

1 ***-0193/3.8*** SECTION 1760. 49.45 (2) (b) 8. of the statutes is created to read:
2 49.45 (2) (b) 8. Require a person who takes over the operation, as defined in sub.
3 (21) (ag), of a provider, to first obtain certification under par. (a) 11. for the operation
4 of the provider, regardless of whether the person is currently certified. The
5 department may withhold the certification required under this subdivision until any
6 outstanding repayment under sub. (21) is made.

7 ***-0193/3.9*** SECTION 1761. 49.45 (2) (b) 9. of the statutes is created to read:
8 49.45 (2) (b) 9. After providing reasonable notice and opportunity for a hearing,
9 charge a fee to a provider that repeatedly has been subject to recoveries under par.
10 (a) 10. a. because of the provider's failure to follow identical or similar billing
11 procedures or to follow other identical or similar program requirements. The fee
12 shall be used to defray in part the costs of audits and investigations by the
13 department under sub. (3) (g) and may not exceed \$1,000 or 200% of the amount of
14 any such repeated recovery made, whichever is greater. The provider shall pay the
15 fee to the department within 10 days after receipt of notice of the fee or the final
16 decision after administrative hearing, whichever is later. The department may
17 recover any part of a fee not timely paid by offsetting the fee against any medical
18 assistance payment owed to the provider and may refer any such unpaid fees not
19 collected in this manner to the attorney general, who may proceed with collection
20 under this subdivision. Failure to timely pay in any manner a fee charged under this
21 subdivision, other than a fee that is offset against any medical assistance payment
22 owed to the provider, is grounds for decertification under subd. 12. A provider's
23 payment of a fee does not relieve the provider of any other legal liability incurred in
24 connection with the recovery for which the fee is charged, but is not evidence of

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1 violation of a statute or rule. The department shall credit all fees received under this
2 subdivision to the appropriation account under s. 20.135 (4) (iL).

3 ***-0205/3.18* SECTION 1762.** 49.45 (3) (ag) of the statutes is amended to read:

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

7 ***-0193/3.10* SECTION 1763.** 49.45 (3) (g) of the statutes is amended to read:

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

1 patient health care records of a recipient. Authorized employees shall have authority
2 to may hold hearings, administer oaths, take testimony, and perform all other duties
3 necessary to bring ~~such~~ the matter before the department for final adjudication and
4 determination.

5 *~~0193/3.11~~* SECTION 1764. 49.45 (3) (h) 1. of the statutes is repealed.

6 *~~0193/3.12~~* SECTION 1765. 49.45 (3) (h) 2. of the statutes is repealed.

7 *~~0193/3.13~~* SECTION 1766. 49.45 (3) (h) 3. of the statutes is renumbered 49.45

8 (3) (h) and amended to read:

9 49.45 (3) (h) ~~The failure or refusal of a person to purge himself or herself of~~
10 ~~contempt found under s. 885.12 and perform the act as required by law shall~~
11 ~~constitute provider to accord department auditors or investigators access as required~~
12 ~~under par. (g) to any provider personnel, records, books, patient health care records~~
13 ~~of medical assistance recipients, or documents or other information requested~~
14 ~~constitutes grounds for decertification or suspension of that person the provider from~~
15 ~~participation in the medical assistance program and no. No payment may be made~~
16 ~~for services rendered by that person subsequent to the provider following~~
17 ~~decertification or, during the period of suspension, or during any period of provider~~
18 ~~failure or refusal to accord access as required under par. (g).~~

19 *~~1627/4.11~~* SECTION 1767. 49.45 (5m) (am) of the statutes is amended to read:

20 49.45 (5m) (am) Notwithstanding sub. (3) (e), from the appropriations under
21 s. 20.435 (4) (b) ~~and, (o), and (w),~~ the department shall distribute not more than
22 \$2,256,000 in each fiscal year, to provide supplemental funds to rural hospitals that,
23 as determined by the department, have high utilization of inpatient services by
24 patients whose care is provided from governmental sources, and to provide
25 supplemental funds to critical access hospitals, except that the department may not

1 distribute funds to a rural hospital or to a critical access hospital to the extent that
2 the distribution would exceed any limitation under 42 USC 1396b (i) (3).

3 ***-1897/1.1* SECTION 1768.** 49.45 (5r) of the statutes is repealed.

4 ***-0425/2.1* SECTION 1769.** 49.45 (6b) of the statutes is amended to read:

5 49.45 (6b) CENTERS FOR THE DEVELOPMENTALLY DISABLED. From the
6 appropriation under s. 20.435 (2) (gk), the department may reimburse the cost of
7 services provided by the centers for the developmentally disabled. Reimbursement
8 to the centers for the developmentally disabled shall be reduced following each
9 placement made under s. 46.275 that involves a relocation from a center for the
10 developmentally disabled, by ~~\$184~~ \$200 per day, beginning in fiscal year ~~1999–2000~~
11 2001–02, and by \$190 ~~\$225~~ per day, beginning in fiscal year ~~2000–01~~ 2002–03.

12 ***-1627/4.12* SECTION 1770.** 49.45 (6m) (ag) (intro.) of the statutes is amended
13 to read:

14 49.45 (6m) (ag) (intro.) Payment for care provided in a facility under this
15 subsection made under s. 20.435 (4) (b), (pa) ~~or~~ (o), or (w) shall, except as provided
16 in pars. (bg), (bm), and (br), be determined according to a prospective payment
17 system updated annually by the department. The payment system shall implement
18 standards that are necessary and proper for providing patient care and that meet
19 quality and safety standards established under subch. II of ch. 50 and ch. 150. The
20 payment system shall reflect all of the following:

21 ***-0436/1.1* SECTION 1771.** 49.45 (6m) (ar) 1. a. of the statutes is amended to
22 read:

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

1 of those facilities in this state and separate standards for payment of allowable direct
2 care costs, for facilities that primarily serve the developmentally disabled, that take
3 into account direct care costs for a sample of all of those facilities in this state. The
4 standards shall be adjusted by the department for regional labor cost variations.

5 *~~1712/2.8~~* SECTION 1772. 49.45 (6m) (L) of the statutes is amended to read:

6 49.45 (6m) (L) For purposes of ss. 46.27 (11) (c) 7. and 46.277 (5) (e), the
7 department shall, by July 1 annually, may determine annually the statewide medical
8 assistance daily cost of nursing home care and submit the determination to the
9 department of administration for review. ~~The department of administration shall~~
10 ~~approve the determination before payment may be made under s. 46.27 (11) (c) 7. or~~
11 ~~46.277 (5) (e).~~

12 *~~0194/2.1~~* SECTION 1773. 49.45 (6t) (intro.) of the statutes is amended to
13 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. and L., and Lm., 9. and 15., and 18.,
20 for case management services under s. 49.46 (2) (b) 12. and for mental health day
21 treatment services for minors provided under the authorization under 42 USC 1396d
22 (r) (5), the department shall allocate up to \$4,500,000 moneys in each fiscal year to
23 these county departments, or local health departments as determined by the
24 department, and shall perform all of the following:

1 ***-0194/2.2* SECTION 1774.** 49.45 (6t) (intro.) of the statutes, as affected by
2 2001 Wisconsin Act (this act), is repealed and recreated to read:

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

14 ***-0194/2.3* SECTION 1775.** 49.45 (6t) (a) of the statutes is amended to read:

15 **49.45 (6t) (a)** For the reduction of operating deficits incurred by the county
16 departments or local health departments, estimate the availability of federal
17 medicaid funds that may be matched to county, city, town, or village funds that are
18 expended for costs in excess of reimbursement for services provided under s. 49.46
19 (2) (a) 4. d. and (b) 6. f., fm., j., k. and, L., and Lm., 9. and, 15., and 18., for case
20 management services under s. 49.46 (2) (b) 12. and for mental health day treatment
21 services for ~~minor~~ minors provided under the authorization under 42 USC 1396d (r)
22 (5).

23 ***-0194/2.4* SECTION 1776.** 49.45 (6t) (a) of the statutes, as affected by 2001
24 Wisconsin Act (this act), is repealed and recreated 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., L., and Lm., 9., and 15., for case management
6 services under s. 49.46 (2) (b) 12. and for mental health day treatment services for
7 minors provided under the authorization under 42 USC 1396d (r) (5).

8 ***-1627/4.13*** SECTION 1777. 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) and (w), for reduction of operating deficits, as defined under criteria
15 developed the methodology used by the department in December, 2000, incurred by
16 a facility, ~~as defined under sub. (6m) (a) 3.,~~ that is established under s. 49.70 (1) or
17 that is owned and operated by a city, village, or town, the department may not
18 distribute to these facilities more than ~~\$40,100,000~~ \$37,100,000 in each fiscal year,
19 as determined by the department. The total amount that a county certifies under
20 this subsection may not exceed 100% of otherwise-unreimbursed care. In
21 distributing funds under this subsection, the department shall perform all of the
22 following:

23 2. (intro.) Based on the amount estimated available under ~~par. (a) subd. 1.,~~
24 develop a method to distribute this allocation to the individual facilities that have
25 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 *-1627/4.14* SECTION 1778. 49.45 (6u) (intro.) of the statutes is amended to
21 read:

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

1 established under s. 49.70 (1) or that is owned and operated by a city, village or town,
2 the department may not distribute to these facilities more than \$38,600,000
3 \$40,100,000 in each fiscal year, as determined by the department, ~~except that the~~
4 ~~department shall also distribute for this same purpose from the appropriation under~~
5 ~~s. 20.435 (4) (o) any additional federal medical assistance moneys that were not~~
6 ~~anticipated before enactment of the biennial budget act or other legislation affecting~~
7 s. 20.435 (4) (o). The total amount that a county certifies under this subsection may
8 not exceed 100% of otherwise-unreimbursed care. In distributing funds under this
9 subsection, the department shall perform all of the following:

10 *~~1627/4.15~~* SECTION 1779. 49.45 (6u) (ag) of the statutes is created to read:

11 49.45 (6u) (ag) In this subsection, "facility" has the meaning given in sub. (6m)

12 (a) 3.

13 *~~1627/4.16~~* SECTION 1780. 49.45 (6u) (bm) of the statutes is created to read:

14 49.45 (6u) (bm) In state fiscal years in which \$115,200,000 or more in federal
15 financial participation relating to facilities is received under 42 CFR 433.51, from the
16 appropriations under s. 20.435 (4) (o) and (w), for reduction of operating deficits, as
17 defined under criteria developed by the department, incurred by a facility that is
18 established under s. 49.70 (1) or that is owned and operated by a city, village, or town,
19 the department may not distribute to these facilities more than \$77,100,000 in each
20 fiscal year, as determined by the department under a methodology as specified in the
21 state plan for services under 42 USC 1396.

22 *~~1627/4.17~~* SECTION 1781. 49.45 (6x) (a) of the statutes is amended to read:

23 49.45 (6x) (a) Notwithstanding sub. (3) (e), from the appropriations under s.
24 20.435 (4) (b) and, (o), and (w), the department shall distribute not more than
25 \$4,748,000 in each fiscal year, to provide funds to an essential access city hospital,

1 except that the department may not allocate funds to an essential access city hospital
2 to the extent that the allocation would exceed any limitation under 42 USC 1396b
3 (i) (3).

4 ***-1627/4.18* SECTION 1782.** 49.45 (6y) (a) of the statutes is amended to read:

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

11 If no relief block grant is awarded under this chapter or if the allocation of funds to
12 such hospitals would exceed any limitation under 42 USC 1396b (i) (3), the
13 department may distribute funds to hospitals that have not entered into a contract
14 under s. 49.02 (2).

15 ***-1627/4.19* SECTION 1783.** 49.45 (6y) (am) of the statutes is amended to read:

16 49.45 (6y) (am) Notwithstanding sub. (3) (e), from the appropriations under s.
17 20.435 (4) (b), (h) and, (o), and (w), the department shall distribute funding in each
18 fiscal year to provide supplemental payments to hospitals that enter into contracts
19 under s. 49.02 (2) with a county having a population of 500,000 or more to provide
20 health care services funded by a relief block grant, as determined by the department,
21 for hospital services that are not in excess of the hospitals' customary charges for the
22 services, as limited under 42 USC 1396b (i) (3).

23 ***-1627/4.20* SECTION 1784.** 49.45 (6z) (a) (intro.) of the statutes is amended
24 to read:

1 49.45 (6z) (a) (intro.) Notwithstanding sub. (3) (e), from the appropriations
2 under s. 20.435 (4) (b) ~~and~~, (o), and (w), the department shall distribute funding in
3 each fiscal year to supplement payment for services to hospitals that enter into a
4 contract under s. 49.02 (2) to provide health care services funded by a relief block
5 grant under this chapter, if the department determines that the hospitals serve a
6 disproportionate number of low-income patients with special needs. If no medical
7 relief block grant under this chapter is awarded or if the allocation of funds to such
8 hospitals would exceed any limitation under 42 USC 1396b (i) (3), the department
9 may distribute funds to hospitals that have not entered into a contract under s. 49.02
10 (2). The department may not distribute funds under this subsection to the extent
11 that the distribution would do any of the following:

12 *~~1627/4.21~~* **SECTION 1785.** 49.45 (8) (b) of the statutes is amended to read:

13 49.45 (8) (b) Reimbursement under s. 20.435 (4) (b) ~~and~~, (o), and (w) for home
14 health services provided by a certified home health agency or independent nurse
15 shall be made at the home health agency's or nurse's usual and customary fee per
16 patient care visit, subject to a maximum allowable fee per patient care visit that is
17 established under par. (c).

18 *~~0193/3.14~~* **SECTION 1786.** 49.45 (21) (title) of the statutes is amended to
19 read:

20 49.45 (21) (title) ~~TRANSFER OF BUSINESS, LIABILITY FOR~~ TAKING OVER PROVIDER'S
21 OPERATION; REPAYMENTS REQUIRED.

22 *~~0193/3.15~~* **SECTION 1787.** 49.45 (21) (a) of the statutes is renumbered 49.45
23 (21) (ar) and amended to read:

24 49.45 (21) (ar) ~~If any provider~~ Before a person may take over the operation of
25 a provider that is liable for repayment of improper or erroneous payments or

1 overpayments under ss. 49.43 to 49.497 ~~sells or otherwise transfers ownership of his~~
2 ~~or her business or all or substantially all of the assets of the business, the transferor~~
3 ~~and transferee are each liable for the repayment. Prior to final transfer, the~~
4 ~~transferee is responsible for contacting the department and ascertaining if the~~
5 ~~transferor, full repayment shall be made. Upon request, the department shall notify~~
6 ~~the provider or the person that intends to take over the operation of the provider as~~
7 ~~to whether the provider is liable under this paragraph.~~

8 ***-0193/3.16*** SECTION 1788. 49.45 (21) (ag) of the statutes is created to read:

9 49.45 (21) (ag) In this subsection, “take over the operation” means obtain, with
10 respect to an aspect of a provider’s business for which the provider has filed claims
11 for medical assistance reimbursement, any of the following:

12 1. Ownership of the provider’s business or all or substantially all of the assets
13 of the business.

14 2. Majority control over decisions.

15 3. The right to any profits or income.

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

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

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

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

25 ***-0193/3.17*** SECTION 1789. 49.45 (21) (b) of the statutes is amended to read:

1 49.45 (21) (b) ~~If a transfer occurs~~ If, notwithstanding the prohibition under par.
2 (ar), a person takes over the operation of a provider and the applicable amount under
3 par. (a) (ar) has not been repaid, the department may, in addition to withholding
4 certification as authorized under sub. (2) (b) 8., proceed against either the transferor
5 ~~or the transferee~~ the provider or the person. Within 30 days after ~~receiving the~~
6 certified provider receives notice from the department, the ~~transferor or the~~
7 ~~transferee shall pay the amount~~ shall be repaid in full. ~~Upon failure to comply~~ If the
8 amount is not repaid in full, the department may bring an action to compel payment.
9 ~~If a transferor fails to pay within 90 days after receiving notice from the department,~~
10 ~~the department, may proceed under sub. (2) (a) 12., or may do both.~~

11 *~~-1627/4.22~~* SECTION 1790. 49.45 (24m) (intro.) of the statutes is amended to
12 read:

13 49.45 (24m) HOME HEALTH CARE AND PERSONAL CARE PILOT PROGRAM. (intro.)
14 From the appropriations under s. 20.435 (4) (b) ~~and, (o), and (w),~~ in order to test the
15 feasibility of instituting a system of reimbursement for providers of home health care
16 and personal care services for medical assistance recipients that is based on
17 competitive bidding, the department shall:

18 *~~-0424/5.5~~* SECTION 1791. 49.45 (30m) of the statutes is amended to read:

19 49.45 (30m) CERTAIN SERVICES FOR DEVELOPMENTALLY DISABLED. A county shall
20 provide the portion of the services under s. 51.06 ~~(1)~~ (1m) (d) to individuals who are
21 eligible for medical assistance that is not provided by the federal government.

22 *~~-1939/5.33~~* SECTION 1792. 49.45 (40) of the statutes is amended to read:

23 49.45 (40) PERIODIC RECORD MATCHES. ~~The~~ If the department contracts with the
24 department of workforce development under sub. (2) (b) 6., the department shall

1 cooperate with the department of workforce development in matching records of
2 medical assistance recipients under s. 49.32 (7).

3 ***-0194/2.5* SECTION 1793.** 49.45 (46) (b) of the statutes is amended to read:

4 49.45 (46) (b) This subsection does not apply after ~~July 1~~ June 30, 2003.

5 ***-2016/1.1* SECTION 1794.** 49.45 (48) of the statutes is created to read:

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

11 ***-1706/5.4* SECTION 1795.** 49.45 (49) of the statutes is created to read:

12 49.45 (49) PROMOTION OF PRESCRIPTION DRUG ASSISTANCE PLANS. (a) In this
13 subsection, “prescription drug” means a prescription drug, as defined in s. 450.01
14 (20), that is included in the drugs specified under s. 49.46 (2) (b) 6. h.

15 (b) The department shall, together with the department of administration,
16 promote, in health information and on the state’s Internet site, private prescription
17 drug assistance plans, including offers by prescription drug manufacturers of
18 specific no-cost or reduced-cost prescription drugs and private plans that offer
19 prescription drug discounts to members.

20 ***-1706/5.5* SECTION 1796.** 49.45 (50) of the statutes is created to read:

21 49.45 (50) FEDERAL DISCOUNT DRUG PROGRAM. (a) In this subsection, “federally
22 qualified health center” has the meaning specified in 42 USC 1396d (L) (2) (B).

23 (b) The department shall inform those entities, including tribes and federally
24 qualified health centers, that are eligible for the federal prescription drug discount
25 program under 42 USC 256b about their eligibility and about the benefits of the

1 program and shall provide technical assistance to the entities in applying for and
2 implementing benefits under the program.

3 ***-1706/5.6* SECTION 1797.** 49.45 (51) of the statutes is created to read:

4 49.45 (51) FEDERALLY QUALIFIED HEALTH CENTERS. (a) In this subsection,
5 "federally qualified health center" has the meaning specified in 42 USC 1396 (L) (2)
6 (B).

7 (b) The department shall analyze health care data in the state so as to identify
8 areas that could be eligible for and benefit from establishment of federally qualified
9 health centers and shall provide entities in the identified areas with information
10 about and technical assistance in developing federally qualified health centers.

11 ***-1706/5.7* SECTION 1798.** 49.45 (52) of the statutes is created to read:

12 49.45 (52) BULK PURCHASE AND MAIL ORDER DELIVERY OF PRESCRIPTION DRUGS. (a)
13 In this subsection, "prescription drug" means a prescription drug, as defined in s.
14 450.01 (20), that is included in the drugs specified under s. 49.46 (2) (b) 6. h.

15 (b) The department shall work with the department of administration to
16 contract with a private entity for the bulk purchase and mail order delivery of
17 prescription drugs and medical supplies for persons who meet eligibility
18 requirements under s. 49.46 (1), 49.468, 49.47 (4), or 49.472, or, if a waiver is granted,
19 under s. 49.477, and who have chronic conditions, including diabetes, asthma, and
20 hypertension. Participation by an eligible person under this subsection is voluntary.
21 If the department contracts under this subsection, the private entity with which the
22 department contracts shall administer and promote the bulk purchase and mail
23 order delivery of prescription drugs and shall, each 3 months, telephone participants
24 to ascertain their progress in administering self-care.

1 (c) Annually, the department shall evaluate hospital and emergency room costs
2 of participants under par. (b) to determine the extent of savings, if any, achieved by
3 their participation in the bulk purchase and mail order delivery of prescription
4 drugs.

****NOTE: This is reconciled s. 49.45 (52) (formerly numbered s. 49.45 (48)). This
SECTION has been affected by drafts with the following LRB numbers: LRB-1706/4 and
LRB-2016/1.

5 ***-0460/5.1* SECTION 1799.** 49.46 (1) (a) 1. of the statutes is amended to read:
6 49.46 (1) (a) 1. ~~Any person included in the~~ Notwithstanding s. 49.19 (20), any
7 individual who, without regard to the individual's resources, would qualify for a
8 grant of aid to families with dependent children and any person who does under s.
9 49.19.

10 1g. Notwithstanding s. 49.19 (20), any individual who, without regard to the
11 individual's resources, would qualify for a grant of aid to families with dependent
12 children but who would not receive such the aid solely because of the application of
13 s. 49.19 (11) (a) 7.

14 ***-0460/5.2* SECTION 1800.** 49.46 (1) (a) 1m. of the statutes is amended to read:
15 49.46 (1) (a) 1m. Any pregnant woman ~~who meets the resource and whose~~
16 income limits does not exceed the standard of need under s. 49.19 (4) (bm) and (es)
17 (11) and whose pregnancy is medically verified. Eligibility continues to the last day
18 of the month in which the 60th day after the last day of the pregnancy falls.

19 ***-0441/6.43* SECTION 1801.** 49.46 (1) (a) 5. of the statutes is amended to read:
20 49.46 (1) (a) 5. Any child in an adoption assistance, foster care, kinship care,
21 long-term kinship care or, treatment foster care, or subsidized guardianship
22 placement under ch. 48 or 938, as determined by the department.

23 ***-0460/5.3* SECTION 1802.** 49.46 (1) (a) 6. of the statutes is amended to read:

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

5 ***-0460/5.4* SECTION 1803.** 49.46 (1) (a) 9. of the statutes is amended to read:

6 49.46 (1) (a) 9. Any pregnant woman not described under subd. 1., 1g., or 1m.
7 whose family income does not exceed 133% of the poverty line for a family the size
8 of the woman's family.

9 ***-0460/5.5* SECTION 1804.** 49.46 (1) (a) 10. of the statutes is amended to read:

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

13 ***-0460/5.6* SECTION 1805.** 49.46 (1) (a) 11. of the statutes is amended to read:

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

22 ***-0460/5.7* SECTION 1806.** 49.46 (1) (a) 12. of the statutes 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 ~~who meets the resource and~~ whose income limits does not exceed the
25 standard of need under s. 49.19 (4) (11).

SECTION 1807

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1 ***-0460/5.8*** SECTION 1807. 49.46 (1) (e) of the statutes is amended to read:

2 49.46 (1) (e) If an application under s. 49.47 (3) shows that the ~~person~~ has
3 individual meets the income and resources within the limitations of limits under s.
4 49.19, or meets the income and resource requirements under federal Title XVI or s.
5 49.77, or that the ~~person~~ individual is an essential person, an accommodated person,
6 or a patient in a public medical institution, the ~~person~~ individual shall be granted
7 the benefits enumerated under sub. (2) whether or not the ~~person~~ individual requests
8 or receives a grant of any of such aids.

9 ***-0194/2.6*** SECTION 1808. 49.46 (2) (b) 18. of the statutes is amended to read:

10 49.46 (2) (b) 18. Alcohol or other drug abuse residential treatment services of
11 no more than 45 days per treatment episode, under s. 49.45 (46). This subdivision
12 does not apply after ~~July 1~~ June 30, 2003.

13 ***-2016/1.2*** SECTION 1809. 49.46 (2) (c) 2. of the statutes is amended to read:

14 49.46 (2) (c) 2. For an individual who is entitled to coverage under part A of
15 medicare, entitled to coverage under part B of medicare, meets the eligibility criteria
16 under sub. (1) and meets the limitation on income under subd. 6., medical assistance
17 shall include payment of the deductible and coinsurance portions of medicare
18 services under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to
19 1395zz, including those medicare services that are not included in the approved state
20 plan for services under 42 USC 1396; the monthly premiums payable under 42 USC
21 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
22 enrollment penalty, if applicable, for premiums under part A of medicare. Payment
23 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
24 other than payment of coinsurance for outpatient hospital services, may not exceed

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1 the allowable charge for the service under medical assistance minus the medicare
2 payment.

3 ***-2016/1.3*** SECTION 1810. 49.46 (2) (c) 4. of the statutes is amended to read:

4 49.46 (2) (c) 4. For an individual who is entitled to coverage under part A of
5 medicare, entitled to coverage under part B of medicare and meets the eligibility
6 criteria for medical assistance under sub. (1), but does not meet the limitation on
7 income under subd. 6., medical assistance shall include payment of the deductible
8 and coinsurance portions of medicare services under 42 USC 1395 to 1395zz which
9 are not paid under 42 USC 1395 to 1395zz, including those medicare services that
10 are not included in the approved state plan for services under 42 USC 1396. Payment
11 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
12 other than payment of coinsurance for outpatient hospital services, may not exceed
13 the allowable charge for the service under medical assistance minus the medicare
14 payment.

15 ***-2016/1.4*** SECTION 1811. 49.46 (2) (c) 5m. of the statutes is amended to read:

16 49.46 (2) (c) 5m. For an individual who is only entitled to coverage under part
17 B of medicare and meets the eligibility criteria under sub. (1), but does not meet the
18 limitation on income under subd. 6., medical assistance shall include payment of the
19 deductible and coinsurance portions of medicare services under 42 USC 1395j to
20 1395w, including those medicare services that are not included in the approved state
21 plan for services under 42 USC 1396. Payment of coinsurance for a service under
22 part B of medicare, other than payment of coinsurance for outpatient hospital
23 services, may not exceed the allowable charge for the service under medical
24 assistance minus the medicare payment.

25 ***-2016/1.5*** SECTION 1812. 49.468 (1) (b) of the statutes is amended to read:

1 49.468 (1) (b) For an elderly or disabled individual who is entitled to coverage
2 under part A of medicare, entitled to coverage under part B of medicare and who does
3 not meet the eligibility criteria for medical assistance under s. 49.46 (1), 49.465 or
4 49.47 (4) but meets the limitations on income and resources under par. (d), medical
5 assistance shall pay the deductible and coinsurance portions of medicare services
6 under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to 1395zz,
7 including those medicare services that are not included in the approved state plan
8 for services under 42 USC 1396; the monthly premiums payable under 42 USC
9 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
10 enrollment penalty, if applicable, for premiums under part A of medicare. Payment
11 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
12 other than payment of coinsurance for outpatient hospital services, may not exceed
13 the allowable charge for the service under medical assistance minus the medicare
14 payment.

15 *~~0460/5.9~~* SECTION 1813. 49.47 (4) (a) 1. of the statutes is amended to read:

16 49.47 (4) (a) 1. Under ~~18~~ 21 years of age ~~or, if the person~~ and resides in an
17 intermediate care facility, skilled nursing facility, or inpatient psychiatric hospital,
18 ~~under 21 years of age.~~

19 *~~0460/5.10~~* SECTION 1814. 49.47 (4) (a) 2. of the statutes is renumbered 49.47
20 (4) (ag) 2.

21 *~~0460/5.11~~* SECTION 1815. 49.47 (4) (ag) (intro.) of the statutes is created to
22 read:

23 49.47 (4) (ag) (intro.) Any individual whose income does not exceed the limits
24 under par. (c) and who complies with par. (cm) is eligible for medical assistance under
25 this section if the individual is one of the following:

1 ***-0460/5.12*** SECTION 1816. 49.47 (4) (ag) 1. of the statutes is created to read:
2 49.47 (4) (ag) 1. Under the age of 18.

3 ***-0460/5.13*** SECTION 1817. 49.47 (4) (b) 2m. a. of the statutes is amended to
4 read:

5 49.47 (4) (b) 2m. a. For persons who are eligible under par. (a) 1. ~~or 2~~, one
6 vehicle is exempt from consideration as an asset. A 2nd vehicle is exempt from
7 consideration as an asset only if the department determines that it is necessary for
8 the purpose of employment or to obtain medical care. The equity value of any
9 nonexempt vehicles owned by the applicant is an asset for the purposes of
10 determining eligibility for medical assistance under this section.

11 ***-2016/1.6*** SECTION 1818. 49.47 (6) (a) 6. b. of the statutes is amended to read:
12 49.47 (6) (a) 6. b. An individual who is entitled to coverage under part A of
13 medicare, entitled to coverage under part B of medicare, meets the eligibility criteria
14 under sub. (4) (a) and meets the income limitation, the deductible and coinsurance
15 portions of medicare services under 42 USC 1395 to 1395zz which are not paid under
16 42 USC 1395 to 1395zz, including those medicare services that are not included in
17 the approved state plan for services under 42 USC 1396; the monthly premiums
18 payable under 42 USC 1395v; the monthly premiums, if applicable, under 42 USC
19 1395i-2 (d); and the late enrollment penalty, if applicable, for premiums under part
20 A of medicare. Payment of coinsurance for a service under part B of medicare under
21 42 USC 1395j to 1395w, other than payment of coinsurance for outpatient hospital
22 services, may not exceed the allowable charge for the service under medical
23 assistance minus the medicare payment.

24 ***-2016/1.7*** SECTION 1819. 49.47 (6) (a) 6. d. of the statutes is amended to read:

1 49.47 (6) (a) 6. d. An individual who is entitled to coverage under part A of
2 medicare, entitled to coverage under part B of medicare and meets the eligibility
3 criteria for medical assistance under sub. (4) (a) but does not meet the income
4 limitation, the deductible and coinsurance portions of medicare services under 42
5 USC 1395 to 1395zz which are not paid under 42 USC 1395 to 1395zz, including those
6 medicare services that are not included in the approved state plan for services under
7 42 USC 1396. Payment of coinsurance for a service under part B of medicare under
8 42 USC 1395j to 1395w, other than payment of coinsurance for outpatient hospital
9 services, may not exceed the allowable charge for the service under medical
10 assistance minus the medicare payment.

11 ***-2016/1.8*** SECTION 1820. 49.47 (6) (a) 6. f. of the statutes is amended to read:

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

21 ***-0460/5.14*** SECTION 1821. 49.47 (6) (a) 7. of the statutes is amended to read:

22 49.47 (6) (a) 7. Beneficiaries eligible under sub. (4) ~~(a) 2.~~ (ag) 2. or (am) 1., for
23 services under s. 49.46 (2) (a) and (b) that are related to pregnancy, including
24 postpartum services and family planning services, as defined in s. 253.07 (1) (b), or
25 related to other conditions which may complicate pregnancy.

1 ***-1627/4.23*** SECTION 1822. 49.472 (6) (a) of the statutes is amended to read:

2 49.472 (6) (a) Notwithstanding sub. (4) (a) 3., from the appropriation under s.
3 20.435 (4) (b) or (w), the department shall, on the part of an individual who is eligible
4 for medical assistance under sub. (3), pay premiums for or purchase individual
5 coverage offered by the individual's employer if the department determines that
6 paying the premiums for or purchasing the coverage will not be more costly than
7 providing medical assistance.

8 ***-1627/4.24*** SECTION 1823. 49.472 (6) (b) of the statutes is amended to read:

9 49.472 (6) (b) If federal financial participation is available, from the
10 appropriation under s. 20.435 (4) (b) or (w), the department may pay medicare Part
11 A and Part B premiums for individuals who are eligible for medicare and for medical
12 assistance under sub. (3).

13 ***-1926/3.2*** SECTION 1824. 49.473 of the statutes is created to read:

14 **49.473 Medical assistance; women diagnosed with breast or cervical**
15 **cancer.** (1) A woman is eligible for medical assistance as provided under sub. (2)
16 if she meets all of the following requirements:

17 (a) The woman is not eligible for medical assistance under ss. 49.46 (1) and
18 (1m), 49.465, 49.468, 49.47, and 49.472, and is not eligible for health care coverage
19 under s. 49.665.

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

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

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

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

2 (2) The department shall audit and pay, from the appropriation accounts under
3 s. 20.435 (4) (b) and (o), allowable charges to a provider who is certified under s. 49.45
4 (2) (a) 11. for medical assistance on behalf of a woman who meets the requirements
5 under sub. (1) for all benefits and services specified under s. 49.46 (2).

6 *–1706/5.8* SECTION 1825. 49.477 of the statutes is created to read:

7 **49.477 Prescription drug assistance project.** (1) In this section:

8 (a) “Medicare” means coverage under part A or part B of Title XVIII of the
9 federal Social Security Act, 42 USC 1395 to 1395y.

10 (b) “Pharmacy discount rate” means the rate of medical assistance payment for
11 the identical drug specified under s. 49.46 (2) (b) 6. h.

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

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

18 (e) “Prescription order” has the meaning given in s. 450.01 (21).

19 (2) The department shall request from the secretary of the federal department
20 of health and human services a waiver, under 42 USC 1315 (a), of federal medicaid
21 laws necessary to permit the department to conduct a project to expand eligibility for
22 medical assistance to include individuals who meet the requirements specified under
23 sub. (3). Eligibility for medical assistance under this subsection entitles an
24 individual only to a benefit related to prescription drugs as specified under sub. (3).

1 (3) Notwithstanding ss. 49.46 (1) and 49.47 (4), a person who is a resident, as
2 defined in s. 27.01 (10) (a), of this state, who is at least 65 years of age, who is
3 otherwise ineligible for medical assistance, whose annual household income, as
4 determined by the department, does not exceed 185% of the poverty line for a family
5 the size of the individual's eligible family, who has not had available outpatient
6 prescription drug coverage from any source other than under medical assistance for
7 12 months, and who pays the project enrollment fee specified in sub. (4) (a) is eligible
8 for medical assistance for purposes of purchasing a prescription drug by paying the
9 amounts specified in sub. (4). The person may apply to the department, on a form
10 provided by the department together with program enrollment fee payment, for a
11 determination of eligibility and issuance of a prescription drug card for purchase of
12 prescription drugs under this section.

13 (4) Project participants shall pay all of the following:

14 (a) For each 12-month benefit period, a project enrollment fee of \$25.

15 (b) For each 12-month benefit period, a deductible paid at the pharmacy
16 discount rate that equals one of the following, except that an individual with an
17 annual household income, as specified in sub. (3), that does not exceed 110% of the
18 federal poverty line pays no deductible:

19 1. For an individual with an annual household income, as specified in sub. (3),
20 that exceeds 110% but does not exceed 130% of the federal poverty line, \$300.

21 2. For an individual with an annual household income, as specified in sub. (3),
22 that exceeds 130% but does not exceed 155% of the federal poverty line, \$600.

23 3. For an individual with an annual household income, as specified in sub. (3),
24 that exceeds 155% but does not exceed 185% of the federal poverty line, a deductible

1 that equals, for each prescription drug, the pharmacy discount rate amount for the
2 drug.

3 (c) For an individual with an annual household income, as specified in sub. (3),
4 that is less than 110% of the federal poverty line and, after payment of the deductible
5 under par. (b), for the individuals specified in par. (b) 1. and 2., all of the following:

6 1. A copayment of \$10 for each prescription drug that bears only a generic
7 name.

8 2. A copayment of \$20 for each prescription drug that does not bear only a
9 generic name.

10 (5) Under the project under sub. (2), as a condition of participation by a
11 pharmacy or pharmacist in the program under s. 49.45, 49.46, or 49.47, the
12 pharmacy or pharmacist may not charge an individual who is eligible for medical
13 assistance under sub. (2) and who presents a valid prescription order an amount for
14 a prescription drug under the order that exceeds the amounts specified in sub. (4) (b)
15 and (c).

16 (6) From the appropriations under s. 20.435 (4) (b) and (o), the department
17 shall pay the pharmacy or pharmacist for a prescription drug purchased as specified
18 under sub. (4) (c) the pharmacy discount rate amount for the drug, less copayments.

19 (7) (a) The department may not implement the project under this section
20 unless all of the following apply:

21 1. A waiver that is consistent with all of the provisions of this section is granted
22 and in effect. If the department receives the waiver, at the end of the period during
23 which the waiver remains in effect the department shall request any available
24 extension of the waiver.

25 2. Sufficient state and federal funds for the project are available.

1 (b) If a waiver, as specified under par. (a) 1., is granted, the department may
2 not implement the project under this section if a national prescription drug benefit
3 program for seniors is created that would provide similar benefits to a similar
4 population and unless the department first submits a plan for project
5 implementation that is approved by all of the following:

6 1. The department of administration.

7 2. The joint committee on finance. If the cochairpersons of the committee do
8 not notify the secretary of health and family services within 14 working days after
9 the date of the department's submittal that the committee intends to schedule a
10 meeting to review the plan, the department may, if approved under subd. 1., and if
11 a substantially similar national prescription drug benefit program for seniors has
12 not been created, implement the project. If, within 14 working days after the date
13 of the department's submittal, the cochairpersons of the committee notify the
14 secretary of health and family services that the committee intends to schedule a
15 meeting to review the plan, the project may be implemented only if the committee
16 approves the plan.

17 ***0316/3.1*** SECTION 1826. 49.496 (2) (a) of the statutes is amended to read:

18 49.496 (2) (a) Except as provided in par. (b), the department may obtain a lien
19 on a recipient's home and any other real property in which the recipient has an
20 interest if the recipient resides in a nursing home, or if the recipient resides in a
21 hospital and is required to contribute to the cost of care, and the recipient cannot
22 reasonably be expected to be discharged from the nursing home or hospital and
23 return home. The lien is for the amount of medical assistance paid on behalf of the
24 recipient that is recoverable under sub. (3) (a).

1 ***-0316/3.2* SECTION 1827.** 49.496 (2) (b) (intro.) of the statutes is amended to
2 read:

3 49.496 (2) (b) (intro.) The department may not obtain a lien on a recipient's
4 home under this subsection if any of the following persons lawfully ~~reside~~ resides in
5 the home:

6 ***-0316/3.3* SECTION 1828.** 49.496 (2) (c) (intro.) of the statutes is amended to
7 read:

8 49.496 (2) (c) (intro.) Before obtaining a lien ~~on a recipient's home~~ under this
9 subsection, the department shall do all of the following:

10 ***-0316/3.4* SECTION 1829.** 49.496 (2) (c) 1. of the statutes is amended to read:

11 49.496 (2) (c) 1. Notify the recipient in writing of its determination that the
12 recipient cannot reasonably be expected to be discharged from the nursing home or
13 hospital, its intent to impose a lien on the recipient's home or other real property in
14 which the recipient has an interest and the recipient's right to a hearing on whether
15 the requirements for the imposition of a lien are satisfied.

16 ***-0316/3.5* SECTION 1830.** 49.496 (2) (d) of the statutes is amended to read:

17 49.496 (2) (d) The department shall obtain a lien under this subsection by
18 recording a lien claim in the office of the register of deeds of the county in which the
19 ~~home~~ property is located.

20 ***-0316/3.6* SECTION 1831.** 49.496 (2) (e) of the statutes is amended to read:

21 49.496 (2) (e) The department may not enforce a lien under this subsection
22 while the recipient lives unless the recipient sells the ~~home~~ property and does not
23 have a living child who is under age 21 or disabled or a living spouse.

24 ***-0316/3.7* SECTION 1832.** 49.496 (2) (f) 3. of the statutes is renumbered

25 49.496 (2) (fm) 1.

1 ***-0316/3.8*** SECTION 1833. 49.496 (2) (f) 4. of the statutes is renumbered
2 49.496 (2) (fm) 2.

3 ***-0316/3.9*** SECTION 1834. 49.496 (2) (fm) (intro.) of the statutes is created to
4 read:

5 49.496 (2) (fm) (intro.) In addition to the restriction under par. (f), the
6 department may not enforce a lien on a recipient's home under this subsection after
7 the death of the recipient as long as any of the following survives the recipient:

8 ***-0316/3.10*** SECTION 1835. 49.496 (2) (h) of the statutes is amended to read:

9 49.496 (2) (h) The department shall file a release of a lien imposed under this
10 subsection if the recipient is discharged from the nursing home or hospital and
11 returns to live in ~~the~~ his or her home.

12 ***-0465/3.2*** SECTION 1836. 49.496 (3) (a) 2. of the statutes is repealed and
13 recreated to read:

14 49.496 (3) (a) 2. Subject to par. (ae), the amount of medical assistance paid on
15 behalf of the recipient after the recipient reaches the age of 55.

16 ***-0465/3.3*** SECTION 1837. 49.496 (3) (ae) of the statutes is created to read:

17 49.496 (3) (ae) The department shall, under par. (a) 2., calculate the amount
18 of medical assistance paid on a fee-for-service basis, except as follows:

19 1. If medical assistance was paid for health care services that were provided
20 by a managed care organization, under a program of all-inclusive care authorized
21 under 42 USC 1396u-4, or under a demonstration program known as the Wisconsin
22 partnership program authorized under a federal waiver under 42 USC 1315, the
23 department shall calculate the amount of medical assistance paid as the capitation
24 rate paid on behalf of the recipient.

1 2. If medical assistance was paid for health care services as part of the family
2 care benefit received under s. 46.286, the department shall calculate the amount of
3 medical assistance paid as the actual cost of those health care services, as reported
4 to the department by a care management organization, as defined in s. 46.2805 (1).

5 *~~1627/4.25~~* SECTION 1838. 49.665 (4) (at) 1. a. of the statutes is amended to
6 read:

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

12 *~~1627/4.26~~* SECTION 1839. 49.665 (4) (at) 2. of the statutes is amended to
13 read:

14 49.665 (4) (at) 2. If, after the department has established a lower maximum
15 income level under subd. 1., projections indicate that funding under s. 20.435 (4) (bc),
16 (jz) ~~and~~, (p), and (w) is sufficient to raise the level, the department shall, by state plan
17 amendment, raise the maximum income level for initial eligibility, but not to exceed
18 185% of the poverty line.

19 *~~1707/1.1~~* SECTION 1840. 49.687 (2) of the statutes is amended to read:

20 49.687 (2) The department shall develop and implement a sliding scale of
21 patient liability for kidney disease aid under s. 49.68, cystic fibrosis aid under s.
22 49.683 and hemophilia treatment under s. 49.685, based on the patient's ability to
23 pay for treatment. To ensure that the needs for treatment of patients with lower
24 incomes receive priority within the availability of funds under s. 20.435 (4) (e), the
25 department shall revise the sliding scale for patient liability ~~by January 1, 1994, and~~

1 shall, every 3 years thereafter by January 1, review and, if as necessary, revise the
2 sliding scale.

3 ***-0193/3.18* SECTION 1841.** 49.85 (2) (a) of the statutes is amended to read:

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

12 ***-0193/3.19* SECTION 1842.** 49.85 (3) (a) 1. of the statutes is amended to read:

13 49.85 (3) (a) 1. Inform the person that the department of health and family
14 services intends to certify to the department of revenue an amount that the
15 department of health and family services has determined to be due under s. 49.45
16 (2) (a) 10. or 49.497, for setoff from any state tax refund that may be due the person.

17 ***-1908/1.1* SECTION 1843.** 49.853 (2) of the statutes is amended to read:

18 49.853 (2) FINANCIAL RECORD MATCHING PROGRAM AND AGREEMENTS. The
19 department shall operate a financial record matching program under this section.
20 The department shall promulgate rules specifying procedures under which the
21 department shall enter into agreements with financial institutions doing business
22 in this state to operate the financial record matching program under this section.
23 The agreement shall require the financial institution to participate in the financial
24 record matching program under this section by electing either the financial
25 institution matching option under sub. (3) or the state matching option under sub.

1 (4). ~~The rules promulgated under this section shall provide for reimbursement of~~
2 ~~financial institutions in an amount not to exceed their actual costs of participation~~
3 ~~department shall reimburse a financial institution up to \$125 per quarter for~~
4 ~~participating in the financial record matching program under this section.~~

5 *~~0529/6.4~~* SECTION 1844. 49.855 (1) of the statutes is amended to read:

6 49.855 (1) If a person obligated to ~~provide pay~~ child support, family support ~~or,~~
7 ~~maintenance, or the receiving and disbursing fee under s. 767.29 (1)(d)~~ is delinquent
8 in making ~~court-ordered~~ any of those payments, or owes an outstanding amount that
9 has been ordered by the court for past support, medical expenses, or birth expenses,
10 upon application under s. 59.53 (5) the department of workforce development shall
11 certify the delinquent payment or outstanding amount to the department of revenue
12 and, at least annually, shall provide to the department of revenue any certifications
13 of delinquencies or outstanding amounts that it receives from another state because
14 the obligor resides in this state.

15 *~~0529/6.5~~* SECTION 1845. 49.855 (3) of the statutes is amended to read:

16 49.855 (3) Receipt of a certification by the department of revenue shall
17 constitute a lien, equal to the amount certified, on any state tax refunds or credits
18 owed to the obligor. The lien shall be foreclosed by the department of revenue as a
19 setoff under s. 71.93 (3), (6), and (7). When the department of revenue determines
20 that the obligor is otherwise entitled to a state tax refund or credit, it shall notify the
21 obligor that the state intends to reduce any state tax refund or credit due the obligor
22 by the amount the obligor is delinquent under the support ~~or,~~ maintenance, or
23 receiving and disbursing fee order or obligation, by the outstanding amount for past
24 support, medical expenses, or birth expenses under the court order, or by the amount
25 due under s. 46.10 (4) or 301.12 (4). The notice shall provide that within 20 days the

1 obligor may request a hearing before the circuit court rendering the order under
2 which the obligation arose. Within 10 days after receiving a request for hearing
3 under this subsection, the court shall set the matter for hearing. Pending further
4 order by the court or family court commissioner, the department of workforce
5 development or its designee, whichever is appropriate, is prohibited from disbursing
6 the obligor's state tax refund or credit. The family court commissioner may conduct
7 the hearing. The sole issues at that hearing shall be whether the obligor owes the
8 amount certified and, if not and it is a support or maintenance order, whether the
9 money withheld from a tax refund or credit shall be paid to the obligor or held for
10 future support or maintenance. An obligor may, within 20 days of receiving notice
11 that the amount certified shall be withheld from his or her federal tax refund or
12 credit, request a hearing under this subsection.

13 ***-0529/6.6*** SECTION 1846. 49.855 (4) of the statutes is amended to read:

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

1 ***-0529/6.7*** SECTION 1847. 49.855 (4m) (b) of the statutes is amended to read:

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

1 and it is a support or maintenance order, whether the money withheld shall be paid
2 to the obligor or held for future support or maintenance.

3 ***-0529/6.8* SECTION 1848.** 49.855 (4m) (c) of the statutes is amended to read:

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

14 ***-0878/2.1* SECTION 1849.** 49.855 (7) of the statutes is amended to read:

15 49.855 (7) The department of workforce development may provide a
16 certification under sub. (1) to a state agency or authority under s. 21.49 (2) (e), 36.11
17 (6) (b), 36.25 (14), 36.34 (1), 39.30 (2) (e), 39.38 (2), 39.435 (6), 39.44 (4), 39.47 (2m),
18 45.356 (6), 45.396 (6), 45.74 (6), 145.245 (5m) (b), 234.04 (2), 234.49 (1) (c), 234.59 (3)
19 (c), 234.65 (3) (f), 234.83 (2) (a) 3., 234.90 (3) (d) or (3g) (c), ~~234.905 (3) (d)~~, 281.65 (8)
20 (L), or 949.08 (2) (g).

21 ***-1686/4.2* SECTION 1850.** 50.01 (4r) of the statutes is amended to read:

22 50.01 (4r) “Plan of correction” means ~~a nursing home’s~~ an applicable entity’s
23 response to alleged deficiencies cited by the department on forms provided by the
24 department.

25 ***-1686/4.3* SECTION 1851.** 50.02 (1) of the statutes is renumbered 50.02 (1m).

1 ***-1686/4.4*** **SECTION 1852.** 50.02 (1d) of the statutes is created to read:

2 50.02 (1d) DEFINITION. In this section, “entity” means any of the following:

3 (a) A nursing home that is licensed under s. 50.03 (4) (a) 1. a.

4 (b) A community–based residential facility that is licensed under s. 50.03 (4)

5 (a) 1. b.

6 (c) An adult family home that is licensed under s. 50.033.

7 (d) A residential care apartment complex that is certified under s. 50.034 (1)

8 (a) or registered under s. 50.034 (1) (b).

9 (e) A hospital that is approved under s. 50.35.

10 (f) A home health agency that is licensed under s. 50.49 (6) (a).

11 (g) A rural medical center that is licensed under s. 50.52.

12 (h) A hospice that is licensed under s. 50.92.

13 ***-1686/4.5*** **SECTION 1853.** 50.02 (2) (am) 2. of the statutes is amended to read:

14 50.02 (2) (am) 2. For the purposes of s. 50.033, establishing minimum

15 requirements for licensure, licensure application procedures and forms, standards

16 for operation and procedures for monitoring, and inspection, ~~revocation and appeal~~

17 of revocation.

18 ***-1686/4.6*** **SECTION 1854.** 50.02 (3g) (a) 1. to 8. of the statutes are created to

19 read:

20 50.02 (3g) (a) 1. A nursing home, if the department finds that either a class “A”

21 violation, as specified in s. 50.04 (4) (b) 1., or a class “B” violation, as specified in s.

22 50.04 (4) (b) 2., by the nursing home continues to exist.

23 2. A community–based residential facility, if the department finds that a

24 violation by the community–based residential facility of an applicable provision of

25 s. 50.03, 50.035, 50.037, 50.05, 50.06, 50.065, 50.07, or 50.09, or of a rule promulgated

1 under an applicable provision of sub. (2) or (3) or s. 50.03, 50.035, 50.037, 50.05,
2 50.06, 50.065, 50.07, or 50.09, continues to exist.

3 3. A licensed adult family home, if the department finds that a violation by the
4 adult family home of s. 50.033 or 50.065 or of a rule promulgated under s. 50.02 (2)
5 (am) 2., 50.033, or 50.065 continues to exist.

6 4. A certified or registered residential care apartment complex, if the
7 department finds that a violation by the residential care apartment complex of s.
8 50.034 or 50.065 or of a rule promulgated under s. 50.034 or 50.065 continues to exist.

9 5. A hospital, if the department finds that a violation by the hospital of s.
10 50.065, 50.35, 50.355, or 50.36 (3) or (3m) or of a rule promulgated under s. 50.065,
11 50.35, 50.355, or 50.36 (3) or (3m) continues to exist.

12 6. A home health agency, if the department finds that a violation by the home
13 health agency of s. 50.065 or 50.49 or of a rule promulgated under s. 50.065 or 50.49
14 continues to exist.

15 7. A rural medical center, if the department finds that a violation by the rural
16 medical center of s. 50.065, 50.53 (2), 50.535, or 50.54 (2) or of a rule promulgated
17 under s. 50.065, 50.53 (2), 50.535, or 50.54 (2) continues to exist.

18 8. A hospice, if the department finds that a violation by the hospice of s. 50.065,
19 50.92, 50.93 (1) to (3m), or 50.95 or of a rule promulgated under s. 50.065, 50.92, 50.93
20 (1) to (3m), or 50.95 continues to exist.

21 ***-1686/4.7* SECTION 1855.** 50.03 (2) (d) of the statutes is amended to read:

22 50.03 (2) (d) Any holder of a license or applicant for a license shall be deemed
23 to have given consent to any authorized officer, employee or agent of the department
24 to enter and inspect the facility in accordance with this subsection. Refusal to permit
25 such entry or inspection shall constitute grounds for initial licensure license denial,

1 as provided in sub. (4), ~~or suspension or revocation of a license, as provided in sub.~~
2 ~~(5) s. 50.02 (3m) (bm).~~

3 *~~1686/4.8~~* SECTION 1856. 50.03 (3) (f) of the statutes is amended to read:

4 50.03 (3) (f) Community-based residential facilities shall report all formal
5 complaints regarding their operation filed under sub. (2) (f) and the disposition of
6 each when reporting under sub. (4) (c) ~~1. 2m.~~

7 *~~1686/4.9~~* SECTION 1857. 50.03 (4) (a) 1. b. of the statutes is amended to read:

8 50.03 (4) (a) 1. b. Except as provided in sub. (4m) (b), the department shall issue
9 a license for a community-based residential facility if it finds the applicant to be fit
10 and qualified, if it finds that the community-based residential facility meets the
11 requirements established by this subchapter and if the community-based
12 residential facility has paid the license fee under s. 50.037 (2) (a). In determining
13 whether to issue a license for a community-based residential facility, the department
14 may consider any action by the applicant or by an employee of the applicant that
15 constitutes a substantial failure by the applicant or employee to protect and promote
16 the health, safety or welfare of a resident. The department may deny licensure to
17 or revoke licensure for any person who conducted, maintained, operated or permitted
18 to be maintained or operated a community-based residential facility for which
19 licensure was revoked. The department, or its designee, shall make such inspections
20 and investigations as are necessary to determine the conditions existing in each case
21 and shall file written reports. In reviewing the report of a community-based
22 residential facility that is required to be submitted under par. (c) ~~1. 2m.~~, the
23 department shall consider all complaints filed under sub. (2) (f) since initial license
24 issuance or since the last review, whichever is later, and the disposition of each. The

1 department shall promulgate rules defining "fit and qualified" for the purposes of
2 this subd. 1. b.

3 ***-1686/4.10* SECTION 1858.** 50.03 (4) (c) 1. of the statutes is amended to read:

4 50.03 (4) (c) 1. A community-based residential facility license is valid until it
5 is revoked ~~or suspended~~ under ~~this section~~ s. 50.02 (3m) (bm).

6 2m. Every 24 months, on a schedule determined by the department, a
7 community based residential facility licensee shall submit a biennial report in the
8 form and containing the information that the department requires, including
9 payment of the fees required under s. 50.037 (2) (a). If a complete biennial report is
10 not timely filed, the department shall issue a warning to the licensee. The
11 department may revoke a community-based residential facility license for failure to
12 timely and completely report within 60 days after the report date established under
13 the schedule determined by the department.

14 ***-1686/4.11* SECTION 1859.** 50.03 (4) (c) 2. of the statutes is renumbered 50.03
15 (4) (cm) 1. and amended to read:

16 50.03 (4) (cm) 1. A nursing home license is valid until it is revoked ~~or suspended~~
17 under ~~this section~~ s. 50.02 (3m) (bm).

18 2. Every 12 months, on a schedule determined by the department, a nursing
19 home licensee shall submit a report in the form and containing the information that
20 the department requires, including payment of the fee required under s. 50.135 (2)
21 (a). If a complete report is not timely filed, the department shall issue a warning to
22 the licensee. The department may revoke a nursing home license for failure to timely
23 and completely report within 60 days after the report date established under the
24 schedule determined by the department.

25 ***-1686/4.12* SECTION 1860.** 50.03 (4) (c) 3. of the statutes is created to read:

1 50.03 (4) (c) 3. A community-based residential facility that is in substantial
2 noncompliance with a federal statute or regulation or with an applicable provision
3 of this chapter shall demonstrate, including by providing financial or other
4 information requested by the department, that the community-based residential
5 facility continues to be fit and qualified, as defined by the department by rule under
6 par. (a) 1. a., to operate. The department shall promulgate rules defining
7 “substantial noncompliance” for the purposes of this subdivision.

8 ***-1686/4.13*** SECTION 1861. 50.03 (4) (cm) 3. of the statutes is created to read:

9 50.03 (4) (cm) 3. A nursing home that is in substantial noncompliance with a
10 federal statute or regulation or with an applicable provision of this chapter shall
11 demonstrate, including by providing financial or other information requested by the
12 department, that the nursing home continues to be fit and qualified, as defined by
13 the department by rule under par. (a) 1. b., to operate. The department shall
14 promulgate rules defining “substantial noncompliance” for the purposes of this
15 subdivision.

16 ***-1686/4.14*** SECTION 1862. 50.03 (5) of the statutes is repealed.

17 ***-1686/4.15*** SECTION 1863. 50.03 (5g) (title) of the statutes is renumbered
18 50.02 (3m) (title) and amended to read:

19 50.02 (3m) (title) ~~SANCTIONS AND PENALTIES FOR COMMUNITY-BASED RESIDENTIAL~~
20 ~~FACILITIES.~~

21 ***-1686/4.16*** SECTION 1864. 50.03 (5g) (a) of the statutes is repealed.

22 ***-1686/4.17*** SECTION 1865. 50.03 (5g) (b) of the statutes is renumbered 50.02
23 (3m) (a) and amended to read:

24 50.02 (3m) (a) ~~Except as provided in s. 50.04 (4) and (5), if~~ If, based on an
25 investigation made by the department, the department provides to a

1 ~~community-based residential facility~~ any of the following entities written notice of
2 the grounds for a sanction, an explanation of the types of sanctions and penalties that
3 the department may impose under this subsection, and an explanation of the process
4 for appealing a sanction or penalty imposed under this subsection, the department
5 may order any of the following applicable sanctions:

6 1. That a person stop conducting, maintaining or operating the
7 ~~community-based residential facility~~ an entity under sub. (1d) (b), (e), or (f) if the
8 ~~community-based residential facility~~ entity is without a valid license ~~or~~
9 ~~probationary license in violation of sub. (1), or approval, probationary license, or~~
10 conditional license or approval.

11 2. That, within 30 days after the date of the order, ~~the community-based~~
12 ~~residential facility~~ under this subdivision, an entity under sub. (1d) (b), (e), or (f)
13 terminate the employment of any employed person who conducted, maintained,
14 operated or permitted to be maintained or operated ~~a community-based residential~~
15 ~~facility~~ an entity for which licensure or approval or conditional licensure or approval
16 was revoked before issuance of the department's order. ~~This~~ The order under this
17 subdivision includes employment of a person in any capacity, whether as an officer,
18 director, agent, or employee of the ~~community-based residential facility~~ entity.

19 3. That a licensee an entity under sub. (1d) (b), (e), or (f) stop violating any
20 provision of licensure or approval or conditional licensure or approval applicable to
21 ~~a community-based residential facility under sub. (4) or (4m)~~ the entity under this
22 chapter or of rules relating to ~~community-based residential facilities~~ the entity
23 promulgated by the department under ~~sub. (4) or (4m)~~ this chapter.

24 4. That a licensee an entity under sub. (1d) (b), (e), or (f) submit a plan of
25 correction for violation of any provision of licensure or approval or conditional

1 ~~licensure or approval~~ applicable to a ~~community-based residential facility under~~
2 ~~sub. (4) or (4m) the entity under this chapter~~ or of a rule relating to ~~community-based~~
3 ~~residential facilities the entity~~ promulgated by the department under ~~sub. (4) or (4m)~~
4 ~~this chapter.~~

5 5. That a licensee ~~an entity under sub. (1d) (b)~~ implement and comply with a
6 plan of correction previously submitted by the licensee ~~entity~~ and approved by the
7 department.

8 6. That a licensee ~~an entity under sub. (1d) (b)~~ implement and comply with a
9 plan of correction ~~for the entity~~ that is developed by the department.

10 7. That a licensee ~~an entity under sub. (1d) (a), (b), or (e)~~ accept no additional
11 residents ~~or patients~~ until all violations are corrected.

12 8. That a licensee ~~an entity under sub. (1d) (b), (e), or (f)~~ provide training in one
13 or more specific areas for all of the licensee's ~~entity's~~ staff or for specific staff
14 members.

15 *-1686/4.18* SECTION 1866. 50.03 (5g) (c) (intro.) and 1. of the statutes are
16 renumbered 50.02 (3m) (b) 1. and 2., and 50.02 (3m) (b) 1. and 2. (intro.), a. and c.,
17 as renumbered, are amended to read:

18 50.02 (3m) (b) 1. If the department provides to a ~~community-based residential~~
19 ~~facility~~ ~~an entity under sub. (1d) (a), (b), (c), (d), (e), (f), (g), or (h)~~ written notice of the
20 ~~a penalty, the grounds for a sanction or the penalty~~, an explanation of the types of
21 sanctions or penalties that the department may impose under this subsection, and
22 an explanation of the process for appealing a sanction or penalty imposed under this
23 subsection, the department may impose ~~any of the following~~ a forfeiture against a
24 licensee ~~an entity under sub. (1d) (b), (c), (d), (e), (f), (g), or (h)~~ or other person who
25 violates the applicable provisions of this section ~~chapter~~ or rules promulgated under

1 the applicable provisions of this section chapter or against an entity under sub. (1d)
2 (a), (b), (e), or (f), who fails to comply with an applicable order issued under par. (b)
3 (a) by the time specified in the order.

4 2. (intro.) ~~A~~ For a forfeiture specified under subd. 1., the department shall
5 impose a daily forfeiture amount per violation of not less than \$10 nor more than
6 ~~\$1,000~~ \$2,000 for each violation, with each day of violation constituting a separate
7 offense. All of the following apply to a forfeiture under this subdivision:

8 a. Within the limits specified in this subdivision, the department may, by rule,
9 set daily forfeiture amounts and payment deadlines based on the size ~~and type of~~
10 ~~community-based residential facility of the entity and, for a community-based~~
11 ~~residential facility, the type of community-based residential facility,~~ and the
12 seriousness of the violation. The department may set daily forfeiture amounts that
13 increase periodically within the statutory limits if there is continued failure to
14 comply with an order issued under par. (b) (a).

15 c. ~~All forfeitures shall be paid~~ An entity assessed a forfeiture shall pay the
16 forfeiture to the department within 10 days after receipt of notice of assessment or,
17 if the forfeiture is contested under par. (f) (e), within 10 days after receipt of the final
18 decision after exhaustion of administrative review, unless the final decision is
19 appealed and the order is stayed by court order under ~~s. 50.03 (11)~~ sub. (3r). The
20 department shall remit all forfeitures paid under this subdivision to the state
21 treasurer for deposit in the school fund.

22 ~~*-1686/4.19*~~ **SECTION 1867.** 50.03 (5g) (c) 2. of the statutes is repealed.

23 ~~*-1686/4.20*~~ **SECTION 1868.** 50.03 (5g) (c) 3. of the statutes is renumbered
24 50.02 (3m) (bm) and amended to read:

1 50.02 (3m) (bm) Revocation If the department provides to an entity written
2 notice of revocation, the grounds for the revocation, an explanation of the types of
3 sanctions or penalties that the department may impose under this subsection and
4 an explanation of the process for appealing a sanction or penalty imposed under this
5 subsection, the department may impose revocation of licensure, certification,
6 approval, or registration or conditional licensure, certification, approval, or
7 registration as specified in pars. (d) to (g) (c) to (f).

8 *~~1686/4.21~~* SECTION 1869. 50.03 (5g) (d) of the statutes is renumbered 50.02
9 (3m) (c) and amended to read:

10 50.02 (3m) (c) Under the procedure specified in par. (e) (d), the department
11 shall revoke approval of a hospital that fails to comply with s. 165.40 (6) (a) 1. or 2.
12 and may revoke a license, certification, approval, or registration or conditional
13 license, certification, approval, or registration for a licensee an entity for any of the
14 following reasons:

15 1. The department has imposed a sanction or penalty on the licensee entity
16 under par. (e) (b) and the licensee entity continues to violate or resumes violation of
17 ~~a~~ an applicable provision of licensure under sub. (4) or (4m), certification, approval,
18 or registration or conditional licensure, certification, approval, or registration, a rule
19 relating to the entity promulgated under this subchapter chapter or an order issued
20 under par. (b) (a) that forms any part of the basis for the sanction or penalty.

21 2. The licensee entity or a person under the supervision of the licensee entity
22 has substantially violated a provision of licensure, certification, approval, or
23 registration or conditional licensure, certification, approval, or registration
24 applicable to ~~a community-based residential facility~~ under sub. (4) or (4m) the entity,

1 a rule relating to ~~community-based residential facilities~~ the entity promulgated
2 under this ~~subchapter~~ chapter, or an order issued under par. (b) (a).

3 3. The licensee entity or a person under the supervision of the licensee entity
4 has acted in relation to or has created a condition relating to the operation or
5 maintenance of the ~~community-based residential facility~~ entity that directly
6 threatens the health, safety, or welfare of a resident of ~~the community-based~~
7 ~~residential facility~~ or patient of the entity.

8 4. The licensee entity or a person under the supervision of the licensee entity
9 has repeatedly violated the same or similar provisions of licensure ~~under sub. (4) or~~
10 ~~(4m), certification, approval, or registration or conditional licensure, certification,~~
11 ~~approval, or registration applicable to the entity,~~ rules relating to the entity
12 promulgated under this ~~subchapter~~ chapter or orders issued under par. (b) (a).

13 *~~1686/4.22~~* SECTION 1870. 50.03 (5g) (e) of the statutes is renumbered 50.02
14 (3m) (d) and amended to read:

15 50.02 (3m) (d) 1. The department may revoke a license ~~for a licensee,~~
16 ~~certification, approval, or registration or conditional license, certification, approval,~~
17 ~~or registration of an entity~~ for the reason specified in par. (d) (c) 1., 2., 3., or 4. if the
18 department ~~provides the licensee with written notice of revocation, the grounds for~~
19 ~~the revocation and an explanation of the process for appealing the revocation,~~
20 complies with par. (bm) at least 30 days before the date of revocation. The
21 department may revoke the license, certification, approval, or registration or
22 conditional license, certification, approval, or registration only if the violation
23 remains substantially uncorrected on the date of revocation or license expiration of
24 the license, certification, approval, or registration or conditional license,
25 certification, approval, or registration.

1 2. The department shall revoke approval for a hospital that fails to comply with
2 s. 165.40 (6) (a) 1. or 2. and may revoke a license, certification, approval, or
3 registration or conditional license, certification, approval, or registration for a
4 licensee an entity for the reason specified in par. (d) (c) 2. or 3. immediately if the
5 department provides the licensee with written notice of revocation, the grounds for
6 the revocation and an explanation of the process for appealing the revocation
7 complies with par. (bm).

8 3. The department may deny a license, certification, approval, or registration
9 or conditional license, certification, approval, or registration for a licensee an entity
10 whose license, certification, approval, or registration or conditional license,
11 certification, approval, or registration was revoked under this paragraph.

12 ***-1686/4.23*** SECTION 1871. 50.03 (5g) (f) of the statutes is renumbered 50.02
13 (3m) (e) and amended to read:

14 50.02 (3m) (e) If a ~~community-based residential facility~~ an entity desires to
15 contest the revocation of a license, certification, approval, or registration or to contest
16 the ~~imposing~~ imposition of a sanction or penalty, including an assessment of
17 forfeiture, under this subsection, or the issuance or terms of a conditional license,
18 certification, approval, or registration under sub. (3g), the community-based
19 residential facility entity shall, within 10 days after receipt of notice under par. (e)
20 (a), (b), or (bm), notify the department in writing of its request for a hearing under
21 s. 227.44. The department shall hold the hearing a prehearing conference within 30
22 days after receipt of such the notice and shall send notice to the ~~community-based~~
23 residential facility entity of the a hearing as provided under s. 227.44 (2). This
24 paragraph does not apply to the issuance of a notice of violation or the requirement
25 to submit a plan of correction.

1 ***-1686/4.24*** SECTION 1872. 50.03 (5g) (g) 1. and 3. of the statutes are
2 renumbered 50.02 (3m) (f) 1. and 2. and amended to read:

3 50.02 (3m) (f) 1. Subject to s. 227.51 (3), revocation shall become effective on
4 the date set by the department in the notice of revocation, ~~or~~ upon final action after
5 hearing under ch. 227, or after court action if a stay is granted under sub. (11) (3r),
6 whichever is later.

7 2. The department may extend the effective date of revocation of a license,
8 certification, approval, or registration or conditional license, certification, approval,
9 or registration in any case in order to permit orderly removal and relocation of
10 residents or patients.

11 ***-1686/4.25*** SECTION 1873. 50.03 (5m) (a) 2. of the statutes is amended to
12 read:

13 50.03 (5m) (a) 2. The department has ~~suspended or~~ revoked the existing license
14 of the facility as provided under sub. (5) s. 50.02 (3m) (bm).

15 ***-1686/4.26*** SECTION 1874. 50.03 (5m) (a) 3. of the statutes is amended to
16 read:

17 50.03 (5m) (a) 3. The department has initiated revocation procedures under
18 sub. (5) and has determined that the lives, health, safety, or welfare of the resident
19 cannot be adequately assured pending a full hearing on license revocation under ~~sub.~~
20 ~~(5)~~ s. 50.02 (3m) (bm).

21 ***-1686/4.27*** SECTION 1875. 50.03 (11) of the statutes is renumbered 50.02 (3r)
22 and amended to read:

23 50.02 (3r) JUDICIAL REVIEW. (a) All administrative remedies shall be exhausted
24 before an agency determination under this ~~subchapter shall be~~ chapter is subject to
25 judicial review. Final decisions after hearing ~~shall be~~ are subject to judicial review

1 exclusively as provided in s. 227.52, except that an entity shall file any petition for
2 review of department action under this chapter ~~shall be filed~~ within 15 days after
3 receipt of notice of the final agency determination.

4 (b) The court may stay enforcement under s. 227.54 of the department's
5 agency's final decision if a showing is made that there is a substantial probability
6 that the party seeking review will prevail on the merits and will suffer irreparable
7 harm if a stay is not granted, and that the facility entity will meet the applicable
8 requirements of this ~~subchapter~~ chapter and the rules promulgated under this
9 ~~subchapter~~ chapter during such the stay. ~~Where~~ If a stay is granted, the court may
10 impose such conditions on the granting of the stay as may be necessary to safeguard
11 the lives, health, rights, safety, and welfare of residents or patients, and to assure
12 compliance by the facility entity with the requirements of this ~~subchapter~~ chapter.

13 (d) The attorney general may delegate to the department the authority to
14 represent the state in any action brought to challenge department ~~decisions~~ actions
15 prior to exhaustion of administrative remedies and final disposition by the
16 ~~department~~ agency.

17 ***-0193/3.20* SECTION 1876.** 50.03 (13) (a) of the statutes is amended to read:

18 50.03 (13) (a) *New license.* Whenever ownership of a facility is transferred from
19 the person or persons named in the license to any other person or persons, the
20 transferee must obtain a new license. The license may be a probationary license.
21 Penalties under sub. (1) shall apply to violations of this subsection. The transferee
22 shall notify the department of the transfer, file an application under sub. (3) (b), and
23 apply for a new license at least 30 days prior to final transfer. Retention of any
24 interest required to be disclosed under sub. (3) (b) after transfer by any person who
25 held such an interest prior to transfer may constitute grounds for denial of a license

1 where violations of this subchapter for which notice had been given to the transferor
2 are outstanding and uncorrected, if the department determines that effective control
3 over operation of the facility has not been transferred. If the transferor was a
4 provider under s. 49.43 (10), the transferee and transferor shall comply with s. 49.45
5 (21).

6 *~~1686/4.28~~* SECTION 1877. 50.03 (13) (c) of the statutes is amended to read:

7 50.03 (13) (c) *Outstanding violations.* Violations reported in departmental
8 inspection reports prior to the transfer of ownership shall be corrected, with
9 corrections verified by departmental survey, prior to the issuance of a full regular
10 license to the transferee. The license granted to the transferee shall be subject to the
11 plan of correction submitted by the previous owner and approved by the department
12 and any conditions contained in a conditional license issued to the previous owner.
13 In the case of a nursing home, if there are outstanding violations and no approved
14 plan of correction has been implemented, the department may issue a conditional
15 license and plan of correction as provided in s. ~~50.04 (6)~~ 50.02 (3g).

16 *~~1686/4.29~~* SECTION 1878. 50.033 (2) of the statutes is amended to read:

17 50.033 (2) REGULATION. Standards for operation of licensed adult family homes
18 and procedures for application for licensure, monitoring, and inspection, ~~revocation~~
19 ~~and appeal of revocation~~ under this section shall be under rules promulgated by the
20 department under s. 50.02 (2) (am) 2. An adult family home licensure is valid until
21 ~~revoked under this section~~ s. 50.02 (3m) (bm). Licensure is not transferable. The
22 biennial licensure fee for a licensed adult family home is \$135. The fee is payable to
23 the county department under s. 46.215, 46.22, 46.23, 51.42 or 51.437, if the county
24 department licenses the adult family home under sub. (1m) (b), and is payable to the

1 department, on a schedule determined by the department if the department licenses
2 the adult family home under sub. (1m) (b).

3 ***-0205/3.19* SECTION 1879.** 50.033 (2r) of the statutes is amended to read:

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

11 ***-0197/1.1* SECTION 1880.** 50.033 (2s) (intro.) of the statutes is amended to
12 read:

13 50.033 (2s) REQUIRED REFERRAL. (intro.) Subject to sub. (2t), an adult family
14 home shall, within the time period prescribed by the department by rule, refer to a
15 resource center under s. 46.283 a person who is seeking admission, who is at least
16 65 years of age or has developmental disability or a physical disability and whose
17 disability or condition is expected to last at least 90 days, unless any of the following
18 applies:

19 ***-0205/3.20* SECTION 1881.** 50.033 (2s) (a) of the statutes is amended to read:

20 50.033 (2s) (a) For a person who has received a ~~screen~~ screening for functional
21 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
22 subsection need not include performance of an additional functional ~~screen~~
23 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

24 ***-0205/3.21* SECTION 1882.** 50.033 (2s) (d) of the statutes is amended to read:

1 50.033 (2s) (d) For a person who seeks admission or is about to be admitted on
2 a private pay basis and who waives the requirement for a financial screen eligibility
3 and cost-sharing screening under s. 46.283 (4) (g) (3m) (c), the referral under this
4 subsection may not include performance of a financial screen eligibility and
5 cost-sharing screening under s. 46.283 (4) (g) (3m) (c), unless the person is expected
6 to become eligible for medical assistance within 6 months.

7 *~~0203/2.15~~* SECTION 1883. 50.033 (2l) of the statutes is amended to read:

8 50.033 (2t) APPLICABILITY. Subsections (2r) and (2s) apply only if the secretary
9 has certified under s. 46.281 (3) (a) that a resource center is available for the adult
10 family home and for specified groups of eligible individuals that include those
11 persons seeking admission to or the residents of the adult family home.

12 *~~1686/4.30~~* SECTION 1884. 50.033 (4) of the statutes is repealed.

13 *~~1686/4.31~~* SECTION 1885. 50.034 (2) (f) of the statutes is amended to read:

14 50.034 (2) (f) Establishing standards and procedures for ~~appeals of revocations~~
15 ~~of certification or refusal to issue or renew certification.~~

16 *~~0428/3.2~~* SECTION 1886. 50.034 (5g) of the statutes is created to read:

17 50.034 (5g) INFORMATION TO PROSPECTIVE RESIDENTS. Except in a county in which
18 subs. (5m) and (5n) are applicable, as specified in sub. (5p), a residential care
19 apartment complex shall inform a prospective resident of the services of the county
20 aging unit and an entity specified under s. 46.27 (3) (b) 1. to 6. or (3m) that is
21 designated to administer the program under s. 46.27 and conditions for eligibility for
22 public funding for long-term care services.

23 *~~0205/3.22~~* SECTION 1887. 50.034 (5m) of the statutes is amended to read:

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

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

6 ***-0197/1.2*** SECTION 1888. 50.034 (5n) (intro.) of the statutes is amended to
7 read:

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

14 ***-0205/3.23*** SECTION 1889. 50.034 (5n) (a) of the statutes is amended to read:

15 50.034 (5n) (a) For a person who has received a ~~screen~~ screening for functional
16 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
17 subsection need not include performance of an additional functional ~~screen~~
18 screening under s. 46.283 (4) (g) (3m) (c).

19 ***-0205/3.24*** SECTION 1890. 50.034 (5n) (d) of the statutes is amended to read:

20 50.034 (5n) (d) For a person who seeks admission or is about to be admitted on
21 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
22 and cost-sharing screening under s. 46.283 (4) (g) (3m) (c), the referral under this
23 subsection may not include performance of a financial ~~screen~~ eligibility and
24 cost-sharing screening under s. 46.283 (4) (g) (3m) (c), unless the person is expected
25 to become eligible for medical assistance within 6 months.

1 ***-0203/2.16* SECTION 1891.** 50.034 (5p) of the statutes is amended to read:
2 50.034 (5p) APPLICABILITY. Subsections (5m) and (5n) apply only if the secretary
3 has certified under s. 46.281 (3) (a) that a resource center is available for the
4 residential care apartment complex and for specified groups of eligible individuals
5 that include those persons seeking admission to or the residents of the residential
6 care apartment complex.

7 ***-1686/4.32* SECTION 1892.** 50.034 (7) of the statutes is repealed.

8 ***-1686/4.33* SECTION 1893.** 50.034 (8) of the statutes, as affected by 2001
9 Wisconsin Act (this act), is repealed.

 ****NOTE: This is reconciled s. 50.034 (8). This SECTION has been affected by drafts
with the following LRB numbers: LRB-0428/2 and LRB-1686/3.

10 ***-0428/3.3* SECTION 1894.** 50.034 (8) (a) of the statutes is amended to read:
11 50.034 (8) (a) Whoever violates sub. (5g), (5m), or (5n) or rules promulgated
12 under sub. (5g), (5m), or (5n) may be required to forfeit not more than \$500 for each
13 violation.

14 ***-0205/3.25* SECTION 1895.** 50.035 (4m) of the statutes is amended to read:
15 50.035 (4m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (4p), a
16 community-based residential facility shall, within the time period after inquiry by
17 a prospective resident that is prescribed by the department by rule, inform the
18 prospective resident of the services of a resource center under s. 46.283, the family
19 care benefit under s. 46.286 and the availability of a functional screening and
20 financial screen eligibility and cost-sharing screening to determine the prospective
21 resident's eligibility for the family care benefit under s. 46.286 (1).

22 ***-0197/1.3* SECTION 1896.** 50.035 (4n) (intro.) of the statutes is amended to
23 read:

1 50.035 (4n) REQUIRED REFERRAL. (intro.) Subject to sub. (4p), a
2 community-based residential facility shall, within the time period prescribed by the
3 department by rule, refer to a resource center under s. 46.283 a person who is seeking
4 admission, who is at least 65 years of age or has developmental disability or a
5 physical disability and whose disability or condition is expected to last at least 90
6 days, unless any of the following applies:

7 ***-0205/3.26*** SECTION 1897. 50.035 (4n) (a) of the statutes is amended to read:

8 50.035 (4n) (a) For a person who has received a ~~screen~~ screening for functional
9 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
10 subsection need not include performance of an additional functional ~~screen~~
11 screening under s. 46.283 (4) (g) (3m) (c).

12 ***-0205/3.27*** SECTION 1898. 50.035 (4n) (d) of the statutes is amended to read:

13 50.035 (4n) (d) For a person who seeks admission or is about to be admitted on
14 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility
15 and cost-sharing screening under s. 46.283 (4) (g) (3m) (c), the referral under this
16 subsection may not include performance of a financial ~~screen~~ eligibility and
17 cost-sharing screening under s. 46.283 (4) (g) (3m) (c), unless the person is expected
18 to become eligible for medical assistance within 6 months.

19 ***-0203/2.17*** SECTION 1899. 50.035 (4p) of the statutes is amended to read:

20 50.035 (4p) APPLICABILITY. Subsections (4m) and (4n) apply only if the secretary
21 has certified under s. 46.281 (3) (a) that a resource center is available for the
22 community-based residential facility and for specified groups of eligible individuals
23 that include those persons seeking admission to or the residents of the
24 community-based residential facility.

25 ***-0428/3.4*** SECTION 1900. 50.035 (9) (title) of the statutes is amended to read:

1 50.035 (9) (title) NOTIFICATION TO PROSPECTIVE RESIDENTS OF ASSESSMENT
2 REQUIREMENT, REFERRAL.

3 ***-0428/3.5*** SECTION 1901. 50.035 (9) of the statutes is renumbered 50.035 (9)
4 (a).

5 ***-0428/3.6*** SECTION 1902. 50.035 (9) (b) of the statutes is created to read:
6 50.035 (9) (b) Except in a county in which subs. (4m) and (4n) are applicable,
7 as specified in sub. (4p), a community-based residential facility shall refer a person
8 who is seeking admission to an entity specified under s. 46.27 (3) (b) 1. to 6. or (3m)
9 that is designated to administer the program under s. 46.27.

10 ***-1686/4.34*** SECTION 1903. 50.035 (11) of the statutes, as affected by 2001
11 Wisconsin Act (this act), is repealed.

 ****NOTE: This is reconciled s. 50.035 (11). This SECTION has been affected by drafts
 with the following LRB numbers: LRB-0428/2 and LRB-1686/3.

12 ***-0428/3.7*** SECTION 1904. 50.035 (11) (a) of the statutes is amended to read:
13 50.035 (11) (a) Whoever violates sub. (4m) ~~or~~, (4n), or (9) (b) or rules
14 promulgated under sub. (4m) ~~or~~, (4n), or (9) (b) may be required to forfeit not more
15 than \$500 for each violation.

16 ***-0205/3.28*** SECTION 1905. 50.04 (2g) (a) of the statutes is amended to read:
17 50.04 (2g) (a) Subject to sub. (2i), a nursing home shall, within the time period
18 after inquiry by a prospective resident that is prescribed by the department by rule,
19 inform the prospective resident of the services of a resource center under s. 46.283,
20 the family care benefit under s. 46.286 and the availability of a functional screening
21 and financial ~~screen~~ eligibility and cost-sharing screening to determine the
22 prospective resident's eligibility for the family care benefit under s. 46.286 (1).

23 ***-0205/3.29*** SECTION 1906. 50.04 (2h) (a) 1. of the statutes is amended to read:

1 50.04 (2h) (a) 1. For a person who has received a ~~screen~~ screening for functional
2 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this
3 paragraph need not include performance of an additional functional ~~screen~~
4 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

5 ***-0205/3.30*** SECTION 1907. 50.04 (2h) (a) 4. of the statutes is amended to read:

6 50.04 (2h) (a) 4. For a person who seeks admission or is about to be admitted
7 on a private pay basis and who waives the requirement for a financial ~~screen~~
8 eligibility and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), the referral
9 under this subsection may not include performance of a financial ~~screen~~ eligibility
10 and cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the person
11 expected to become eligible for medical assistance within 6 months.

12 ***-0203/2.18*** SECTION 1908. 50.04 (2i) of the statutes is amended to read:

13 50.04 (2i) APPLICABILITY. Subsections (2g) and (2h) apply only if the secretary
14 has certified under s. 46.281 (3) (a) that a resource center is available for the nursing
15 home and for specified groups of eligible individuals that include those persons
16 seeking admission to or the residents of the nursing home.

17 ***-0203/2.19*** SECTION 1909. 50.04 (2m) (b) of the statutes is amended to read:

18 50.04 (2m) (b) Paragraph (a) does not apply to those residents for whom the
19 secretary has certified under s. 46.281 (3) (a) that a resource center is available.

20 ***-1686/4.35*** SECTION 1910. 50.04 (4) (d) of the statutes is repealed.

21 ***-1686/4.36*** SECTION 1911. 50.04 (4) (e) 3. of the statutes is amended to read:

22 50.04 (4) (e) 3. In any petition for judicial review under s. 50.02 (3r) of a decision
23 by the division under subd. 2., the department, if not the petitioner who was in the
24 proceeding before the division under subd. 1., shall be the named respondent.

25 ***-1686/4.37*** SECTION 1912. 50.04 (5) (e) of the statutes is amended to read:

1 50.04 (5) (e) *Forfeiture appeal hearing.* A nursing home may contest an
2 assessment of forfeiture by sending, within 10 days after receipt of notice of a
3 contested action, a written request for hearing under s. 227.44 to the division of
4 hearings and appeals created under s. 15.103 (1). The administrator of the division
5 may designate a hearing examiner to preside over the case and recommend a decision
6 to the administrator under s. 227.46. The decision of the administrator of the
7 division shall be the final administrative decision. The division shall commence the
8 hearing within 30 days of receipt of the request for hearing and shall issue a final
9 decision within 15 days after the close of the hearing. Proceedings before the division
10 are governed by ch. 227. In any petition for judicial review under s. 50.02 (3r) of a
11 decision by the division, the party, other than the petitioner, who was in the
12 proceeding before the division shall be the named respondent.

13 ***-1686/4.38*** SECTION 1913. 50.04 (5) (f) of the statutes is amended to read:

14 50.04 (5) (f) *Forfeitures paid within 10 days.* All forfeitures shall be paid to the
15 department within 10 days of receipt of notice of assessment or, if the forfeiture is
16 contested under par. (e), within 10 days of receipt of the final decision after
17 exhaustion of administrative review, unless the final decision is appealed and the
18 order is stayed by court order under s. ~~50.03 (11)~~ 50.02 (3r). The department shall
19 remit all forfeitures paid to the state treasurer for deposit in the school fund.

20 ***-1686/4.39*** SECTION 1914. 50.04 (6) (title) of the statutes is renumbered
21 50.02 (3g) (title) and amended to read:

22 50.02 (3g) (title) CONDITIONAL LICENSE, CERTIFICATION, APPROVAL, OR
23 REGISTRATION.

24 ***-1686/4.40*** SECTION 1915. 50.04 (6) (a) of the statutes is renumbered 50.02
25 (3g) (a) (intro.) and amended to read:

1 50.02 (3g) (a) ~~Power of department.~~ (intro.) ~~In addition to the right to assess~~
2 ~~forfeitures under sub. (5), the~~ The department may, in addition to assessing
3 forfeitures under sub. (3m) (b), issue a conditional license, certification, approval, or
4 registration, as applicable, to any nursing home if the department finds that either
5 a class "A" or class "B" violation, as defined in sub. (4), continues to exist in such
6 home, of the following, under the following conditions:

7 (b) ~~The issuance of a conditional license shall revoke, certification, approval,~~
8 ~~or registration to an entity revokes any outstanding license held by the nursing~~
9 ~~home. The nursing home may seek review of a decision to issue a conditional license~~
10 ~~as provided under s. 50.03 (5), certification, approval, or registration held under this~~
11 ~~chapter by the entity.~~

12 *-1686/4.41* SECTION 1916. 50.04 (6) (b) of the statutes is renumbered 50.02
13 (3g) (c) and amended to read:

14 50.02 (3g) (c) ~~Violation correction plan.~~ Prior to the issuance of a conditional
15 license, certification, approval, or registration, the department shall establish a
16 written plan of correction. The plan shall specify the violations which that prevent
17 full licensure, certification, approval, or registration and shall establish a time
18 schedule for correction of the deficiencies. Retention of the conditional license,
19 certification, approval, or registration by an entity shall be conditional on the entity's
20 meeting the requirements of the plan of correction.

21 *-1686/4.42* SECTION 1917. 50.04 (6) (c) of the statutes is renumbered 50.02
22 (3g) (d) and amended to read:

23 50.02 (3g) (d) ~~Notice. Written~~ The department shall send to an entity written
24 notice of the decision to issue a conditional license shall be sent to the facility,
25 certification, approval, or registration, together with the proposed plan of correction.

1 The notice shall inform the facility entity of its right to a case conference under par.
2 (e) prior to issuance of the conditional license under par. (d), certification, approval,
3 or registration and of its right under par. (f) to a full hearing under par. (e).

4 *~~1686/4.43~~* SECTION 1918. 50.04 (6) (d) of the statutes is renumbered 50.02
5 (3g) (e) and amended to read:

6 50.02 (3g) (e) ~~Case conference.~~ If the facility entity desires to have a case
7 conference it shall, within 4 working days of receipt of the notice under par. (e) ~~(d),~~
8 send a written request for a case conference to the department. The department
9 shall, within 4 working days from the receipt of the request, hold a case conference
10 in the county in which the facility entity is located. Following this conference the
11 department may affirm or overrule its previous decision, or modify the terms of the
12 conditional license, certification, approval, or registration and plan of correction.
13 ~~The conditional license may be issued~~ department may issue the conditional license,
14 certification, approval, or registration after the case conference, or after the time for
15 requesting a case conference has expired, prior to any further hearing.

16 *~~1686/4.44~~* SECTION 1919. 50.04 (6) (e) of the statutes is renumbered 50.02
17 (3g) (f) and amended to read:

18 50.02 (3g) (f) ~~Hearing.~~ If after the case conference the licensee entity desires
19 to contest the basis for issuance of a conditional license, certification, approval, or
20 registration or the terms of the license conditional license, certification, approval, or
21 registration or plan of correction, the ~~licensee shall send a written request for~~
22 ~~hearing to the department within 4 working days after issuance of the conditional~~
23 ~~license. The department shall hold the hearing within 30 days of receipt of such~~
24 ~~notice and shall immediately notify the licensee of the date and location of the~~
25 hearing entity is entitled to a hearing under sub. (3m) (e).

1 *~~1686/4.45~~* SECTION 1920. 50.04 (6) (f) of the statutes is renumbered 50.02
2 (3g) (g) and amended to read:

3 50.02 (3g) (g) ~~Term; inspection.~~ A conditional license shall be issued The
4 department may issue a conditional license, certification, approval, or registration
5 for a period specified by the department, but in no event for more than ~~one year~~ 12
6 months. The department shall periodically inspect any ~~nursing home entity~~ that is
7 operating under a conditional license, certification, approval, or registration. If the
8 department finds substantial failure by the ~~nursing home entity~~ to follow the plan
9 of correction, the conditional license may be revoked department may revoke the
10 conditional license, certification, approval, or registration as provided under s. ~~50.03~~
11 ~~(5) sub. (3m) (bm)~~. The licensee entity is entitled to a hearing under sub. (3m) (e) on
12 the revocation under s. 50.03 (5), but the department may rely on facts found in a
13 hearing under par. (e) ~~(f)~~ as grounds for revocation.

14 *~~1686/4.46~~* SECTION 1921. 50.04 (6) (g) of the statutes is renumbered 50.02
15 (3g) (h) and amended to read:

16 50.02 (3g) (h) ~~Expiration.~~ If the department determines that a the conditional
17 license, certification, approval, or registration of an entity shall expire without
18 renewal or replacement of the conditional license, certification, approval, or
19 registration by a regular license, certification, approval, or registration, the
20 department shall so notify the licensee entity at least 30 days prior to expiration of
21 the conditional license, certification, approval, or registration. The notice shall
22 ~~comply with notice requirements under s. 50.03 (5)~~ be written, shall state the
23 grounds for the expiration without renewal or replacement and shall explain the
24 process for appealing the expiration without renewal or replacement. The licensee

1 entity is entitled to a hearing under s. 50.03 (5) sub. (3m) (e) prior to expiration of the
2 license conditional license, certification, approval, or registration.

3 ***-1686/4.47* SECTION 1922.** 50.05 (2) (b) of the statutes is amended to read:

4 50.05 (2) (b) The department has ~~suspended or~~ revoked the existing license of
5 the facility.

6 ***-1686/4.48* SECTION 1923.** 50.05 (2) (c) of the statutes is amended to read:

7 50.05 (2) (c) The department has initiated revocation procedures under s. ~~50.03~~
8 ~~(5)~~ 50.02 (3m) (bm) and has determined that the lives, health, safety, or welfare of
9 the residents cannot be adequately assured pending a full hearing on license
10 revocation.

11 ***-1686/4.49* SECTION 1924.** 50.053 of the statutes is renumbered 50.02 (3m)

12 (em) and amended to read:

13 50.02 (3m) (em) ~~Case conference.~~ The department may hold a case conference
14 with the parties to any contested action under this ~~subchapter~~ chapter to resolve any
15 or all issues prior to formal hearing. Unless any party to the contested case objects,
16 the department may delay the commencement of the formal hearing in order to hold
17 the case conference.

18 ***-0205/3.31* SECTION 1925.** 50.06 (7) of the statutes is amended to read:

19 50.06 (7) An individual who consents to an admission under this section may
20 request that an assessment be conducted for the incapacitated individual under the
21 long-term support community options program under s. 46.27 (6) or, if the secretary
22 has certified under s. 46.281 (3) (a) that a resource center is available for the
23 individual, a functional screening and financial ~~screen~~ eligibility and cost-sharing
24 screening to determine eligibility for the family care benefit under s. 46.286 (1). If
25 admission is sought on behalf of the incapacitated individual or if the incapacitated

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1 individual is about to be admitted on a private pay basis, the individual who consents
2 to the admission may waive the requirement for a financial ~~screen~~ eligibility and
3 cost-sharing screening under s. 46.283 (4) ~~(g)~~ (3m) (c), unless the incapacitated
4 individual is expected to become eligible for medical assistance within 6 months.

****NOTE: This is reconciled s. 50.06 (7). This SECTION has been affected by drafts
with the following LRB numbers: LRB-0203/1 and LRB-0205/2.

5 ***-1686/4.50* SECTION 1926.** 50.09 (6) (d) of the statutes is amended to read:

6 50.09 (6) (d) The facility shall attach a statement, which summarizes
7 complaints or allegations of violations of rights established under this section, to the
8 report required under s. 50.03 (4) (c) ~~1. or 2.~~ 2m. or (cm) 2. The statement shall
9 contain the date of the complaint or allegation, the name of the persons involved, the
10 disposition of the matter and the date of disposition. The department shall consider
11 the statement in reviewing the report.

12 ***-1686/4.51* SECTION 1927.** 50.14 (6) of the statutes is repealed.

13 ***-1686/4.52* SECTION 1928.** 50.35 of the statutes is amended to read:

14 **50.35 Application and approval.** Application for approval to maintain a
15 hospital shall be made to the department on forms provided by the department. On
16 receipt of an application, the department shall, except as provided in s. 50.498, issue
17 a certificate of approval if the applicant and hospital facilities meet the requirements
18 established by the department. Except as provided in s. 50.498, this approval shall
19 be in effect until, for just cause ~~and in the manner herein prescribed~~, it is suspended
20 or revoked. The certificate of approval may be issued only for the premises and
21 persons or governmental unit named in the application and is not transferable or
22 assignable. The department shall withhold, ~~suspend or~~, under s. 50.02 (3m) (bm),
23 revoke approval for a failure to comply with s. 165.40 (6) (a) 1. or 2., but, except as

1 provided in s. 50.498, otherwise may not withhold, ~~suspend or, under s. 50.02 (3m)~~
2 ~~(bm)~~, revoke approval unless for a substantial failure to comply with ss. 50.32 to
3 50.39 or the rules and standards adopted by the department ~~after giving a reasonable~~
4 ~~notice, a fair hearing and a reasonable opportunity to comply.~~ Failure by a hospital
5 to comply with s. 50.36 (3m) shall be considered to be a substantial failure to comply
6 under this section.

7 ***-0200/2.3* SECTION 1929.** 50.36 (2) (c) of the statutes is amended to read:

8 50.36 (2) (c) ~~The department shall promulgate rules that require that a~~
9 ~~hospital, before discharging a patient who is aged 65 or older or who has~~
10 ~~developmental disability or physical disability and whose disability or condition~~
11 ~~requires long-term care that is expected to last at least 90 days, refer the patient to~~
12 ~~the A hospital shall participate in developing and implementing plans required~~
13 ~~under s. 46.283 (4) (j) for making appropriate referrals of persons likely to be eligible~~
14 ~~for and to benefit from the family care benefit under s. 46.286 to a resource center~~
15 ~~under s. 46.283. The rules shall specify that this This requirement applies only if the~~
16 ~~secretary has certified under s. 46.281 (3) (a) that a resource center is available for~~
17 ~~the hospital and for specified groups of eligible individuals that include persons~~
18 ~~seeking admission to or patients of the hospital.~~

****NOTE: This is reconciled s. 50.36 (2) (c). This SECTION has been affected by drafts
with the following LRB numbers: LRB-0200/1 and LRB-0203/1.

19 ***-1686/4.53* SECTION 1930.** 50.37 (1) of the statutes is amended to read:

20 50.37 (1) ~~Suspended or revoked~~ Revoked the hospital's approval under s. 50.35
21 50.02 (3m) (bm).

22 ***-0200/2.4* SECTION 1931.** 50.38 of the statutes is repealed.

23 ***-1686/4.54* SECTION 1932.** 50.49 (6) (b) of the statutes is amended to read:

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1 50.49 (6) (b) A home health agency license is valid until ~~suspended or~~ revoked,
2 except as provided in s. 50.498.

3 ***-1194/1.1*** **SECTION 1933.** 50.49 (6m) (a) of the statutes is amended to read:

4 50.49 (6m) (a) A care management organization, as defined in s. 46.2805 (1),
5 or an entity with which a care management organization contracts under s. 46.284
6 (4) (d).

7 ***-1686/4.55*** **SECTION 1934.** 50.49 (7) of the statutes is repealed.

8 ***-1686/4.56*** **SECTION 1935.** 50.49 (9) of the statutes is repealed.

9 ***-1686/4.57*** **SECTION 1936.** 50.49 (10) of the statutes is amended to read:

10 50.49 (10) ~~PROVISIONAL~~ PROBATIONARY LICENSES. Except as provided in s. 50.498,
11 a ~~provisional~~ probationary license if approved by the department may be issued to
12 any home health agency, the facilities of which are in use or needed for patients, but
13 which is temporarily unable to conform to all the rules established under this section.
14 A ~~provisional~~ probationary license may not be issued for more than one year.

15 ***-1686/4.58*** **SECTION 1937.** 50.498 (1) (c) of the statutes is amended to read:

16 50.498 (1) (c) A ~~provisional~~ probationary license under s. 50.49 (10).

17 ***-1686/4.59*** **SECTION 1938.** 50.498 (1m) of the statutes is amended to read:

18 50.498 (1m) If an individual who applies for a certificate of approval, ~~license~~
19 ~~or provisional license or a license as specified~~ under sub. (1) does not have a social
20 security number, the individual, as a condition of obtaining the certificate of
21 approval, ~~license or provisional~~ or the license, shall submit a statement made or
22 subscribed under oath or affirmation to the department that the applicant does not
23 have a social security number. The form of the statement shall be prescribed by the
24 department of workforce development. A certificate of approval, ~~license or~~

1 ~~provisional or a~~ license issued in reliance upon a false statement submitted under
2 this subsection is invalid.

3 ***-1686/4.60* SECTION 1939.** 50.498 (3) of the statutes is amended to read:

4 50.498 (3) Except as provided in sub. (1m), the department shall deny an
5 application for the issuance of a certificate of approval, ~~license or provisional or a~~
6 license specified in sub. (1) if the applicant does not provide the information specified
7 in sub. (1).

8 ***-1686/4.61* SECTION 1940.** 50.498 (4) of the statutes is amended to read:

9 50.498 (4) The department shall deny an application for the issuance of a
10 certificate of approval, ~~license or provisional or a~~ license specified in sub. (1) or shall,
11 notwithstanding s. 50.02 (3m) (bm), revoke a certificate of approval, ~~license or~~
12 ~~provisional or a~~ license specified in sub. (1), if the department of revenue certifies
13 under s. 73.0301 that the applicant for or holder of the certificate of approval, license
14 ~~or provisional or the~~ license is liable for delinquent taxes.

15 ***-1686/4.62* SECTION 1941.** 50.498 (5) of the statutes is amended to read:

16 50.498 (5) ~~An~~ Notwithstanding s. 50.02 (3m) (e), an action taken under sub. (3)
17 or (4) is subject to review only as provided under s. 73.0301 (2) (b) and (5).

18 ***-1686/4.63* SECTION 1942.** 50.51 (2) (b) of the statutes is amended to read:

19 50.51 (2) (b) Minimum requirements for issuance of a ~~provisional license or a~~
20 ~~regular~~ license to rural medical centers.

21 ***-1686/4.64* SECTION 1943.** 50.52 (2) (intro.) of the statutes is amended to
22 read:

23 50.52 (2) (intro.) The department shall issue a ~~provisional license or a regular~~
24 license as a rural medical center to an applicant if all of the following are first done:

25 ***-1686/4.65* SECTION 1944.** 50.52 (4) of the statutes is amended to read:

1 50.52 (4) A regular license issued to a rural medical center is valid until it is
2 suspended or revoked. ~~A provisional license issued to a rural medical center is valid~~
3 ~~for 6 months from the date of issuance.~~

4 *~~1686/4.66~~* SECTION 1945. 50.55 (1) of the statutes is repealed.

5 *~~1686/4.67~~* SECTION 1946. 50.55 (2) (title) of the statutes is repealed and
6 recreated to read:

7 50.55 (2) (title) PENALTY.

8 *~~1686/4.68~~* SECTION 1947. 50.925 of the statutes is amended to read:

9 **50.925 Use of name or advertising prohibited.** No entity that is not a
10 hospice licensed or conditionally licensed under this subchapter or an applicant for
11 a license ~~or a provisional license~~ under this subchapter may designate itself as a
12 “hospice” or use the word “hospice” to represent or tend to represent the entity as a
13 hospice or services provided by the entity as services provided by a hospice.

14 *~~1686/4.69~~* SECTION 1948. 50.93 (1) (intro.) of the statutes is amended to
15 read:

16 50.93 (1) APPLICATION. (intro.) The application for a license ~~or for a provisional~~
17 license shall:

18 *~~1686/4.70~~* SECTION 1949. 50.93 (2) (a) of the statutes is amended to read:

19 50.93 (2) (a) A hospice license is valid until ~~suspended or revoked.~~

20 *~~1686/4.71~~* SECTION 1950. 50.93 (3) of the statutes is amended to read:

21 50.93 (3) ~~PROVISIONAL~~ PROBATIONARY LICENSE. If the applicant has not been
22 previously licensed under this subchapter or if the hospice is not in operation at the
23 time that application is made, the department may issue a ~~provisional~~ probationary
24 license. Unless sooner ~~suspended or revoked~~ under sub. (4), a ~~provisional~~
25 probationary license shall be valid for ~~24~~ 12 months from the date of issuance. Within

1 30 days prior to the termination of a ~~provisional~~ probationary license, the
2 department shall fully and completely inspect the hospice and, if the hospice meets
3 the applicable requirements for licensure, shall issue a regular license under sub. (2).
4 If the department finds that the hospice does not meet the requirements for
5 licensure, the department may not issue a regular license under sub. (2).

6 ***-1686/4.72* SECTION 1951.** 50.93 (3g) of the statutes is created to read:

7 50.93 (3g) SUBSTANTIAL NONCOMPLIANCE. A hospice that is in substantial
8 noncompliance, as defined by the department by rule under s. 50.95 (7), with a
9 federal statute or regulation or with an applicable provision of this chapter shall
10 demonstrate, including by providing financial or other information requested by the
11 department, that the hospice continues to be fit and qualified, as defined by the
12 department by rule under s. 50.95 (5), to operate.

13 ***-1686/4.73* SECTION 1952.** 50.93 (4) of the statutes is repealed and recreated
14 to read:

15 50.93 (4) EFFECT OF LICENSE INVALIDITY. No state or federal funds passing
16 through the state treasury may be paid to a hospice that does not have a valid license
17 issued under this section.

18 ***-1686/4.74* SECTION 1953.** 50.95 (7) of the statutes is created to read:

19 50.95 (7) The definition of "substantial noncompliance" for the purposes of s.
20 50.93 (3g).

21 ***-1686/4.75* SECTION 1954.** 50.98 (title) and (1) of the statutes are repealed.

22 ***-1686/4.76* SECTION 1955.** 50.98 (2) of the statutes is renumbered 50.02 (3m)
23 (b) 3. and amended to read:

24 50.02 (3m) (b) 3. In determining whether a forfeiture is to be imposed under
25 subd. 1. and in fixing the amount of the forfeiture to be imposed under subd. 2., if any,

1 for a violation, the department shall consider the following factors shall be
2 considered:

3 a. The gravity of the violation, including the probability that death or serious
4 physical or psychological harm to a resident or patient will result or has resulted; the
5 severity of the actual or potential harm; and the extent to which the provisions of the
6 applicable statutes or rules were violated.

7 b. Good faith exercised by the licensee entity. Indications of good faith include,
8 but are not limited to, awareness of the applicable statutes and regulation and
9 reasonable diligence in complying with such requirements, prior accomplishments
10 manifesting the licensee's desire to comply with the requirements, efforts to correct
11 and any other mitigating factors in favor of the licensee entity.

12 c. Any previous violations committed by the licensee entity.

13 d. The financial benefit to the hospice entity of committing or continuing the
14 violation.

15 ***-1686/4.77* SECTION 1956.** 50.98 (3) to (6) of the statutes are repealed.

16 ***-1712/2.9* SECTION 1957.** 51.02 (1) (e) of the statutes is renumbered 51.02 (3)
17 and amended to read:

18 51.02 (3) ~~Submit~~ The council on mental health may submit annually to the
19 department, the chief clerk of each house of the legislature, for distribution to the
20 legislature under s. 13.172 (2), and the governor a report on recommended policy
21 changes in the area of mental health.

22 ***-1686/4.78* SECTION 1958.** 51.032 (1) (b) of the statutes is amended to read:

23 51.032 (1) (b) A certification issued under s. 51.04 (2).

24 ***-1686/4.79* SECTION 1959.** 51.032 (1) (e) of the statutes is amended to read:

25 51.032 (1) (e) An approval issued under s. 51.45 (8) 51.04 (1).

1 ***-1686/4.80*** SECTION 1960. 51.032 (4) of the statutes is amended to read:

2 51.032 (4) The department shall deny an application for the issuance of a
3 certification or approval specified in sub. (1) or shall, notwithstanding s. 51.04 (4),
4 revoke a certification or approval specified in sub. (1) if the department of revenue
5 certifies under s. 73.0301 that the applicant for or holder of a certification or approval
6 is liable for delinquent taxes.

7 ***-1686/4.81*** SECTION 1961. 51.032 (5) of the statutes is amended to read:

8 51.032 (5) ~~An~~ Notwithstanding s. 51.04 (4), action taken under sub. (3) or (4)
9 is subject to review only as provided under s. 73.0301 (2) (b) and (5).

10 ***-1686/4.82*** SECTION 1962. 51.04 of the statutes is repealed and recreated to
11 read:

12 **51.04 Treatment facilities. (2) CERTIFICATION.** Except as provided in s.
13 51.032, an approved treatment facility may apply to the department for certification
14 of the facility for the receipt of funds for services provided as a benefit to a medical
15 assistance recipient under s. 49.46 (2) (b) 6. f. or to a community aids funding
16 recipient under s. 51.423 (2) or provided as mandated coverage under s. 632.89. The
17 department shall annually charge a fee for each certification.

18 **(3) CONDITIONAL APPROVAL.** (a) The department may, in addition to assessing
19 forfeitures under sub. (4) (a), issue a conditional approval to any treatment facility
20 if the department finds that a violation by the treatment facility of an applicable
21 provision of this chapter or of a rule promulgated under an applicable provision of
22 this chapter continues to exist.

23 (b) The issuance of a conditional approval to a treatment facility revokes any
24 outstanding approval held under this section by the treatment facility.

1 (c) Prior to the issuance of a conditional approval, the department shall
2 establish a written plan of correction. The plan shall specify the violations that
3 prevent full approval and shall establish a time schedule for correction of the
4 deficiencies. Retention of the conditional approval by a treatment facility shall be
5 conditional on the treatment facility's meeting the requirements of the plan of
6 correction.

7 (d) The department shall send to a treatment facility written notice of the
8 decision to issue a conditional approval, together with the proposed plan of
9 correction. The notice shall inform the treatment facility of its right to a case
10 conference prior to issuance of the conditional approval and of its right under par. (f)
11 to a hearing.

12 (e) If the treatment facility desires to have a case conference it shall, within 4
13 working days of receipt of the notice under par. (d), send a written request for a case
14 conference to the department. The department shall, within 4 working days from the
15 receipt of the request, hold a case conference in the county in which the treatment
16 facility is located. Following this conference the department may affirm or overrule
17 its previous decision, or modify the terms of the conditional approval and plan of
18 correction. The department may issue the conditional approval after the case
19 conference, or after the time for requesting a case conference has expired, prior to any
20 further hearing.

21 (f) If after the case conference the treatment facility desires to contest the basis
22 for issuance of a conditional approval or the terms of the conditional approval or plan
23 of correction, the treatment facility is entitled to a hearing as specified under sub.

24 (4) (d).

1 (g) The department may issue a conditional approval for a period specified by
2 the department, but in no event for more than 12 months. The department shall
3 periodically inspect any treatment facility that is operating under a conditional
4 approval. If the department finds substantial failure by the treatment facility to
5 follow the plan of correction, the department may revoke the conditional approval as
6 provided under sub. (4) (b). The treatment facility is entitled to a hearing as specified
7 under sub. (4) (d) on the revocation, but the department may rely on facts found in
8 a hearing under par. (f) as grounds for revocation.

9 (h) If the department determines that the conditional approval of a treatment
10 facility shall expire without renewal or replacement of the conditional approval by
11 an approval under sub. (1), the department shall so notify the treatment facility at
12 least 30 days prior to expiration of the conditional approval. The notice shall be
13 written, shall state the grounds for the expiration without renewal or replacement,
14 and shall explain the process for appealing the expiration without renewal or
15 replacement. The treatment facility is entitled to a hearing as specified under sub.
16 (4) (d) prior to expiration of the conditional approval.

17 (4) SANCTIONS AND PENALTIES. (a) If the department provides to a treatment
18 facility written notice of the sanction or penalty, the grounds for the sanction or
19 penalty, an explanation of the types of sanctions or penalties that the department
20 may impose under this subsection, and an explanation of the process for appealing
21 a sanction or penalty imposed under this subsection, the department may impose
22 any of the following against a treatment facility or other person who violates the
23 applicable provisions of this chapter or rules promulgated under the applicable
24 provisions of this chapter:

1 1. A daily forfeiture amount per violation of not less than \$10 nor more than
2 \$2,000 for each violation, with each day of violation constituting a separate offense.

3 All of the following apply to a forfeiture under this subdivision:

4 a. Within the limits specified in this subdivision, the department may, by rule,
5 set daily forfeiture amounts and payment deadlines based on the size of the
6 treatment facility, the type of the treatment facility, and the seriousness of the
7 violation.

8 b. The department may directly assess a forfeiture imposed under this
9 subdivision by specifying the amount of that forfeiture in the notice provided under
10 this paragraph.

11 c. A treatment facility assessed a forfeiture shall pay the forfeiture to the
12 department within 10 days after receipt of notice of assessment or, if the forfeiture
13 is contested under par. (d), within 10 days after receipt of the final decision after
14 exhaustion of administrative review, unless the final decision is appealed and the
15 order is stayed by court order under sub. (5). The department shall remit all
16 forfeitures paid under this subdivision to the state treasurer for deposit in the school
17 fund.

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

22 2. Suspension of approval for the treatment facility.

23 3. Revocation of approval or of conditional approval as specified in pars. (b) to
24 (e).

1 (b) Under the procedure specified in par. (c), the department may revoke an
2 approval for a treatment facility for any of the following reasons:

3 1. The department has imposed a sanction or penalty on the treatment facility
4 under par. (a) and the treatment facility continues to violate or resumes violation of
5 an applicable provision of approval or of conditional approval or a rule relating to the
6 treatment facility promulgated under this chapter.

7 2. The treatment facility or a person under the supervision of the treatment
8 facility has substantially violated a provision of approval applicable to the treatment
9 facility or a rule relating to the treatment facility promulgated under this chapter.

10 3. The treatment facility or a person under the supervision of the treatment
11 facility has acted in relation to or has created a condition relating to the operation
12 or maintenance of the treatment facility that directly threatens the health, safety,
13 or welfare of a patient of the treatment facility.

14 4. The treatment facility or a person under the supervision of the treatment
15 facility has repeatedly violated the same or similar provisions of approval or
16 conditional approval applicable to the treatment facility or rules relating to the
17 treatment facility promulgated under this chapter.

18 (c) 1. The department may revoke an approval or conditional approval for a
19 treatment facility for the reason specified in par. (b) 1., 2., 3., or 4. if the department
20 provides the treatment facility with written notice of revocation, the grounds for the
21 revocation, and an explanation of the process for appealing the revocation, at least
22 30 days before the date of revocation. The department may revoke the approval or
23 conditional approval only if the violation remains substantially uncorrected on the
24 date of revocation or expiration of the approval or conditional approval.

1 2. The department may revoke an approval or conditional approval for a
2 treatment facility for the reason specified in par. (b) 2. or 3. immediately if the
3 department provides the treatment facility with written notice of revocation, the
4 grounds for the revocation, and an explanation of the process for appealing the
5 revocation.

6 3. The department may deny an approval or conditional approval for treatment
7 facility whose approval or conditional approval was revoked under this paragraph.

8 (d) If a treatment facility desires to contest the suspension or revocation of an
9 approval or conditional approval or the imposition of a sanction or penalty, including
10 an assessment of a forfeiture under par. (a), the treatment facility shall, within 10
11 days after receipt of notice under par. (a), notify the department in writing of its
12 request for a hearing under s. 227.44. The department shall hold a prehearing
13 conference within 30 days after receipt of the notice and shall send notice to the
14 treatment facility of a hearing as provided under s. 227.44 (2).

15 (e) 1. Subject to s. 227.51 (3), revocation shall become effective on the date set
16 by the department in the notice of revocation, upon final action after hearing under
17 ch. 227, or after court action if a stay is granted under sub. (5), whichever is later.

18 2. The department may extend the effective date of revocation of an approval
19 or a conditional approval in any case in order to permit orderly removal and
20 relocation of patients.

21 (5) JUDICIAL REVIEW. (a) All administrative remedies shall be exhausted before
22 an agency determination under this chapter is subject to judicial review. Final
23 decisions after hearing are subject to judicial review exclusively as provided in s.
24 227.52, except that a treatment facility shall file any petition for review of

1 department action under this chapter within 15 days after receipt of notice of the
2 final agency determination.

3 (b) The court may stay enforcement under s. 227.54 of the agency's final
4 decision if a showing is made that there is a substantial probability that the party
5 seeking review will prevail on the merits and will suffer irreparable harm if a stay
6 is not granted, and that the treatment facility will meet the applicable requirements
7 of this chapter and the rules promulgated under this chapter during the stay. If a
8 stay is granted, the court may impose such conditions on the granting of the stay as
9 may be necessary to safeguard the lives, health, rights, safety, and welfare of patients
10 and to assure compliance by the treatment facility with the requirements of this
11 chapter.

12 (c) The attorney general may delegate to the department the authority to
13 represent the state in any action brought to challenge department actions prior to
14 exhaustion of administrative remedies and final disposition by the agency.

15 ***-0424/5.6* SECTION 1963.** 51.06 (1) (intro.) of the statutes is renumbered
16 51.06 (1) and amended to read:

17 51.06 (1) PURPOSE. The purpose of the northern center for developmentally
18 disabled, central center for developmentally disabled and southern center for
19 developmentally disabled is to provide services needed by developmentally disabled
20 citizens of this state ~~which~~ that are otherwise unavailable to them, and to return
21 ~~such~~ those persons to the community when their needs can be met at the local level.
22 ~~Services to be provided by the department at such centers shall include:~~

23 ***-0424/5.7* SECTION 1964.** 51.06 (1) (a) to (d) of the statutes are renumbered
24 51.06 (1m) (a) to (d), and 51.06 (1m) (d), as renumbered, is amended to read:

1 51.06 (1m) (d) Services for up to ~~36~~ 50 individuals with developmental
2 disability who are also diagnosed as mentally ill or who exhibit extremely aggressive
3 and challenging behaviors.

 ****NOTE: This is reconciled s. 51.06 (1m) (d). This SECTION has been affected by
drafts with the following LRB numbers: LRB-0424/4 and LRB-0435/1.

4 *~~-0424/5.8~~* SECTION 1965. 51.06 (1m) (intro.) of the statutes is created to read:
5 51.06 (1m) SERVICES. (intro.) Services to be provided by the department at
6 centers for the developmentally disabled shall include:

7 *~~-0424/5.9~~* SECTION 1966. 51.06 (1r) of the statutes is created to read:
8 51.06 (1r) ALTERNATIVE SERVICES. (a) In addition to services provided under
9 sub. (1m), the department may, when the department determines that community
10 services need to be supplemented, authorize a center for the developmentally
11 disabled to offer short-term residential services, dental and mental health services,
12 physical therapy, psychiatric and psychological services, general medical services,
13 pharmacy services, and orthotics.

14 (b) Services under this subsection may be provided only under contract
15 between the department and a county department under s. 46.215, 46.22, 46.23,
16 51.42, or 51.437, a school district, or another public or private entity within the state
17 to persons referred from those entities, at the discretion of the department. The
18 department shall charge the referring entity all costs associated with providing the
19 services. Unless a referral is made, the department may not offer services under this
20 subsection to the person who is to receive the services or to his or her family. The
21 department may not impose a charge for services under this subsection upon the
22 person receiving the services or upon his or her family. Any revenues received under
23 this subsection shall be credited to the appropriation account under s. 20.435 (2) (g).