~completed fiscal year. The average daily costs of care shall be calculated by dividing~~
9 ~~the total of medical assistance expenditures for care in facilities for the most recently~~
10 ~~completed fiscal year by the total number of days of care provided in facilities in that~~
11 ~~fiscal year.~~

12 *b2052/2.1* SECTION 1778p. 49.45 (6v) (d) of the statutes is created to read:

13 49.45 (6v) (d) If par. (c) applies and if the amount calculated under par. (c) is
14 positive, the department's report under par. (b) shall include a proposal to transfer
15 an amount equal to the portion of the amount calculated under par. (c) that is the
16 state share of medical assistance expenditures from the appropriation account under
17 s. 20.435 (4) (b) to the appropriation account under s. 20.435 (7) (bd) for the purpose
18 of increasing funding for the long-term support community options program under
19 s. 46.27. If the cochairpersons of the joint committee on finance do not notify the
20 secretary within 14 working days after the date on which the department submits
21 the proposal that the committee has scheduled a meeting for the purpose of
22 reviewing the proposal, the secretary shall transfer the amount identified under the
23 proposal. If, within 14 working days after the date on which the department submits
24 the proposal, the cochairpersons of the joint committee on finance notify the
25 secretary that the committee has scheduled a meeting for the purpose of reviewing

1 the proposal, the secretary may transfer moneys from the appropriation account
2 under s. 20.435 (4) (b) to the appropriation account under s. 20.435 (7) (bd) only as
3 approved by the committee.

4 ***b2052/2.1* SECTION 1778r.** 49.45 (6v) (e) of the statutes is created to read:

5 49.45 (6v) (e) Of the amount required to be transferred by the secretary under
6 par. (d), 40% shall be expended for services as specified under s. 46.27 (7) and 60%
7 shall be expended for services as specified under s. 46.27 (11).

8 ***-1627/4.17* SECTION 1779.** 49.45 (6x) (a) of the statutes is amended to read:

9 49.45 (6x) (a) Notwithstanding sub. (3) (e), from the appropriations under s.
10 20.435 (4) (b) ~~and, (o), and (w)~~, the department shall distribute not more than
11 \$4,748,000 in each fiscal year, to provide funds to an essential access city hospital,
12 except that the department may not allocate funds to an essential access city hospital
13 to the extent that the allocation would exceed any limitation under 42 USC 1396b
14 (i) (3).

15 ***-1627/4.18* SECTION 1780.** 49.45 (6y) (a) of the statutes is amended to read:

16 49.45 (6y) (a) Notwithstanding sub. (3) (e), from the appropriations under s.
17 20.435 (4) (b) ~~and, (o), and (w)~~, the department shall distribute funding in each fiscal
18 year to provide supplemental payment to hospitals that enter into a contract under
19 s. 49.02 (2) to provide health care services funded by a relief block grant, as
20 determined by the department, for hospital services that are not in excess of the
21 hospitals' customary charges for the services, as limited under 42 USC 1396b (i) (3).
22 If no relief block grant is awarded under this chapter or if the allocation of funds to
23 such hospitals would exceed any limitation under 42 USC 1396b (i) (3), the
24 department may distribute funds to hospitals that have not entered into a contract
25 under s. 49.02 (2).

1 ***-1627/4.19*** SECTION 1781. 49.45 (6y) (am) of the statutes is amended to read:

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

9 ***-1627/4.20*** SECTION 1782. 49.45 (6z) (a) (intro.) of the statutes is amended
10 to read:

11 49.45 (6z) (a) (intro.) Notwithstanding sub. (3) (e), from the appropriations
12 under s. 20.435 (4) (b) and, (o), and (w), the department shall distribute funding in
13 each fiscal year to supplement payment for services to hospitals that enter into a
14 contract under s. 49.02 (2) to provide health care services funded by a relief block
15 grant under this chapter, if the department determines that the hospitals serve a
16 disproportionate number of low-income patients with special needs. If no medical
17 relief block grant under this chapter is awarded or if the allocation of funds to such
18 hospitals would exceed any limitation under 42 USC 1396b (i) (3), the department
19 may distribute funds to hospitals that have not entered into a contract under s. 49.02
20 (2). The department may not distribute funds under this subsection to the extent
21 that the distribution would do any of the following:

22 ***-1627/4.21*** SECTION 1783. 49.45 (8) (b) of the statutes is amended to read:

23 49.45 (8) (b) Reimbursement under s. 20.435 (4) (b) and, (o), and (w) for home
24 health services provided by a certified home health agency or independent nurse
25 shall be made at the home health agency's or nurse's usual and customary fee per

1 patient care visit, subject to a maximum allowable fee per patient care visit that is
2 established under par. (c).

3 *b2027/1.5* SECTION 1786g. 49.45 (21) (title) of the statutes is amended to
4 read:

5 49.45 (21) (title) ~~TRANSFER OF BUSINESS, LIABILITY FOR~~ TAKING OVER PROVIDER'S
6 OPERATION; REPAYMENTS REQUIRED.

7 *b2027/1.5* SECTION 1786h. 49.45 (21) (a) of the statutes is renumbered 49.45
8 (21) (ar) and amended to read:

9 49.45 (21) (ar) ~~If any provider~~ Before a person may take over the operation of
10 a provider that is liable for repayment of improper or erroneous payments or
11 overpayments under ss. 49.43 to 49.497 ~~sells or otherwise transfers ownership of his~~
12 ~~or her business or all or substantially all of the assets of the business, the transferor~~
13 ~~and transferee are each liable for the repayment. Prior to final transfer, the~~
14 ~~transferee is responsible for contacting the department and ascertaining if the~~
15 ~~transferor, full repayment shall be made. Upon request, the department shall notify~~
16 the provider or the person that intends to take over the operation of the provider as
17 to whether the provider is liable under this paragraph.

18 *b2027/1.5* SECTION 1786i. 49.45 (21) (ag) of the statutes is created to read:

19 49.45 (21) (ag) In this subsection, “take over the operation” means obtain, with
20 respect to an aspect of a provider’s business for which the provider has filed claims
21 for medical assistance reimbursement, any of the following:

- 22 1. Ownership of the provider’s business or all or substantially all of the assets
23 of the business.
- 24 2. Majority control over decisions.
- 25 3. The right to any profits or income.

1 4. The right to contact and offer services to patients, clients, or residents served
2 by the provider.

3 5. An agreement that the provider will not compete with the person at all or
4 with respect to a patient, client, resident, service, geographical area, or other part
5 of the provider's business.

6 6. The right to perform services that are substantially similar to services
7 performed by the provider at the same location as those performed by the provider.

8 7. The right to use any distinctive name or symbol by which the provider is
9 known in connection with services to be provided by the person.

10 ***b2027/1.5* SECTION 1786j.** 49.45 (21) (b) of the statutes is amended to read:

11 49.45 (21) (b) ~~If a transfer occurs~~ If, notwithstanding the prohibition under par.
12 (ar), a person takes over the operation of a provider and the applicable amount under
13 par. (a) (ar) has not been repaid, the department may, in addition to withholding
14 certification as authorized under sub. (2) (b) 8., proceed against either the transferor
15 or the transferee the provider or the person. Within 30 days after ~~receiving the~~
16 certified provider receives notice from the department, the ~~transferor or the~~
17 ~~transferee shall pay the amount~~ shall be repaid in full. ~~Upon failure to comply~~ If the
18 amount is not repaid in full, the department may bring an action to compel payment.
19 ~~If a transferor fails to pay within 90 days after receiving notice from the department,~~
20 ~~the department, may proceed under sub. (2) (a) 12., or may do both.~~

21 ***b2027/1.5* SECTION 1786k.** 49.45 (21) (e) of the statutes is created to read:

22 49.45 (21) (e) The department shall promulgate rules to implement this
23 subsection.

24 ***b0621/3.1* SECTION 1787m.** 49.45 (22) of the statutes is amended to read:

1 49.45 (22) (a) If the department contracts with health maintenance
2 organizations for the provision of medical assistance it shall give special
3 consideration to health maintenance organizations that provide or that contract to
4 provide comprehensive, specialized health care services to pregnant teenagers.

5 (b) If the department contracts with health maintenance organizations for the
6 provision of medical assistance, the department shall determine which medical
7 assistance recipients who have attained the age of 2 but have not attained the age
8 of 6 and who are at risk for lead poisoning have not received lead screening from those
9 health maintenance organizations. The department shall report annually to the
10 appropriate standing committees of the legislature under s. 13.172 (3) on the
11 percentage of medical assistance recipients under the age of 2 who received a lead
12 screening test in that year provided by a health maintenance organization compared
13 with the percentage that the department set as a goal for that year.

14 ***b0621/3.1* SECTION 1787mg.** 49.45 (22) (c) of the statutes is created to read:

15 49.45 (22) (c) If the department contracts with health maintenance
16 organizations for the provision of medical assistance, each contract shall require a
17 health maintenance organization to contract with at least the number of primary
18 care providers, within a radius of 30 miles from the boundary of the area the health
19 maintenance organization serves, that is sufficient to ensure that each medical
20 assistance recipient who is eligible for medical assistance under s. 49.46 (1) (a) 1., 1g.,
21 1m., 6., 9., 10., 11., 12., or 13. or 49.47 (4) (ag) 1. or 2. will be able to adequately access
22 the health care services offered by the health maintenance organization. The
23 department shall determine the number of primary care providers with whom each
24 health maintenance organization is required to contract.

1 ***-1627/4.22* SECTION 1788.** 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 (4) (b) ~~and~~, (o), and (w), 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 ***-0424/5.5* SECTION 1789.** 49.45 (30m) of the statutes is amended to read:

9 **49.45 (30m) CERTAIN SERVICES FOR DEVELOPMENTALLY DISABLED.** A county shall
10 provide the portion of the services under s. 51.06 ~~(1)~~ (1m) (d) to individuals who are
11 eligible for medical assistance that is not provided by the federal government.

12 ***b2193/1.19* SECTION 1789b.** 49.45 (39) (a) 1. of the statutes is amended to
13 read:

14 **49.45 (39) (a) 1.** “School” means a public school described under s. 115.01 (1),
15 a charter school, as defined in s. 115.001 (1), the Wisconsin Center for the Blind and
16 Visually Impaired, or the Wisconsin ~~School~~ Educational Services Program for the
17 Deaf and Hard of Hearing. It includes school-operated early childhood programs for
18 developmentally delayed and disabled 4-year-old and 5-year-old children.

19 ***b2193/1.19* SECTION 1789c.** 49.45 (39) (am) of the statutes is amended to
20 read:

21 **49.45 (39) (am) Plan amendment.** No later than September 30, 1995, the
22 department shall submit to the federal department of health and human services an
23 amendment to the state medical assistance plan to permit the application of pars. (b)
24 and (c). If the amendment to the state plan is approved, school districts, cooperative
25 educational service agencies, and the department of public instruction on behalf of

1 the Wisconsin Center for the Blind and Visually Impaired and the Wisconsin School
2 Educational Services Program for the Deaf and Hard of Hearing claim
3 reimbursement under pars. (b) and (c). Paragraphs (b) and (c) do not apply unless
4 the amendment to the state plan is approved and in effect. The department shall
5 submit to the federal department of health and human services an amendment to the
6 state plan if necessary to permit the application of pars. (b) and (c) to the Wisconsin
7 Center for the Blind and Visually Impaired and the Wisconsin School Educational
8 Services Program for the Deaf and Hard of Hearing.

9 *b2193/1.19* SECTION 1789d. 49.45 (39) (b) of the statutes is amended to read:

10 49.45 (39) (b) *School medical services*. 1. 'Payment for school medical services.'

11 If a school district or a cooperative educational service agency elects to provide school
12 medical services and meets all requirements under par. (c), the department shall
13 reimburse the school district or the cooperative educational service agency for 60%
14 of the federal share of allowable charges for the school medical services that it
15 provides and, as specified in subd. 2., for allowable administrative costs. If the
16 Wisconsin Center for the Blind and Visually Impaired or the Wisconsin School
17 Educational Services Program for the Deaf and Hard of Hearing elects to provide
18 school medical services and meets all requirements under par. (c), the department
19 shall reimburse the department of public instruction for 60% of the federal share of
20 allowable charges for the school medical services that the Wisconsin Center for the
21 Blind and Visually Impaired or the Wisconsin School Educational Services Program
22 for the Deaf and Hard of Hearing provides and, as specified in subd. 2., for allowable
23 administrative costs. A school district, cooperative educational service agency, the
24 Wisconsin Center for the Blind and Visually Impaired or the Wisconsin School
25 Educational Services Program for the Deaf and Hard of Hearing may submit, and

1 the department shall allow, claims for common carrier transportation costs as a
2 school medical service unless the department receives notice from the federal health
3 care financing administration that, under a change in federal policy, the claims are
4 not allowed. If the department receives the notice, a school district, cooperative
5 educational service agency, the Wisconsin Center for the Blind and Visually
6 Impaired, or the Wisconsin School Educational Services Program for the Deaf and
7 Hard of Hearing may submit, and the department shall allow, unreimbursed claims
8 for common carrier transportation costs incurred before the date of the change in
9 federal policy. The department shall promulgate rules establishing a methodology
10 for making reimbursements under this paragraph. All other expenses for the school
11 medical services provided by a school district or a cooperative educational service
12 agency shall be paid for by the school district or the cooperative educational service
13 agency with funds received from state or local taxes. The school district, the
14 Wisconsin Center for the Blind and Visually Impaired, the Wisconsin School
15 Educational Services Program for the Deaf and Hard of Hearing, or the cooperative
16 educational service agency shall comply with all requirements of the federal
17 department of health and human services for receiving federal financial
18 participation.

19 2. 'Payment for school medical services administrative costs.' The department
20 shall reimburse a school district or a cooperative educational service agency specified
21 under subd. 1. and shall reimburse the department of public instruction on behalf
22 of the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin School
23 Educational Services Program for the Deaf and Hard of Hearing for 90% of the
24 federal share of allowable administrative costs, using time studies, beginning in
25 fiscal year 1999–2000. A school district or a cooperative education educational

1 service agency may submit, and the department of health and family services shall
2 allow, claims for administrative costs incurred during the period that is up to 24
3 months before the date of the claim, if allowable under federal law.

4 ***-1939/5.33* SECTION 1790.** 49.45 (40) of the statutes is amended to read:

5 49.45 (40) PERIODIC RECORD MATCHES. ~~The~~ If the department contracts with the
6 department of workforce development under s. 49.197 (5), the department shall
7 cooperate with the department of workforce development in matching records of
8 medical assistance recipients under s. 49.32 (7).

9 ***-0194/2.5* SECTION 1791.** 49.45 (46) (b) of the statutes is amended to read:

10 49.45 (46) (b) This subsection does not apply after ~~July 1~~ June 30, 2003.

11 ***b1046/1.3* SECTION 1791h.** 49.45 (47) (c) of the statutes is amended to read:

12 49.45 (47) (c) The biennial fee for the certification required under par. (b) of an
13 adult day care center is ~~\$89, plus a biennial fee of \$17.80 per client, based on the~~
14 ~~number of clients that the adult day care center is certified to serve~~ \$100. Fees
15 collected under this paragraph shall be credited to the appropriation account under
16 s. 20.435 (6) (jm).

17 ***b1046/1.3* SECTION 1791i.** 49.45 (47) (d) of the statutes is repealed.

18 ***-2016/1.1* SECTION 1792.** 49.45 (48) of the statutes is created to read:

19 49.45 (48) PAYMENT OF MEDICARE PART B OUTPATIENT HOSPITAL SERVICES
20 COINSURANCES. The department shall include in the state plan for medical assistance
21 a methodology for payment of the medicare part B outpatient hospital services
22 coinsurance amounts that are authorized under ss. 49.46 (2) (c) 2., 4., and 5m., 49.468
23 (1) (b), and 49.47 (6) (a) 6. b., d., and f.

24 ***-0460/5.1* SECTION 1797.** 49.46 (1) (a) 1. of the statutes is amended to read:

1 49.46 (1) (a) 1. ~~Any person included in the Notwithstanding s. 49.19 (20), any~~
2 ~~individual who, without regard to the individual's resources, would qualify for a~~
3 ~~grant of aid to families with dependent children and any person who does under s.~~
4 ~~49.19.~~

5 1g. Notwithstanding s. 49.19 (20), any individual who, without regard to the
6 individual's resources, would qualify for a grant of aid to families with dependent
7 children but who would not receive such ~~the~~ aid solely because of the application of
8 s. 49.19 (11) (a) 7.

9 ***b0616/1.1* SECTION 1797g.** 49.46 (1) (a) 1. of the statutes, as affected by 2001
10 Wisconsin Act (this act), is amended to read:

11 49.46 (1) (a) 1. Notwithstanding s. 49.19 (20), any individual who, without
12 regard to the individual's resources or income, would qualify for a grant of aid to
13 families with dependent children under s. 49.19 and whose income does not exceed
14 the income limit under par. (ar).

15 ***b0616/1.1* SECTION 1797j.** 49.46 (1) (a) 1g. of the statutes, as created by 2001
16 Wisconsin Act (this act), is amended to read:

17 49.46 (1) (a) 1g. Notwithstanding s. 49.19 (20), any individual who, without
18 regard to the individual's resources or income, would qualify for a grant of aid to
19 families with dependent children but ~~who~~ would not receive the aid solely because
20 of the application of s. 49.19 (11) (a) 7. and whose income does not exceed the income
21 limit under par. (ar).

22 ***-0460/5.2* SECTION 1798.** 49.46 (1) (a) 1m. of the statutes is amended to read:

23 49.46 (1) (a) 1m. Any pregnant woman ~~who meets the resource and whose~~
24 ~~income limits~~ does not exceed the standard of need under s. 49.19 (4) ~~(bm) and (es)~~

1 (11) and whose pregnancy is medically verified. Eligibility continues to the last day
2 of the month in which the 60th day after the last day of the pregnancy falls.

3 ***b0616/1.2* SECTION 1798g.** 49.46 (1) (a) 1m. of the statutes, as affected by
4 2001 Wisconsin Act ... (this act), is amended to read:

5 49.46 (1) (a) 1m. Any pregnant woman whose income does not exceed the
6 ~~standard of need under s. 49.19 (11)~~ income limit under par. (ar) and whose
7 pregnancy is medically verified. Eligibility continues to the last day of the month in
8 which the 60th day after the last day of the pregnancy falls.

9 ***b2042/2.1* SECTION 1799f.** 49.46 (1) (a) 5m. of the statutes is created to read:

10 49.46 (1) (a) 5m. Any individual who is at least 19 years of age but under 20
11 years of age and who, on his or her 18th birthday, was in foster care, or treatment
12 foster care placement under ch. 48 or 938, as determined by the department.

13 ***-0460/5.3* SECTION 1800.** 49.46 (1) (a) 6. of the statutes is amended to read:

14 49.46 (1) (a) 6. Any person not described in pars. (c) to (e) who is, without regard
15 to the individual's resources, would be considered, under federal law, to be receiving
16 aid to families with dependent children for the purpose of determining eligibility for
17 medical assistance.

18 ***b0616/1.3* SECTION 1800m.** 49.46 (1) (a) 6. of the statutes, as affected by 2001
19 Wisconsin Act ... (this act), is amended to read:

20 49.46 (1) (a) 6. Any person not described in pars. (c) to (e) who, without regard
21 to the individual's resources or income, would be considered, under federal law, to be
22 receiving aid to families with dependont children for the purpose of determining
23 eligibility for medical assistance and whose income does not exceed the income limit
24 under par. (ar).

25 ***-0460/5.4* SECTION 1801.** 49.46 (1) (a) 9. of the statutes is amended to read:

1 49.46 (1) (a) 9. Any pregnant woman not described under subd. 1., 1g. or 1m.
2 whose family income does not exceed 133% of the poverty line for a family the size
3 of the woman's family.

4 *~~0460/5.5~~* SECTION 1802. 49.46 (1) (a) 10. of the statutes is amended to read:

5 49.46 (1) (a) 10. Any child not described under subd. 1. or 1g. who is under 6
6 years of age and whose family income does not exceed 133% of the poverty line for
7 a family the size of the child's family.

8 *~~0460/5.6~~* SECTION 1803. 49.46 (1) (a) 11. of the statutes is amended to read:

9 49.46 (1) (a) 11. If a waiver under s. 49.665 is granted and in effect, any child
10 not described under subd. 1. or 1g. who has attained the age of 6 but has not attained
11 the age of 19 and whose family income does not exceed 100% of the poverty line for
12 a family the size of the child's family. If a waiver under s. 49.665 is not granted or
13 in effect, any child not described in subd. 1. or 1g. who was born after September
14 30,1983, who has attained the age of 6 but has not attained the age of 19 and whose
15 family income does not exceed 100% of the poverty line for a family the size of the
16 child's family.

17 *~~0460/5.7~~* SECTION 1804. 49.46 (1) (a) 12. of the statutes is amended to read:

18 49.46 (1) (a) 12. Any child not described under subd. 1. or 1g. who is under 19
19 years of age and ~~who meets the resource and~~ whose income limits does not exceed the
20 standard of need under s. 49.19 ~~(4) (11).~~

21 *~~b0616/1.4~~* SECTION 1804g. 49.46 (1) (a) 12. of the statutes, as affected by

22 2001 Wisconsin Act (this act), is amended to read:

23 49.46 (1) (a) 12. Any child not described under subd. 1. or 1g. who is under 19
24 years of age and whose income does not exceed the ~~standard of need under s. 49.19~~
25 ~~(11)~~ income limit under par. (ar).

1 ***b0616/1.4* SECTION 1804m.** 49.46 (1) (ar) of the statutes is created to read:

2 49.46 (1) (ar) An individual is eligible to receive medical assistance under par.
3 (a) 1., 1g., 1m., 6., and 12. if the individual's total income does not exceed the standard
4 of need under s. 49.19 (11) (a) 1. a. increased by the same percentage as the
5 percentage increase in the consumer price index, as defined in s. 49.455 (1) (b),
6 between September 2001 and September of the year immediately before the year in
7 which the individual's income is being determined.

8 ***-0460/5.8* SECTION 1805.** 49.46 (1) (e) of the statutes is amended to read:

9 49.46 (1) (e) If an application under s. 49.47 (3) shows that the ~~person has~~
10 individual meets the income and resources within the limitations of limits under s.
11 49.19; or meets the income and resource requirements under federal Title XVI or s.
12 49.77, or that the ~~person~~ individual is an essential person, an accommodated person,
13 or a patient in a public medical institution, the ~~person~~ individual shall be granted
14 the benefits enumerated under sub. (2) whether or not the ~~person~~ individual requests
15 or receives a grant of any of such aids.

16 ***b0616/1.5* SECTION 1805d.** 49.46 (1) (e) of the statutes, as affected by 2001
17 Wisconsin Act ... (this act), is amended to read:

18 49.46 (1) (e) If an application under s. 49.47 (3) shows that the individual meets
19 the income limits under s. ~~49.19~~ par. (ar) or meets the income and resource
20 requirements under federal Title XVI or s. 49.77, or that the individual is an essential
21 person, an accommodated person, or a patient in a public medical institution, the
22 individual shall be granted the benefits enumerated under sub. (2) whether or not
23 the individual requests or receives a grant of any of such aids.

24 ***-0194/2.6* SECTION 1806.** 49.46 (2) (b) 18. of the statutes is amended to read:

1 49.46 (2) (b) 18. Alcohol or other drug abuse residential treatment services of
2 no more than 45 days per treatment episode, under s. 49.45 (46). This subdivision
3 does not apply after ~~July 1~~ June 30, 2003.

4 *~~2016/1.2~~* SECTION 1807. 49.46 (2) (c) 2. of the statutes is amended to read:

5 49.46 (2) (c) 2. For an individual who is entitled to coverage under part A of
6 medicare, entitled to coverage under part B of medicare, meets the eligibility criteria
7 under sub. (1) and meets the limitation on income under subd. 6., medical assistance
8 shall include payment of the deductible and coinsurance portions of medicare
9 services under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to
10 1395zz, including those medicare services that are not included in the approved state
11 plan for services under 42 USC 1396; the monthly premiums payable under 42 USC
12 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
13 enrollment penalty, if applicable, for premiums under part A of medicare. Payment
14 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
15 other than payment of coinsurance for outpatient hospital services, may not exceed
16 the allowable charge for the service under medical assistance minus the medicare
17 payment.

18 *~~2016/1.3~~* SECTION 1808. 49.46 (2) (c) 4. of the statutes is amended to read:

19 49.46 (2) (c) 4. For an individual who is entitled to coverage under part A of
20 medicare, entitled to coverage under part B of medicare and meets the eligibility
21 criteria for medical assistance under sub. (1), but does not meet the limitation on
22 income under subd. 6., medical assistance shall include payment of the deductible
23 and coinsurance portions of medicare services under 42 USC 1395 to 1395zz which
24 are not paid under 42 USC 1395 to 1395zz, including those medicare services that
25 are not included in the approved state plan for services under 42 USC 1396. Payment

1 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
2 other than payment of coinsurance for outpatient hospital services, may not exceed
3 the allowable charge for the service under medical assistance minus the medicare
4 payment.

5 ***-2016/1.4* SECTION 1809.** 49.46 (2) (c) 5m. of the statutes is amended to read:

6 49.46 (2) (c) 5m. For an individual who is only entitled to coverage under part
7 B of medicare and meets the eligibility criteria under sub. (1), but does not meet the
8 limitation on income under subd. 6., medical assistance shall include payment of the
9 deductible and coinsurance portions of medicare services under 42 USC 1395j to
10 1395w, including those medicare services that are not included in the approved state
11 plan for services under 42 USC 1396. Payment of coinsurance for a service under
12 part B of medicare, other than payment of coinsurance for outpatient hospital
13 services, may not exceed the allowable charge for the service under medical
14 assistance minus the medicare payment.

15 ***-2016/1.5* SECTION 1810.** 49.468 (1) (b) of the statutes is amended to read:

16 49.468 (1) (b) For an elderly or disabled individual who is entitled to coverage
17 under part A of medicare, entitled to coverage under part B of medicare and who does
18 not meet the eligibility criteria for medical assistance under s. 49.46 (1), 49.465 or
19 49.47 (4) but meets the limitations on income and resources under par. (d), medical
20 assistance shall pay the deductible and coinsurance portions of medicare services
21 under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to 1395zz,
22 including those medicare services that are not included in the approved state plan
23 for services under 42 USC 1396; the monthly premiums payable under 42 USC
24 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
25 enrollment penalty, if applicable, for premiums under part A of medicare. Payment

1 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
2 other than payment of coinsurance for outpatient hospital services, may not exceed
3 the allowable charge for the service under medical assistance minus the medicare
4 payment.

5 ***-0460/5.9* SECTION 1811.** 49.47 (4) (a) 1. of the statutes is amended to read:

6 49.47 (4) (a) 1. Under ~~18~~ 21 years of age ~~or, if the person~~ and resides in an
7 intermediate care facility, skilled nursing facility, or inpatient psychiatric hospital,
8 ~~under 21 years of age.~~

9 ***-0460/5.10* SECTION 1812.** 49.47 (4) (a) 2. of the statutes is renumbered 49.47

10 (4) (ag) 2.

11 ***-0460/5.11* SECTION 1813.** 49.47 (4) (ag) (intro.) of the statutes is created to

12 read:

13 49.47 (4) (ag) (intro.) Any individual whose income does not exceed the limits
14 under par. (c) and who complies with par. (cm) is eligible for medical assistance under
15 this section if the individual is one of the following:

16 ***-0460/5.12* SECTION 1814.** 49.47 (4) (ag) 1. of the statutes is created to read:

17 49.47 (4) (ag) 1. Under the age of 18.

18 ***-0460/5.13* SECTION 1815.** 49.47 (4) (b) 2m. a. of the statutes is amended to

19 read:

20 49.47 (4) (b) 2m. a. For persons who are eligible under par. (a) 1. ~~or 2.~~, one
21 vehicle is exempt from consideration as an asset. A 2nd vehicle is exempt from
22 consideration as an asset only if the department determines that it is necessary for
23 the purpose of employment or to obtain medical care. The equity value of any
24 nonexempt vehicles owned by the applicant is an asset for the purposes of
25 determining eligibility for medical assistance under this section.

1 ***b0616/1.6* SECTION 1815g.** 49.47 (4) (c) 1. of the statutes is renumbered 49.47
2 (4) (c) 1. (intro.) and amended to read:

3 49.47 (4) (c) 1. (intro.) Except as provided in par. (am) and as limited by subd.
4 3., eligibility exists if income does not exceed ~~133 1/3%~~ of the greater of the following:

5 a. An amount equal to the maximum aid to families with dependent children
6 payment under s. 49.19 (11) (a) 1. a. for the applicant's family size or increased by the
7 same percentage as the percentage increase in the consumer price index, as defined
8 in s. 49.455 (1) (b), between September 2001 and September of the year immediately
9 before the year in which the individual's income is being determined and multiplied
10 by 133 1/3%.

11 b. An amount equal to the combined benefit amount available under
12 supplemental security income under 42 USC 1381 to 1383c and state supplemental
13 aid under s. 49.77 whichever is higher. In this subdivision "income" includes earned
14 or unearned income that would be included in determining eligibility for the
15 individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled under
16 42 USC 1381 to 1385. "Income" does not include earned or unearned income which
17 would be excluded in determining eligibility for the individual or family under s.
18 49.19 or 49.77, or for the aged, blind or disabled individual under 42 USC 1381 to
19 1385.

20 ***b0616/1.6* SECTION 1815j.** 49.47 (4) (c) 1m. of the statutes is created to read:

21 49.47 (4) (c) 1m. For purposes of determining whether an individual's income
22 meets the income requirements under subd. 1., "income" includes all of the
23 individual's earned or unearned income that would be included in determining
24 eligibility for the individual or family under s. 49.19 or 49.77, or for the aged, blind,
25 or disabled under 42 USC 1381 to 1385, and "income" does not include earned or

1 unearned income that would be excluded in determining eligibility for the individual
2 or family under s. 49.19 or 49.77, or for the aged, blind, or disabled individual under
3 42 USC 1381 to 1385.

4 ***-2016/1.6* SECTION 1816.** 49.47 (6) (a) 6. b. of the statutes is amended to read:

5 49.47 (6) (a) 6. b. An individual who is entitled to coverage under part A of
6 medicare, entitled to coverage under part B of medicare, meets the eligibility criteria
7 under sub. (4) (a) and meets the income limitation, the deductible and coinsurance
8 portions of medicare services under 42 USC 1395 to 1395zz which are not paid under
9 42 USC 1395 to 1395zz, including those medicare services that are not included in
10 the approved state plan for services under 42 USC 1396; the monthly premiums
11 payable under 42 USC 1395v; the monthly premiums, if applicable, under 42 USC
12 1395i-2 (d); and the late enrollment penalty, if applicable, for premiums under part
13 A of medicare. Payment of coinsurance for a service under part B of medicare under
14 42 USC 1395j to 1395w, other than payment of coinsurance for outpatient hospital
15 services, may not exceed the allowable charge for the service under medical
16 assistance minus the medicare payment.

17 ***-2016/1.7* SECTION 1817.** 49.47 (6) (a) 6. d. of the statutes is amended to read:

18 49.47 (6) (a) 6. d. An individual who is entitled to coverage under part A of
19 medicare, entitled to coverage under part B of medicare and meets the eligibility
20 criteria for medical assistance under sub. (4) (a) but does not meet the income
21 limitation, the deductible and coinsurance portions of medicare services under 42
22 USC 1395 to 1395zz which are not paid under 42 USC 1395 to 1395zz, including those
23 medicare services that are not included in the approved state plan for services under
24 42 USC 1396. Payment of coinsurance for a service under part B of medicare under
25 42 USC 1395j to 1395w, other than payment of coinsurance for outpatient hospital

1 services, may not exceed the allowable charge for the service under medical
2 assistance minus the medicare payment.

3 *~~2016/1.8~~* SECTION 1818. 49.47 (6) (a) 6. f. of the statutes is amended to read:

4 49.47 (6) (a) 6. f. For an individual who is only entitled to coverage under part
5 B of medicare and meets the eligibility criteria under sub. (4), but does not meet the
6 income limitation, medical assistance shall include payment of the deductible and
7 coinsurance portions of medicare services under 42 USC 1395j to 1395w, including
8 those medicare services that are not included in the approved state plan for services
9 under 42 USC 1396. Payment of coinsurance for a service under part B of medicare,
10 other than payment of coinsurance for outpatient hospital services, may not exceed
11 the allowable charge for the service under medical assistance minus the medicare
12 payment.

13 *~~0460/5.14~~* SECTION 1819. 49.47 (6) (a) 7. of the statutes is amended to read:

14 49.47 (6) (a) 7. Beneficiaries eligible under sub. (4) ~~(a) 2.~~ (ag) 2. or (am) 1., for
15 services under s. 49.46 (2) (a) and (b) that are related to pregnancy, including
16 postpartum services and family planning services, as defined in s. 253.07 (1) (b), or
17 related to other conditions which may complicate pregnancy.

18 *~~1627/4.23~~* SECTION 1820. 49.472 (6) (a) of the statutes is amended to read:

19 49.472 (6) (a) Notwithstanding sub. (4) (a) 3., from the appropriation under s.
20 20.435 (4) (b) or (w), the department shall, on the part of an individual who is eligible
21 for medical assistance under sub. (3), pay premiums for or purchase individual
22 coverage offered by the individual's employer if the department determines that
23 paying the premiums for or purchasing the coverage will not be more costly than
24 providing medical assistance.

25 *~~1627/4.24~~* SECTION 1821. 49.472 (6) (b) of the statutes is amended to read:

1 49.472 (6) (b) If federal financial participation is available, from the
2 appropriation under s. 20.435 (4) (b) or (w), the department may pay medicare Part
3 A and Part B premiums for individuals who are eligible for medicare and for medical
4 assistance under sub. (3).

5 *~~1926/3.2~~* SECTION 1822. 49.473 of the statutes is created to read:

6 **49.473 Medical assistance; women diagnosed with breast or cervical**
7 **cancer.** (1) In this section:

8 (a) “County department” means a county department under s. 46.215, 46.22,
9 or 46.23.

10 (b) “Qualified entity” has the meaning given in 42 USC 1396r–1b (b) (2).

11 (2) A woman is eligible for medical assistance as provided under sub. (5) if, after
12 applying to the department or a county department, the department or a county
13 department determines that she meets all of the following requirements:

14 (a) The woman is not eligible for medical assistance under ss. 49.46 (1) and
15 (1m), 49.465, 49.468, 49.47, and 49.472, and is not eligible for health care coverage
16 under s. 49.665.

17 (b) The woman is under 65 years of age.

18 (c) The woman is not eligible for health care coverage that qualifies as
19 creditable coverage in 42 USC 300gg (c).

20 (d) The woman has been screened for breast or cervical cancer under a breast
21 and cervical cancer early detection program that is authorized under a grant
22 received under 42 USC 300k.

23 (e) The woman requires treatment for breast or cervical cancer.

24 (3) Prior to applying to the department or a county department for medical
25 assistance, a woman is eligible for medical assistance as provided under sub. (5)

1 beginning on the date on which a qualified entity determines, on the basis of
2 preliminary information, that the woman meets the requirements specified in sub.
3 (2) and ending on one of the following dates:

4 (a) If the woman applies to the department or a county department for medical
5 assistance within the time limit required under sub. (4), the day on which the
6 department or county department determines whether the woman meets the
7 requirements under sub. (2).

8 (b) If the woman does not apply to the department or county department for
9 medical assistance within the time limit required under sub. (4), the last day of the
10 month following the month in which the qualified entity determines that the woman
11 is eligible for medical assistance.

12 (4) A woman who a qualified entity determines under sub. (3) is eligible for
13 medical assistance shall apply to the department or county department no later than
14 the last day of the month following the month in which the qualified entity
15 determines that the woman is eligible for medical assistance.

16 (5) The department shall audit and pay, from the appropriation accounts under
17 s. 20.435 (4) (b) and (o), allowable charges to a provider who is certified under s. 49.45
18 (2) (a) 11. for medical assistance on behalf of a woman who meets the requirements
19 under sub. (2) for all benefits and services specified under s. 49.46 (2).

20 (6) A qualified entity that determines under sub. (3) that a woman is eligible
21 for medical assistance as provided under sub. (5) shall do all of the following:

22 (a) Notify the department of the determination no later than 5 days after the
23 date on which the determination is made.

24 (b) Inform the woman at the of time the determination that she is required to
25 apply to the department or a county department for medical assistance no later than

1 the last day of the month following the month in which the qualified entity
2 determines that the woman is eligible for medical assistance.

3 (7) The department shall provide qualified entities with application forms for
4 medical assistance and information on how to assist women in completing the form.

5 *b0625/3.21* SECTION 1835k. Subchapter V (title) of chapter 49 [precedes
6 49.66] of the statutes is amended to read:

7 CHAPTER 49

8 SUBCHAPTER V

9 OTHER MEDICALLY RELATED SERVICES

10 AND SUPPORT AND MEDICAL PROGRAMS

11 *-1627/4.25* SECTION 1836. 49.665 (4) (at) 1. a. of the statutes is amended to
12 read:

13 49.665 (4) (at) 1. a. Except as provided in subd. 1. b., the department shall
14 establish a lower maximum income level for the initial eligibility determination if
15 funding under s. 20.435 (4) (bc), (jz) ~~and~~, (p), and (x) is insufficient to accommodate
16 the projected enrollment levels for the health care program under this section. The
17 adjustment may not be greater than necessary to ensure sufficient funding.

18 *b0611/1.1* SECTION 1836g. 49.665 (4) (at) 1. b. of the statutes is amended to
19 read:

20 49.665 (4) (at) 1. b. The department may not lower the maximum income level
21 for initial eligibility unless the department first submits to the joint committee on
22 finance ~~its plans~~ a plan for lowering the maximum income level ~~and the committee~~
23 ~~approves the plan~~. If, within 14 days after ~~submitting the plan~~ the date on which the
24 plan is submitted to the joint committee on finance, the cochairpersons of the
25 committee do not notify the secretary that the committee has scheduled a meeting

1 for the purpose of reviewing the plan, the department shall implement the plan is
2 considered approved by the committee as proposed. If within 14 days after the date
3 on which the plan is submitted to the committee, the cochairpersons of the committee
4 notify the secretary that the committee has scheduled a meeting to review the plan,
5 the department may implement the plan only as approved by the committee.

6 *b0611/1.1* SECTION 1836r. 49.665 (4) (at) 1. c. of the statutes is created to
7 read:

8 49.665 (4) (at) 1. c. Notwithstanding s. 20.001 (3) (b), if, after reviewing the plan
9 submitted under subd. 1. b., the joint committee on finance determines that the
10 amounts appropriated under s. 20.435 (4) (bc), (jz), (p), and (x) are insufficient to
11 accommodate the projected enrollment levels, the committee may transfer
12 appropriated moneys from the general purpose revenue appropriation account of any
13 state agency, as defined in s. 20.001 (1), other than a sum sufficient appropriation
14 account, to the appropriation account under s. 20.435 (4) (bc) to supplement the
15 health care program under this section if the committee finds that the transfer will
16 eliminate unnecessary duplication of functions, result in more efficient and effective
17 methods for performing programs or more effectively carry out legislative intent, and
18 that legislative intent will not be changed by the transfer.

19 *-1627/4.26* SECTION 1837. 49.665 (4) (at) 2. of the statutes is amended to
20 read:

21 49.665 (4) (at) 2. If, after the department has established a lower maximum
22 income level under subd. 1., projections indicate that funding under s. 20.435 (4) (bc),
23 (jz) ~~and~~, (p), ~~and~~ (x) is sufficient to raise the level, the department shall, by state plan
24 amendment, raise the maximum income level for initial eligibility, but not to exceed
25 185% of the poverty line.

1 ***b0385/3.2* SECTION 1837p.** 49.68 (3) (b) of the statutes is amended to read:

2 49.68 (3) (b) The From the appropriation accounts under ss. 20.435 (4) (e) and
3 (je), the state shall pay the cost of medical treatment required as a direct result of
4 chronic renal disease of certified patients from the date of certification, including the
5 cost of administering recombinant human erythropoietin to appropriate patients,
6 whether the treatment is rendered in an approved facility in the state or in a dialysis
7 or transplantation center which is approved as such by a contiguous state, subject
8 to the conditions specified under par. (d). Approved facilities may include a hospital
9 in-center dialysis unit or a nonhospital dialysis center which is closely affiliated with
10 a home dialysis program supervised by an approved facility. Aid shall also be
11 provided for all reasonable expenses incurred by a potential living-related donor,
12 including evaluation, hospitalization, surgical costs and postoperative follow-up to
13 the extent that these costs are not reimbursable under the federal medicare program
14 or other insurance. In addition, all expenses incurred in the procurement,
15 transportation and preservation of cadaveric donor kidneys shall be covered to the
16 extent that these costs are not otherwise reimbursable. All donor-related costs are
17 chargeable to the recipient and reimbursable under this subsection.

18 ***b0385/3.2* SECTION 1837q.** 49.683 (2) of the statutes is amended to read:

19 49.683 (2) Approved costs for medical care under sub. (1) shall be paid from the
20 appropriation accounts under s. 20.435 (4) (e) and (je).

21 ***b0385/3.2* SECTION 1837r.** 49.685 (2) of the statutes is amended to read:

22 49.685 (2) ASSISTANCE PROGRAM. The From the appropriation accounts under
23 s. 20.435 (4) (e) and (je), the department shall establish a program of financial
24 assistance to persons suffering from hemophilia and other related congenital
25 bleeding disorders. The program shall assist such persons to purchase the blood

1 derivatives and supplies necessary for home care. The program shall be
2 administered through the comprehensive hemophilia treatment centers.

3 ***b0385/3.2* SECTION 1837s.** 49.687 (title) of the statutes is amended to read:

4 **49.687 (title) Disease aids; patient ~~financial and liability~~ requirements;**
5 **rebate agreements.**

6 ***-1707/1.1* SECTION 1838.** 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 (4) (e) and
12 (je), the department shall revise the sliding scale for patient liability by January 1,
13 1994, and shall, every 3 years thereafter by January 1, review and, if necessary,
14 revise the sliding scale.

15 ***b0385/3.5* SECTION 1838c.** 49.687 (3) of the statutes is created to read:

16 49.687 (3) The department or an entity with which the department contracts
17 shall provide to a drug manufacturer that sells drugs for prescribed use in this state
18 documents designed for use by the manufacturer in entering into a rebate agreement
19 with the department or entity that is modeled on the rebate agreement specified
20 under 42 USC 1396r-8. The department or entity may enter into a rebate agreement
21 under this subsection that shall include all of the following as requirements:

22 (a) That, as a condition of coverage for prescription drugs of a manufacturer
23 under s. 49.68, 49.683, or 49.685, the manufacturer shall make rebate payments for
24 each prescription drug of the manufacturer that is prescribed for and purchased by
25 persons who meet eligibility criteria under s. 49.68, 49.683, or 49.685, to the state

1 treasurer to be credited to the appropriation under s. 20.435 (4) (je), each calendar
2 quarter or according to a schedule established by the department.

3 (b) That the amount of the rebate payment shall be determined by a method
4 specified in 42 USC 1396r–8 (c), except that, if the average manufacturer price for
5 a prescription drug exceeds the average manufacturer price of the drug as of
6 December 31, 2000, or the first calendar quarter after the day on which the drug was
7 first available, as adjusted for inflation, the rebate amount shall increase by the
8 amount of the difference.

9 *b2202/2.7* SECTION 1838gb. 49.688 of the statutes is created to read:

10 **49.688 Prescription drug assistance for elderly persons.** (1) In this
11 section:

12 (a) “Generic name” has the meaning given in s. 450.12 (1) (b).

13 (b) “Poverty line” means the nonfarm federal poverty line for the continental
14 United States, as defined by the federal department of labor under 42 USC 9902 (2).

15 (c) “Prescription drug” means a prescription drug, as defined in s. 450.01 (20),
16 that is included in the drugs specified under s. 49.46 (2) (b) 6. h. and that is
17 manufactured by a drug manufacturer that enters into a rebate agreement in force
18 under sub. (6).

19 (d) “Prescription order” has the meaning given in s. 450.01 (21).

20 (e) “Program payment rate” means the rate of payment made for the identical
21 drug specified under s. 49.46 (2) (b) 6. h., plus 5%, plus a dispensing fee that is equal
22 to the dispensing fee permitted to be charged for prescription drugs for which
23 coverage is provided under s. 49.46 (2) (b) 6. h.

24 (2) (a) A person to whom all of the following applies is eligible to purchase a
25 prescription drug for the amounts specified in sub. (5) (a) 1. and 2.:

1 1. The person is a resident, as defined in s. 27.01 (10) (a), of this state.

2 2. The person is at least 65 years of age.

3 3. The person is not a recipient of medical assistance.

4 4. The person's annual household income, as determined by the department,
5 does not exceed 240% of the federal poverty line for a family the size of the person's
6 eligible family.

7 5. The person pays the program enrollment fee specified in sub. (3) (a).

8 (b) A person to whom par. (a) 1. to 3. and 5. applies, but whose annual household
9 income, as determined by the department, exceeds 240% of the federal poverty line
10 for a family the size of the persons' eligible family, is eligible to purchase a
11 prescription drug at the amounts specified in sub. (5) (a) 4. only during the remaining
12 amount of any 12-month period in which the person has first paid the annual
13 deductible specified in sub. (3) (b) 2. a. in purchasing prescription drugs at the retail
14 price and has then paid the annual deductible specified in sub. (3) (b) 2. b.

15 (3) Program participants shall pay all of the following:

16 (a) For each 12-month benefit period, a program enrollment fee of \$20.

17 (b) 1. For each 12-month benefit period, for a person specified in sub. (2) (a),
18 a deductible for prescription drugs of \$500, except that a person whose annual
19 household income, as determined by the department, is 160% or less of the federal
20 poverty line for a family the size of the person's eligible family pays no deductible.

21 2. For each 12-month benefit period, for a person specified in sub. (2) (b), a
22 deductible for prescription drugs that equals all of the following:

23 a. The difference between the person's annual household income and 240% of
24 the federal poverty line for a family the size of the person's eligible family.

25 b. Five hundred dollars.

1 (c) After payment of any applicable deductible under par. (b), all of the
2 following:

3 1. A copayment of \$5 for each prescription drug that bears only a generic name.

4 2. A copayment of \$15 for each prescription drug that does not bear only a
5 generic name.

6 (d) Notwithstanding s. 49.002, if a person who is eligible under this section has
7 other available coverage for payment of a prescription drug, this section applies only
8 to costs for prescription drugs for the persons that are not covered under the person's
9 other available coverage.

10 (4) The department shall devise and distribute a form for application for the
11 program under sub. (2), shall determine eligibility for each 12-month benefit period
12 of applicants and shall issue to eligible persons a prescription drug card for use in
13 purchasing prescription drugs, as specified in sub. (5). The department shall
14 promulgate rules that specify the criteria to be used to determine household income
15 under sub. (2) (a) 4. and (b) and (3) (b) 1.

16 (5) (a) Beginning on September 1, 2002, except as provided in sub. (7) (b), as
17 a condition of participation by a pharmacy or pharmacist in the program under s.
18 49.45, 49.46, or 49.47, the pharmacy or pharmacist may not charge a person who
19 presents a valid prescription order and a card indicating that he or she meets
20 eligibility requirements under sub. (2) an amount for a prescription drug under the
21 order that exceeds the following:

22 1. For a deductible, as specified in sub. (3) (b) 1. and 2. b., the program payment
23 rate.

1 2. After any applicable deductible under subd. 1. is charged, the copayment, as
2 applicable, that is specified in sub. (3) (c) 1. or 2. No dispensing fee may be charged
3 to a person under this subdivision.

4 3. For a deductible, as specified in sub. (3) (b) 2. a., the retail price.

5 4. After the deductible under subd. 3. is charged, the copayment, as applicable,
6 that is specified in sub. (3) (c) 1. or 2. No dispensing fee may be charged to a person
7 under this subdivision.

8 (b) The department shall calculate and transmit to pharmacies and
9 pharmacists that are certified providers of medical assistance amounts that may be
10 used in calculating charges under par. (a). The department shall periodically update
11 this information and transmit the updated amounts to pharmacies and pharmacists.

12 (6) The department, or an entity with which the department contracts, shall
13 provide to a drug manufacturer that sells drugs for prescribed use in this state
14 documents designed for use by the manufacturer in entering into a rebate agreement
15 with the department or entity that is modeled on the rebate agreement specified
16 under 42 USC 1396r-8. A rebate agreement under this subsection shall include all
17 of the following as requirements:

18 (a) That, except as provided in sub. (7) (b), the manufacturer shall make rebate
19 payments for each prescription drug of the manufacturer that is prescribed for and
20 purchased by persons who meet criteria under sub. (2) (a) and persons who meet
21 criteria under sub. (2) (b) and have paid the deductible under sub. (3) (b) 2. a., to the
22 state treasurer to be credited to the appropriation account under s. 20.435 (4) (j), each
23 calendar quarter or according to a schedule established by the department.

24 (b) That, except as provided in sub. (7) (b), the amount of the rebate payment
25 shall be determined by a method specified in 42 USC 1396r-8 (c).

1 (7) (a) Except as provided in par. (b), from the appropriation accounts under
2 s. 20.435 (4) (bv) and (j), beginning on September 1, 2002, the department shall,
3 under a schedule that is identical to that used by the department for payment of
4 pharmacy provider claims under medical assistance, provide to pharmacies and
5 pharmacists payments for prescription drugs sold by the pharmacies or pharmacists
6 to persons eligible under sub. (2) who have paid the deductible specified under sub.
7 (3) (b) 1. or 2. or who, under sub. (3) (b) 1., are not required to pay a deductible. The
8 payment for each prescription drug under this paragraph shall be at the program
9 payment rate, minus any copayment paid by the person under sub. (5) (a) 2. or 4., and
10 plus, if applicable, incentive payments that are similar to those provided under s.
11 49.45 (8v). The department shall devise and distribute a claim form for use by
12 pharmacies and pharmacists under this paragraph and may limit payment under
13 this paragraph to those prescription drugs for which payment claims are submitted
14 by pharmacists or pharmacies directly to the department. The department may
15 apply to the program under this section the same utilization and cost control
16 procedures that apply under rules promulgated by the department to medical
17 assistance under subch. IV of ch. 49.

18 (b) During any period in which funding under s. 20.435 (4) (bv) is completely
19 expended for the payments specified in par. (a), the requirements of par. (a) and subs.
20 (3) (c), (5), and (6) (a) and (b) do not apply to drugs purchased during that period, but
21 the department shall continue to accept applications and determine eligibility under
22 sub. (4) and shall indicate to applicants that the eligibility of program participants
23 to purchase prescription drugs as specified in sub. (3), under the requirements of sub.
24 (5), is conditioned on the availability of funding under s. 20.435 (4) (bv).

1 (8) The department shall, under methods promulgated by the department by
2 rule, monitor compliance by pharmacies and pharmacists that are certified providers
3 of medical assistance with the requirements of sub. (5) and shall annually report to
4 the legislature under s. 13.172 (2) concerning the compliance. The report shall
5 include information on any pharmacies or pharmacists that discontinue
6 participation as certified providers of medical assistance and the reasons given for
7 the discontinuance.

8 (9) (a) The department shall promulgate rules relating to prohibitions on fraud
9 that are substantially similar to applicable provisions under s. 49.49 (1) (a).

10 (b) A person who is convicted of violating a rule promulgated by the department
11 under par. (a) in connection with that person's furnishing of prescription drugs under
12 this section may be fined not more than \$25,000, or imprisoned for not more than 7
13 years and 6 months, or both.

14 (c) A person other than a person specified in par. (b) who is convicted of violating
15 a rule promulgated by the department under par. (a) may be fined not more than
16 \$10,000, or imprisoned for not more than one year, or both.

17 (10) If federal law is amended to provide coverage for prescription drugs for
18 outpatient care as a benefit under medicare or to provide similar coverage under
19 another program, the department shall submit to appropriate standing committees
20 of the legislature under s. 13.172 (3) a report that contains an analysis of the
21 differences between such a federal program and the program under this section and
22 that provides recommendations concerning alignment, if any, of the differences.

23 (11) The department shall request from the federal secretary of health and
24 human services a waiver, under 42 USC 1315 (a), of federal medicaid laws necessary
25 to permit the department of health and family services to conduct a project, under

1 all of the requirements of this section, to expand eligibility for medical assistance,
2 for purposes of receipt of prescription drugs as a benefit, to include individuals who
3 are eligible under sub. (2). The department may implement a waiver requested
4 under this subsection only if the conditions of the waiver are consistent with the
5 requirements of this section. The department shall implement the program under
6 this section regardless of whether a waiver, as specified in this subsection, is
7 received.

8 (12) Except as provided in subs. (8) to (11) and except for the department's
9 rule-making requirements and authority, the department may enter into a contract
10 with an entity to perform the duties and exercise the powers of the department under
11 this section.

12 *b0625/3.22* SECTION 1838sb. 49.79 (2) (b) of the statutes is created to read:

13 49.79 (2) (b) An individual who fails to comply with the work requirements of
14 the employment and training program under s. 49.13 (2) (a) is ineligible to
15 participate in the food stamp program as specified under s. 49.13 (3).

16 *b0625/3.22* SECTION 1838t. 49.79 (9) of the statutes is created to read:

17 49.79 (9) FRAUD INVESTIGATIONS AND ERROR REDUCTION ACTIVITIES. If the
18 department does not contract with the department of workforce development under
19 s. 49.197 (5), the department shall establish and administer a program to investigate
20 fraudulent activity on the part of recipients of food stamps and to reduce errors in
21 the payments of benefits under the food stamp program.

22 *b0625/3.22* SECTION 1838td. 49.79 (10) of the statutes is created to read:

23 49.79 (10) CONTRACT FOR EMPLOYMENT AND TRAINING PROGRAM. The department
24 shall contract with the department of workforce development to administer the
25 employment and training program under s. 49.13.

1 ***b0429/2.7* SECTION 1838u.** 49.85 (1) of the statutes is amended to read:

2 49.85 (1) ~~COUNTY DEPARTMENT~~ DEPARTMENT NOTIFICATION REQUIREMENT. If a
3 county department under s. 46.215, 46.22, or 46.23, ~~or~~ a governing body of a federally
4 recognized American Indian tribe or band ~~or a Wisconsin works agency~~ determines
5 that the department of health and family services may recover an amount under s.
6 49.497 or that the department of workforce development may recover an amount
7 under s. 49.125, 49.161, or 49.195 (3), the county department or governing body shall
8 notify the affected department of the determination. If a Wisconsin works agency
9 determines that the department of workforce development may recover an amount
10 under s. 49.161 or 49.195 (3), the Wisconsin works agency shall notify the
11 department of workforce development of the determination.

12 ***b0429/2.7* SECTION 1838v.** 49.85 (1) of the statutes, as affected by 2001
13 Wisconsin Act (this act), is amended to read:

14 49.85 (1) DEPARTMENT NOTIFICATION REQUIREMENT. If a county department
15 under s. 46.215, 46.22, or 46.23 or a governing body of a federally recognized
16 American Indian tribe or band determines that the department of health and family
17 services may recover an amount under s. 49.497 or that the department of workforce
18 development may recover an amount under s. ~~49.125, 49.161, or 49.195 (3),~~ or 49.793,
19 the county department or governing body shall notify the affected department of the
20 determination. If a Wisconsin works agency determines that the department of
21 workforce development may recover an amount under s. 49.161 or 49.195 (3), the
22 Wisconsin works agency shall notify the department of workforce development of the
23 determination.

24 ***b2027/1.6* SECTION 1838w.** 49.85 (2) (a) of the statutes is amended to read:

1 49.85 (2) (a) At least annually, the department of health and family services
2 shall certify to the department of revenue the amounts that, based on the
3 notifications received under sub. (1) and on other information received by the
4 department of health and family services, the department of health and family
5 services has determined that it may recover under s. 49.45 (2) (a) 10. or 49.497, except
6 that the department of health and family services may not certify an amount under
7 this subsection unless it has met the notice requirements under sub. (3) and unless
8 its determination has either not been appealed or is no longer under appeal.

9 ***b0625/3.23* SECTION 1839m.** 49.85 (2) (b) of the statutes is amended to read:

10 49.85 (2) (b) At least annually, the department of workforce development shall
11 certify to the department of revenue the amounts that, based on the notifications
12 received under sub. (1) and on other information received by the department of
13 workforce development, the department of workforce development has determined
14 that it may recover under ss. 49.125, 49.161 and, 49.195 (3), and 49.793, except that
15 the department of workforce development may not certify an amount under this
16 subsection unless it has met the notice requirements under sub. (3) and unless its
17 determination has either not been appealed or is no longer under appeal.

18 ***b2027/1.7* SECTION 1840e.** 49.85 (3) (a) 1. of the statutes is amended to read:

19 49.85 (3) (a) 1. Inform the person that the department of health and family
20 services intends to certify to the department of revenue an amount that the
21 department of health and family services has determined to be due under s. 49.45
22 (2) (a) 10. or 49.497, for setoff from any state tax refund that may be due the person.

23 ***b0625/3.24* SECTION 1840g.** 49.85 (3) (b) 1. of the statutes is amended to
24 read:

1 49.85 (3) (b) 1. Inform the person that the department of workforce
2 development intends to certify to the department of revenue an amount that the
3 department of workforce development has determined to be due under s. ~~49.125,~~
4 49.161 ~~or~~ 49.195 (3), or 49.793, for setoff from any state tax refund that may be due
5 the person.

6 *~~1908/1.1~~* SECTION 1841. 49.853 (2) of the statutes is amended to read:

7 49.853 (2) FINANCIAL RECORD MATCHING PROGRAM AND AGREEMENTS. The
8 department shall operate a financial record matching program under this section.
9 The department shall promulgate rules specifying procedures under which the
10 department shall enter into agreements with financial institutions doing business
11 in this state to operate the financial record matching program under this section.
12 The agreement shall require the financial institution to participate in the financial
13 record matching program under this section by electing either the financial
14 institution matching option under sub. (3) or the state matching option under sub.
15 (4). ~~The rules promulgated under this section shall provide for reimbursement of~~
16 ~~financial institutions in an amount not to exceed their actual costs of participation~~
17 department shall reimburse a financial institution up to \$125 per quarter for
18 participating in the financial record matching program under this section.

19 *~~0529/6.4~~* SECTION 1842. 49.855 (1) of the statutes is amended to read:

20 49.855 (1) If a person obligated to ~~provide~~ pay child support, family support ~~or~~,
21 maintenance, or the receiving and disbursing fee under s. 767.29 (1) (d) is delinquent
22 ~~in making court-ordered~~ any of those payments, or owes an outstanding amount that
23 has been ordered by the court for past support, medical expenses, or birth expenses,
24 upon application under s. 59.53 (5) the department of workforce development shall
25 certify the delinquent payment or outstanding amount to the department of revenue

1 and, at least annually, shall provide to the department of revenue any certifications
2 of delinquencies or outstanding amounts that it receives from another state because
3 the obligor resides in this state.

4 *–0529/6.5* SECTION 1843. 49.855 (3) of the statutes is amended to read:

5 49.855 (3) Receipt of a certification by the department of revenue shall
6 constitute a lien, equal to the amount certified, on any state tax refunds or credits
7 owed to the obligor. The lien shall be foreclosed by the department of revenue as a
8 setoff under s. 71.93 (3), (6), and (7). When the department of revenue determines
9 that the obligor is otherwise entitled to a state tax refund or credit, it shall notify the
10 obligor that the state intends to reduce any state tax refund or credit due the obligor
11 by the amount the obligor is delinquent under the support ~~or~~, maintenance, or
12 receiving and disbursing fee order or obligation, by the outstanding amount for past
13 support, medical expenses, or birth expenses under the court order, or by the amount
14 due under s. 46.10 (4) or 301.12 (4). The notice shall provide that within 20 days the
15 obligor may request a hearing before the circuit court rendering the order under
16 which the obligation arose. Within 10 days after receiving a request for hearing
17 under this subsection, the court shall set the matter for hearing. Pending further
18 order by the court or family court commissioner, the department of workforce
19 development or its designee, whichever is appropriate, is prohibited from disbursing
20 the obligor's state tax refund or credit. The family court commissioner may conduct
21 the hearing. The sole issues at that hearing shall be whether the obligor owes the
22 amount certified and, if not and it is a support or maintenance order, whether the
23 money withheld from a tax refund or credit shall be paid to the obligor or held for
24 future support or maintenance. An obligor ~~may, within 20 days of receiving notice~~

1 ~~that the amount certified shall be withheld from his or her federal tax refund or~~
2 ~~credit, request a hearing under this subsection.~~

3 ***b0550/1.6* SECTION 1844b.** 49.855 (4) of the statutes is renumbered 49.855
4 (4) (a) and amended to read:

5 49.855 (4) (a) The department of revenue shall send ~~that~~ the portion of any
6 state ~~or federal~~ tax refunds or credits withheld for delinquent child or family support
7 or maintenance or past support, medical expenses, or birth expenses to the
8 department of workforce development or its designee for ~~distribution to the obligee~~
9 deposit in the support collections trust fund under s. 25.68 and shall send the portion
10 of any state tax refunds or credits withheld for delinquent receiving and disbursing
11 fees to the department of workforce development or its designee for deposit in the
12 appropriation account under s. 20.445 (3) (ja). The department of workforce
13 development shall make a settlement at least annually with the department of
14 revenue. The settlement shall state the amounts certified, the amounts deducted
15 from tax refunds and credits, and the administrative costs incurred by the
16 department of revenue.

17 ***b0550/1.10* SECTION 1844c.** 49.855 (4) (b) of the statutes is created to read:

18 49.855 (4) (b) The department of administration shall send the portion of any
19 federal tax refunds or credits received from the internal revenue service that was
20 withheld for delinquent child or family support or maintenance or past support,
21 medical expenses, or birth expenses to the department of workforce development or
22 its designee for deposit in the support collections trust fund under s. 25.68 and shall
23 send the portion of any federal tax refunds or credits received from the internal
24 revenue service that was withheld for delinquent receiving and disbursing fees to the

1 department of workforce development or its designee for deposit in the appropriation
2 account under s. 20.445 (3) (ja).

3 *–0529/6.7* SECTION 1845. 49.855 (4m) (b) of the statutes is amended to read:

4 49.855 (4m) (b) The department of revenue may provide a certification that it
5 receives under sub. (1), (2m), or (2p) to the department of administration. Upon
6 receipt of the certification, the department of administration shall determine
7 whether the obligor is a vendor or is receiving any other payments from this state,
8 except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s.
9 45.351 (1), this chapter, or ch. 46, 108, or 301. If the department of administration
10 determines that the obligor is a vendor or is receiving payments from this state,
11 except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s.
12 45.351 (1), this chapter, or ch. 46, 108, or 301, it shall begin to withhold the amount
13 certified from those payments and shall notify the obligor that the state intends to
14 reduce any payments due the obligor by the amount the obligor is delinquent under
15 the support ~~or~~, maintenance, or receiving and disbursing fee order or obligation, by
16 the outstanding amount for past support, medical expenses, or birth expenses under
17 the court order, or by the amount due under s. 46.10 (4) or 301.12 (4). The notice shall
18 provide that within 20 days after receipt of the notice the obligor may request a
19 hearing before the circuit court rendering the order under which the obligation arose.
20 An obligor may, within 20 days after receiving notice, request a hearing under this
21 paragraph. Within 10 days after receiving a request for hearing under this
22 paragraph, the court shall set the matter for hearing. The family court commissioner
23 may conduct the hearing. Pending further order by the court or family court
24 commissioner, the department of workforce development or its designee, whichever
25 is appropriate, may not disburse the payments withheld from the obligor. The sole

1 issues at the hearing are whether the obligor owes the amount certified and, if not
2 and it is a support or maintenance order, whether the money withheld shall be paid
3 to the obligor or held for future support or maintenance.

4 ***-0529/6.8* SECTION 1846.** 49.855 (4m) (c) of the statutes is amended to read:

5 49.855 (4m) (c) Except as provided by order of the court after hearing under
6 par. (b), the department of administration shall continue withholding until the
7 amount certified is recovered in full. The department of administration shall
8 transfer the amounts withheld under this paragraph to the department of workforce
9 development or its designee, the department of health and family services, or the
10 department of corrections, whichever is appropriate. The department of workforce
11 development or its designee shall distribute deposit amounts withheld for
12 delinquent child or family support or, maintenance, or receiving and disbursing fees
13 or past support, medical expenses, or birth expenses to the obligee in the
14 appropriation account under s. 20.445 (3) (kp).

15 ***b1417/2.1* SECTION 1877g.** 50.01 (1) (b) of the statutes is amended to read:

16 50.01 (1) (b) A place where 3 or 4 adults who are not related to the operator
17 reside and receive care, treatment or services that are above the level of room and
18 board and that may include up to 7 hours per week of nursing care per resident.
19 “Adult family home” does not include a place that is specified in sub. (1g) (a) to (d),
20 (f) or (g) or a respite facility, as defined in s. 50.85 (1) (d).

21 ***b1417/2.1* SECTION 1877h.** 50.01 (1g) (h) of the statutes is created to read:

22 50.01 (1g) (h) A respite facility, as defined in s. 50.85 (1) (d).

23 ***b1417/2.1* SECTION 1877i.** 50.01 (3) (f) of the statutes is created to read:

24 50.01 (3) (f) A respite facility, as defined in s. 50.85 (1) (d).

25 ***b2027/1.8* SECTION 1877p.** 50.03 (13) (a) of the statutes is amended to read:

1 50.03 (13) (a) *New license*. Whenever ownership of a facility is transferred from
2 the person or persons named in the license to any other person or persons, the
3 transferee must obtain a new license. The license may be a probationary license.
4 Penalties under sub. (1) shall apply to violations of this subsection. The transferee
5 shall notify the department of the transfer, file an application under sub. (3) (b), and
6 apply for a new license at least 30 days prior to final transfer. Retention of any
7 interest required to be disclosed under sub. (3) (b) after transfer by any person who
8 held such an interest prior to transfer may constitute grounds for denial of a license
9 where violations of this subchapter for which notice had been given to the transferor
10 are outstanding and uncorrected, if the department determines that effective control
11 over operation of the facility has not been transferred. If the transferor was a
12 provider under s. 49.43 (10), the transferee and transferor shall comply with s. 49.45
13 (21).

14 ***-0197/1.1*** SECTION 1878. 50.033 (2s) (intro.) of the statutes is amended to
15 read:

16 50.033 (2s) REQUIRED REFERRAL. (intro.) Subject to sub. (2t), an adult family
17 home shall, within the time period prescribed by the department by rule, refer to a
18 resource center under s. 46.283 a person who is seeking admission, who is at least
19 65 years of age or has developmental disability or a physical disability and whose
20 disability or condition is expected to last at least 90 days, unless any of the following
21 applies:

22 ***-0197/1.2*** SECTION 1886. 50.034 (5n) (intro.) of the statutes is amended to
23 read:

24 50.034 (5n) REQUIRED REFERRAL. (intro.) Subject to sub. (5p), a residential care
25 apartment complex shall, within the time period prescribed by the department by

1 rule, refer to a resource center under s. 46.283 a person who is seeking admission,
2 who is at least 65 years of age or has developmental disability or a physical disability
3 and whose disability or condition is expected to last at least 90 days, unless any of
4 the following applies:

5 ***-0197/1.3* SECTION 1894.** 50.035 (4n) (intro.) of the statutes is amended to
6 read:

7 50.035 (4n) REQUIRED REFERRAL. (intro.) Subject to sub. (4p), a
8 community-based residential facility shall, within the time period prescribed by the
9 department by rule, refer to a resource center under s. 46.283 a person who is seeking
10 admission, who is at least 65 years of age or has developmental disability or a
11 physical disability and whose disability or condition is expected to last at least 90
12 days, unless any of the following applies:

13 ***b1417/2.2* SECTION 1894r.** 50.065 (1) (c) (intro.) of the statutes is amended
14 to read:

15 50.065 (1) (c) (intro.) “Entity” means a facility, organization or service that is
16 licensed or certified by or registered with the department to provide direct care or
17 treatment services to clients. “Entity” includes a hospital, a personal care worker
18 agency, a supportive home care service agency, a temporary employment agency that
19 provides caregivers to another entity, a respite facility, and the board on aging and
20 long-term care. “Entity” does not include any of the following:

21 ***b1417/2.2* SECTION 1897g.** 50.50 (3) (a) 7. of the statutes is created to read:

22 50.50 (3) (a) 7. A respite facility.

23 ***b1417/2.2* SECTION 1900b.** Subchapter IV (title) of chapter 50 [precedes
24 50.85] of the statutes is amended to read: