

**SENATE BILL 55****SECTION 1771**

1 under s. 49.46 (2) (a) 4. d. and (b) 6. f., fm., j., k. and L., and Lm., 9. and, 15., and 18.,  
2 for case management services under s. 49.46 (2) (b) 12. and for mental health day  
3 treatment services for minors provided under the authorization under 42 USC 1396d  
4 (r) (5), the department shall allocate up to ~~\$4,500,000~~ moneys in each fiscal year to  
5 these county departments, or local health departments as determined by the  
6 department, and shall perform all of the following:

7 **\*-0194/2.2\* SECTION 1772.** 49.45 (6t) (intro.) of the statutes, as affected by  
8 2001 Wisconsin Act ... (this act), is repealed and recreated to read:

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

20 **\*-0194/2.3\* SECTION 1773.** 49.45 (6t) (a) of the statutes is amended to read:

21 **49.45 (6t) (a)** For the reduction of operating deficits incurred by the county  
22 departments or local health departments, estimate the availability of federal  
23 medicaid funds that may be matched to county, city, town, or village funds that are  
24 expended for costs in excess of reimbursement for services provided under s. 49.46  
25 (2) (a) 4. d. and (b) 6. f., fm., j., k. and L., and Lm., 9. and, 15., and 18., for case

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1 management services under s. 49.46 (2) (b) 12. and for mental health day treatment  
2 services for ~~minor~~ minors provided under the authorization under 42 USC 1396d (r)  
3 (5).

4 **\*-0194/2.4\* SECTION 1774.** 49.45 (6t) (a) of the statutes, as affected by 2001  
5 Wisconsin Act ... (this act), is repealed and recreated to read:

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

13 **\*-1627/4.13\* SECTION 1775.** 49.45 (6u) of the statutes, as affected by 2001  
14 Wisconsin Act ... (this act), is renumbered 49.45 (6u) (am), and 49.45 (6u) (am)  
15 (intro.) and 2. (intro.) and b., 3., 4., 5. and 6., as renumbered, are amended to read:

16 49.45 (6u) (am) (intro.) Notwithstanding sub. (6m), in state fiscal years in  
17 which less than \$115,200,000 in federal financial participation relating to facilities  
18 is received under 42 CFR 433.51, from the appropriation appropriations under s.  
19 20.435 (4) (o) and (w), for reduction of operating deficits, as defined under criteria  
20 developed the methodology used by the department in December, 2000, incurred by  
21 a facility, ~~as defined under sub. (6m) (a) 3.~~, that is established under s. 49.70 (1) or  
22 that is owned and operated by a city, village, or town, the department may not  
23 distribute to these facilities more than ~~\$40,100,000~~ \$37,100,000 in each fiscal year,  
24 as determined by the department. The total amount that a county certifies under  
25 this subsection may not exceed 100% of otherwise-unreimbursed care. In

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1 distributing funds under this subsection, the department shall perform all of the  
2 following:

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

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

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

12 4. 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 allocate not more than the lesser amount so approved by the federal department of  
16 health and human services.

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

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

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1           \***-1627/4.14\*** **SECTION 1776.** 49.45 (6u) (intro.) of the statutes is amended to  
2 read:

3           49.45 **(6u)** SUPPLEMENTAL PAYMENTS TO CERTAIN FACILITIES. (intro.)  
4 Notwithstanding sub. (6m), 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 facility, as defined under sub. (6m) (a) 3., that is  
7 established under s. 49.70 (1) or that is owned and operated by a city, village or town,  
8 the department may not distribute to these facilities more than \$38,600,000  
9 \$40,100,000 in each fiscal year, as determined by the department, ~~except that the~~  
10 ~~department shall also distribute for this same purpose from the appropriation under~~  
11 ~~s. 20.435 (4) (o) any additional federal medical assistance moneys that were not~~  
12 ~~anticipated before enactment of the biennial budget act or other legislation affecting~~  
13 ~~s. 20.435 (4) (o).~~ The total amount that a county certifies under this subsection may  
14 not exceed 100% of otherwise-unreimbursed care. In distributing funds under this  
15 subsection, the department shall perform all of the following:

16           \***-1627/4.15\*** **SECTION 1777.** 49.45 (6u) (ag) of the statutes is created to read:  
17           49.45 **(6u)** (ag) In this subsection, “facility” has the meaning given in sub. (6m)  
18 (a) 3.

19           \***-1627/4.16\*** **SECTION 1778.** 49.45 (6u) (bm) of the statutes is created to read:  
20           49.45 **(6u)** (bm) In state fiscal years in which \$115,200,000 or more in federal  
21 financial participation relating to facilities is received under 42 CFR 433.51, from the  
22 appropriations under s. 20.435 (4) (o) and (w), for reduction of operating deficits, as  
23 defined under criteria developed by the department, incurred by a facility that is  
24 established under s. 49.70 (1) or that is owned and operated by a city, village, or town,  
25 the department may not distribute to these facilities more than \$77,100,000 in each

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1 fiscal year, as determined by the department under a methodology as specified in the  
2 state plan for services under 42 USC 1396.

3 **\*-1627/4.17\* SECTION 1779.** 49.45 (6x) (a) of the statutes is amended to read:

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

10 **\*-1627/4.18\* SECTION 1780.** 49.45 (6y) (a) of the statutes is amended to read:

11 49.45 (6y) (a) Notwithstanding sub. (3) (e), from the appropriations under s.  
12 20.435 (4) (b) ~~and, (o), and (w)~~, the department shall distribute funding in each fiscal  
13 year to provide supplemental payment to hospitals that enter into a contract under  
14 s. 49.02 (2) to provide health care services funded by a relief block grant, as  
15 determined by the department, for hospital services that are not in excess of the  
16 hospitals' customary charges for the services, as limited under 42 USC 1396b (i) (3).  
17 If no relief block grant is awarded under this chapter or if the allocation of funds to  
18 such hospitals would exceed any limitation under 42 USC 1396b (i) (3), the  
19 department may distribute funds to hospitals that have not entered into a contract  
20 under s. 49.02 (2).

21 **\*-1627/4.19\* SECTION 1781.** 49.45 (6y) (am) of the statutes is amended to read:

22 49.45 (6y) (am) Notwithstanding sub. (3) (e), from the appropriations under s.  
23 20.435 (4) (b), (h) ~~and, (o), and (w)~~, the department shall distribute funding in each  
24 fiscal year to provide supplemental payments to hospitals that enter into contracts  
25 under s. 49.02 (2) with a county having a population of 500,000 or more to provide

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1 health care services funded by a relief block grant, as determined by the department,  
2 for hospital services that are not in excess of the hospitals' customary charges for the  
3 services, as limited under 42 USC 1396b (i) (3).

4 **\*-1627/4.20\* SECTION 1782.** 49.45 (6z) (a) (intro.) of the statutes is amended  
5 to read:

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

17 **\*-1627/4.21\* SECTION 1783.** 49.45 (8) (b) of the statutes is amended to read:

18 49.45 (8) (b) Reimbursement under s. 20.435 (4) (b) ~~and, (o), and (w)~~ for home  
19 health services provided by a certified home health agency or independent nurse  
20 shall be made at the home health agency's or nurse's usual and customary fee per  
21 patient care visit, subject to a maximum allowable fee per patient care visit that is  
22 established under par. (c).

23 **\*-0193/3.14\* SECTION 1784.** 49.45 (21) (title) of the statutes is amended to  
24 read:

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1           49.45 (21) (title) ~~TRANSFER OF BUSINESS, LIABILITY FOR~~ TAKING OVER PROVIDER'S  
2           ~~OPERATION; REPAYMENTS REQUIRED.~~

3           \***-0193/3.15\*** SECTION 1785. 49.45 (21) (a) of the statutes is renumbered 49.45  
4           (21) (ar) and amended to read:

5           49.45 (21) (ar) ~~If any provider~~ Before a person may take over the operation of  
6           a provider that is liable for repayment of improper or erroneous payments or  
7           overpayments under ss. 49.43 to 49.497 ~~sells or otherwise transfers ownership of his~~  
8           ~~or her business or all or substantially all of the assets of the business, the transferor~~  
9           ~~and transferee are each liable for the repayment. Prior to final transfer, the~~  
10          ~~transferee is responsible for contacting the department and ascertaining if the~~  
11          ~~transferor, full repayment shall be made. Upon request, the department shall notify~~  
12          the provider or the person that intends to take over the operation of the provider as  
13          to whether the provider is liable under this paragraph.

14          \***-0193/3.16\*** SECTION 1786. 49.45 (21) (ag) of the statutes is created to read:

15          49.45 (21) (ag) In this subsection, “take over the operation” means obtain, with  
16          respect to an aspect of a provider’s business for which the provider has filed claims  
17          for medical assistance reimbursement, any of the following:

18               1. Ownership of the provider’s business or all or substantially all of the assets  
19               of the business.

20               2. Majority control over decisions.

21               3. The right to any profits or income.

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

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

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

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

8           \*~~0193/3.17~~\* SECTION 1787. 49.45 (21) (b) of the statutes is amended to read:

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

19           \*~~1627/4.22~~\* SECTION 1788. 49.45 (24m) (intro.) of the statutes is amended to  
20 read:

21           49.45 (24m) HOME HEALTH CARE AND PERSONAL CARE PILOT PROGRAM. (intro.)  
22 From the appropriations under s. 20.435 (4) (b) ~~and, (o), and (w),~~ in order to test the  
23 feasibility of instituting a system of reimbursement for providers of home health care  
24 and personal care services for medical assistance recipients that is based on  
25 competitive bidding, the department shall:



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1           \*~~0424/5.5~~\* SECTION 1789. 49.45 (30m) of the statutes is amended to read:

2           49.45 (30m) CERTAIN SERVICES FOR DEVELOPMENTALLY DISABLED. A county shall  
3 provide the portion of the services under s. 51.06 ~~(1)~~ (1m) (d) to individuals who are  
4 eligible for medical assistance that is not provided by the federal government.

5           \*~~1939/5.33~~\* SECTION 1790. 49.45 (40) of the statutes is amended to read:

6           49.45 (40) PERIODIC RECORD MATCHES. ~~The~~ If the department contracts with the  
7 department of workforce development under sub. (2) (b) 6., the department shall  
8 cooperate with the department of workforce development in matching records of  
9 medical assistance recipients under s. 49.32 (7).

10          \*~~0194/2.5~~\* SECTION 1791. 49.45 (46) (b) of the statutes is amended to read:

11          49.45 (46) (b) This subsection does not apply after ~~July 1~~ June 30, 2003.

12          \*~~2016/1.1~~\* SECTION 1792. 49.45 (48) of the statutes is created to read:

13          49.45 (48) PAYMENT OF MEDICARE PART B OUTPATIENT HOSPITAL SERVICES  
14 COINSURANCES. The department shall include in the state plan for medical assistance  
15 a methodology for payment of the medicare part B outpatient hospital services  
16 coinsurance amounts that are authorized under ss. 49.46 (2) (c) 2., 4., and 5m., 49.468  
17 (1) (b), and 49.47 (6) (a) 6. b., d., and f.

18          \*~~1706/5.4~~\* SECTION 1793. 49.45 (49) of the statutes is created to read:

19          49.45 (49) PROMOTION OF PRESCRIPTION DRUG ASSISTANCE PLANS. (a) In this  
20 subsection, “prescription drug” means a prescription drug, as defined in s. 450.01  
21 (20), that is included in the drugs specified under s. 49.46 (2) (b) 6. h.

22          (b) The department shall, together with the department of administration,  
23 promote, in health information and on the state’s Internet site, private prescription  
24 drug assistance plans, including offers by prescription drug manufacturers of

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1 specific no-cost or reduced-cost prescription drugs and private plans that offer  
2 prescription drug discounts to members.

3 **\*-1706/5.5\* SECTION 1794.** 49.45 (50) of the statutes is created to read:

4 49.45 (50) FEDERAL DISCOUNT DRUG PROGRAM. (a) In this subsection, “federally  
5 qualified health center” has the meaning specified in 42 USC 1396d (L) (2) (B).

6 (b) The department shall inform those entities, including tribes and federally  
7 qualified health centers, that are eligible for the federal prescription drug discount  
8 program under 42 USC 256b about their eligibility and about the benefits of the  
9 program and shall provide technical assistance to the entities in applying for and  
10 implementing benefits under the program.

11 **\*-1706/5.6\* SECTION 1795.** 49.45 (51) of the statutes is created to read:

12 49.45 (51) FEDERALLY QUALIFIED HEALTH CENTERS. (a) In this subsection,  
13 “federally qualified health center” has the meaning specified in 42 USC 1396 (L) (2)  
14 (B).

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

19 **\*-1706/5.7\* SECTION 1796.** 49.45 (52) of the statutes is created to read:

20 49.45 (52) BULK PURCHASE AND MAIL ORDER DELIVERY OF PRESCRIPTION DRUGS. (a)  
21 In this subsection, “prescription drug” means a prescription drug, as defined in s.  
22 450.01 (20), that is included in the drugs specified under s. 49.46 (2) (b) 6. h.

23 (b) The department shall work with the department of administration to  
24 contract with a private entity for the bulk purchase and mail order delivery of  
25 prescription drugs and medical supplies for persons who meet eligibility

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1 requirements under s. 49.46 (1), 49.468, 49.47 (4), or 49.472, or, if a waiver is granted,  
2 under s. 49.477, and who have chronic conditions, including diabetes, asthma, and  
3 hypertension. Participation by an eligible person under this subsection is voluntary.  
4 If the department contracts under this subsection, the private entity with which the  
5 department contracts shall administer and promote the bulk purchase and mail  
6 order delivery of prescription drugs and shall, each 3 months, telephone participants  
7 to ascertain their progress in administering self-care.

8 (c) Annually, the department shall evaluate hospital and emergency room costs  
9 of participants under par. (b) to determine the extent of savings, if any, achieved by  
10 their participation in the bulk purchase and mail order delivery of prescription  
11 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.

12 **\*-0460/5.1\* SECTION 1797.** 49.46 (1) (a) 1. of the statutes is amended to read:  
13 49.46 (1) (a) 1. ~~Any person included in the Notwithstanding s. 49.19 (20), any~~  
14 ~~individual who, without regard to the individual's resources, would qualify for a~~  
15 ~~grant of aid to families with dependent children and any person who does under s.~~  
16 ~~49.19.~~

17 1g. Notwithstanding s. 49.19 (20), any individual who, without regard to the  
18 individual's resources, would qualify for a grant of aid to families with dependent  
19 children but who would not receive such the aid solely because of the application of  
20 s. 49.19 (11) (a) 7.

21 **\*-0460/5.2\* SECTION 1798.** 49.46 (1) (a) 1m. of the statutes is amended to read:  
22 49.46 (1) (a) 1m. Any pregnant woman ~~who meets the resource and whose~~  
23 ~~income limits does not exceed the standard of need under s. 49.19 (4) (bm) and (es)~~

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

3 **\*-0441/6.43\* SECTION 1799.** 49.46 (1) (a) 5. of the statutes is amended to read:  
4 49.46 (1) (a) 5. Any child in an adoption assistance, foster care, kinship care,  
5 long-term kinship care ~~or~~, treatment foster care, or subsidized guardianship  
6 placement under ch. 48 or 938, as determined by the department.

7 **\*-0460/5.3\* SECTION 1800.** 49.46 (1) (a) 6. of the statutes is amended to read:  
8 49.46 (1) (a) 6. Any person not described in pars. (c) to (e) who is, without regard  
9 to the individual's resources, would be considered, under federal law, to be receiving  
10 aid to families with dependent children for the purpose of determining eligibility for  
11 medical assistance.

12 **\*-0460/5.4\* SECTION 1801.** 49.46 (1) (a) 9. of the statutes is amended to read:  
13 49.46 (1) (a) 9. Any pregnant woman not described under subd. 1., 1g., or 1m.  
14 whose family income does not exceed 133% of the poverty line for a family the size  
15 of the woman's family.

16 **\*-0460/5.5\* SECTION 1802.** 49.46 (1) (a) 10. of the statutes is amended to read:  
17 49.46 (1) (a) 10. Any child not described under subd. 1. or 1g. who is under 6  
18 years of age and whose family income does not exceed 133% of the poverty line for  
19 a family the size of the child's family.

20 **\*-0460/5.6\* SECTION 1803.** 49.46 (1) (a) 11. of the statutes is amended to read:  
21 49.46 (1) (a) 11. If a waiver under s. 49.665 is granted and in effect, any child  
22 not described under subd. 1. or 1g. who has attained the age of 6 but has not attained  
23 the age of 19 and whose family income does not exceed 100% of the poverty line for  
24 a family the size of the child's family. If a waiver under s. 49.665 is not granted or  
25 in effect, any child not described in subd. 1. or 1g. who was born after September

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1 30,1983, who has attained the age of 6 but has not attained the age of 19 and whose  
2 family income does not exceed 100% of the poverty line for a family the size of the  
3 child's family.

4 **\*-0460/5.7\* SECTION 1804.** 49.46 (1) (a) 12. of the statutes is amended to read:

5 49.46 (1) (a) 12. Any child not described under subd. 1. or 1g. who is under 19  
6 years of age and ~~who meets the resource and whose income limits does not exceed the~~  
7 standard of need under s. 49.19 (4) (11).

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

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

16 **\*-0194/2.6\* SECTION 1806.** 49.46 (2) (b) 18. of the statutes is amended to read:

17 49.46 (2) (b) 18. Alcohol or other drug abuse residential treatment services of  
18 no more than 45 days per treatment episode, under s. 49.45 (46). This subdivision  
19 does not apply after ~~July 1~~ June 30, 2003.

20 **\*-2016/1.2\* SECTION 1807.** 49.46 (2) (c) 2. of the statutes is amended to read:

21 49.46 (2) (c) 2. For an individual who is entitled to coverage under part A of  
22 medicare, entitled to coverage under part B of medicare, ~~meets the eligibility criteria~~  
23 under sub. (1) and meets the limitation on income under subd. 6., medical assistance  
24 shall include payment of the deductible and coinsurance portions of medicare  
25 services under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to

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1 1395zz, including those medicare services that are not included in the approved state  
2 plan for services under 42 USC 1396; the monthly premiums payable under 42 USC  
3 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late  
4 enrollment penalty, if applicable, for premiums under part A of medicare. Payment  
5 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,  
6 other than payment of coinsurance for outpatient hospital services, may not exceed  
7 the allowable charge for the service under medical assistance minus the medicare  
8 payment.

9 \***-2016/1.3\*** **SECTION 1808.** 49.46 (2) (c) 4. of the statutes is amended to read:  
10 49.46 (2) (c) 4. For an individual who is entitled to coverage under part A of  
11 medicare, entitled to coverage under part B of medicare and meets the eligibility  
12 criteria for medical assistance under sub. (1), but does not meet the limitation on  
13 income under subd. 6., medical assistance shall include payment of the deductible  
14 and coinsurance portions of medicare services under 42 USC 1395 to 1395zz which  
15 are not paid under 42 USC 1395 to 1395zz, including those medicare services that  
16 are not included in the approved state plan for services under 42 USC 1396. Payment  
17 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,  
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 \***-2016/1.4\*** **SECTION 1809.** 49.46 (2) (c) 5m. of the statutes is amended to read:  
22 49.46 (2) (c) 5m. For an individual who is only entitled to coverage under part  
23 B of medicare and meets the eligibility criteria under sub. (1), but does not meet the  
24 limitation on income under subd. 6., medical assistance shall include payment of the  
25 deductible and coinsurance portions of medicare services under 42 USC 1395j to

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1 1395w, including those medicare services that are not included in the approved state  
2 plan for services under 42 USC 1396. Payment of coinsurance for a service under  
3 part B of medicare, other than payment of coinsurance for outpatient hospital  
4 services, may not exceed the allowable charge for the service under medical  
5 assistance minus the medicare payment.

6 **\*-2016/1.5\* SECTION 1810.** 49.468 (1) (b) of the statutes is amended to read:

7 49.468 (1) (b) For an elderly or disabled individual who is entitled to coverage  
8 under part A of medicare, entitled to coverage under part B of medicare and who does  
9 not meet the eligibility criteria for medical assistance under s. 49.46 (1), 49.465 or  
10 49.47 (4) but meets the limitations on income and resources under par. (d), medical  
11 assistance shall pay the deductible and coinsurance portions of medicare services  
12 under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to 1395zz,  
13 including those medicare services that are not included in the approved state plan  
14 for services under 42 USC 1396; the monthly premiums payable under 42 USC  
15 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late  
16 enrollment penalty, if applicable, for premiums under part A of medicare. Payment  
17 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,  
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 **\*-0460/5.9\* SECTION 1811.** 49.47 (4) (a) 1. of the statutes is amended to read:

22 49.47 (4) (a) 1. Under ~~18~~ 21 years of age ~~or, if the person and~~ resides in an  
23 intermediate care facility, skilled nursing facility, or inpatient psychiatric hospital,  
24 ~~under 21 years of age.~~

**SENATE BILL 55****SECTION 1812**

1           \***-0460/5.10\*** **SECTION 1812.** 49.47 (4) (a) 2. of the statutes is renumbered 49.47  
2 (4) (ag) 2.

3           \***-0460/5.11\*** **SECTION 1813.** 49.47 (4) (ag) (intro.) of the statutes is created to  
4 read:

5           49.47 (4) (ag) (intro.) Any individual whose income does not exceed the limits  
6 under par. (c) and who complies with par. (cm) is eligible for medical assistance under  
7 this section if the individual is one of the following:

8           \***-0460/5.12\*** **SECTION 1814.** 49.47 (4) (ag) 1. of the statutes is created to read:  
9 49.47 (4) (ag) 1. Under the age of 18.

10          \***-0460/5.13\*** **SECTION 1815.** 49.47 (4) (b) 2m. a. of the statutes is amended to  
11 read:

12          49.47 (4) (b) 2m. a. For persons who are eligible under par. (a) 1. ~~or 2.~~, one  
13 vehicle is exempt from consideration as an asset. A 2nd vehicle is exempt from  
14 consideration as an asset only if the department determines that it is necessary for  
15 the purpose of employment or to obtain medical care. The equity value of any  
16 nonexempt vehicles owned by the applicant is an asset for the purposes of  
17 determining eligibility for medical assistance under this section.

18          \***-2016/1.6\*** **SECTION 1816.** 49.47 (6) (a) 6. b. of the statutes is amended to read:

19          49.47 (6) (a) 6. b. An individual who is entitled to coverage under part A of  
20 medicare, entitled to coverage under part B of medicare, meets the eligibility criteria  
21 under sub. (4) (a) and meets the income limitation, the deductible and coinsurance  
22 portions of medicare services under 42 USC 1395 to 1395zz which are not paid under  
23 42 USC 1395 to 1395zz, including those medicare services that are not included in  
24 the approved state plan for services under 42 USC 1396; the monthly premiums  
25 payable under 42 USC 1395v; the monthly premiums, if applicable, under 42 USC



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1 1395i-2 (d); and the late enrollment penalty, if applicable, for premiums under part  
2 A of medicare. Payment of coinsurance for a service under part B of medicare under  
3 42 USC 1395j to 1395w, other than payment of coinsurance for outpatient hospital  
4 services, may not exceed the allowable charge for the service under medical  
5 assistance minus the medicare payment.

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

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

17 **\*-2016/1.8\* SECTION 1818.** 49.47 (6) (a) 6. f. of the statutes is amended to read:

18 49.47 (6) (a) 6. f. For an individual who is only entitled to coverage under part  
19 B of medicare and meets the eligibility criteria under sub. (4), but does not meet the  
20 income limitation, medical assistance shall include payment of the deductible and  
21 coinsurance portions of medicare services under 42 USC 1395j to 1395w, including  
22 those medicare services that are not included in the approved state plan for services  
23 under 42 USC 1396. Payment of coinsurance for a service under part B of medicare,  
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 **\*-0460/5.14\* SECTION 1819.** 49.47 (6) (a) 7. of the statutes is amended to read:  
4 49.47 (6) (a) 7. Beneficiaries eligible under sub. (4) ~~(a) 2.~~ (ag) 2. or (am) 1., for  
5 services under s. 49.46 (2) (a) and (b) that are related to pregnancy, including  
6 postpartum services and family planning services, as defined in s. 253.07 (1) (b), or  
7 related to other conditions which may complicate pregnancy.

8 **\*-1627/4.23\* SECTION 1820.** 49.472 (6) (a) of the statutes is amended to read:  
9 49.472 (6) (a) Notwithstanding sub. (4) (a) 3., from the appropriation under s.  
10 20.435 (4) (b) or (w), the department shall, on the part of an individual who is eligible  
11 for medical assistance under sub. (3), pay premiums for or purchase individual  
12 coverage offered by the individual's employer if the department determines that  
13 paying the premiums for or purchasing the coverage will not be more costly than  
14 providing medical assistance.

15 **\*-1627/4.24\* SECTION 1821.** 49.472 (6) (b) of the statutes is amended to read:  
16 49.472 (6) (b) If federal financial participation is available, from the  
17 appropriation under s. 20.435 (4) (b) or (w), the department may pay medicare Part  
18 A and Part B premiums for individuals who are eligible for medicare and for medical  
19 assistance under sub. (3).

20 **\*-1926/3.2\* SECTION 1822.** 49.473 of the statutes is created to read:  
21 **49.473 Medical assistance; women diagnosed with breast or cervical**  
22 **cancer. (1)** A woman is eligible for medical assistance as provided under sub. (2)  
23 if she meets all of the following requirements:

**SENATE BILL 55****SECTION 1822**

1 (a) The woman is not eligible for medical assistance under ss. 49.46 (1) and  
2 (1m), 49.465, 49.468, 49.47, and 49.472, and is not eligible for health care coverage  
3 under s. 49.665.

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

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

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

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

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

15 **\*-1706/5.8\* SECTION 1823.** 49.477 of the statutes is created to read:

16 **49.477 Prescription drug assistance project.** (1) In this section:

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

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

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

23 (d) “Prescription drug” means a prescription drug, as defined in s. 450.01 (20),  
24 that is included in the drugs specified under s. 49.46 (2) (b) 6. h. and that is

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1 manufactured by a manufacturer that enters into a rebate agreement in force under  
2 medical assistance.

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

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

10 (3) Notwithstanding ss. 49.46 (1) and 49.47 (4), a person who is a resident, as  
11 defined in s. 27.01 (10) (a), of this state, who is at least 65 years of age, who is  
12 otherwise ineligible for medical assistance, whose annual household income, as  
13 determined by the department, does not exceed 185% of the poverty line for a family  
14 the size of the individual’s eligible family, who has not had available outpatient  
15 prescription drug coverage from any source other than under medical assistance for  
16 12 months, and who pays the project enrollment fee specified in sub. (4) (a) is eligible  
17 for medical assistance for purposes of purchasing a prescription drug by paying the  
18 amounts specified in sub. (4). The person may apply to the department, on a form  
19 provided by the department together with program enrollment fee payment, for a  
20 determination of eligibility and issuance of a prescription drug card for purchase of  
21 prescription drugs under this section.

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

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

24 (b) For each 12-month benefit period, a deductible paid at the pharmacy  
25 discount rate that equals one of the following, except that an individual with an

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1 annual household income, as specified in sub. (3), that does not exceed 110% of the  
2 federal poverty line pays no deductible:

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

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

7 3. For an individual with an annual household income, as specified in sub. (3),  
8 that exceeds 155% but does not exceed 185% of the federal poverty line, a deductible  
9 that equals, for each prescription drug, the pharmacy discount rate amount for the  
10 drug.

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

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

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

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

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

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

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

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

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

16          1. The department of administration.

17          2. The joint committee on finance. If the cochairpersons of the committee do  
18 not notify the secretary of health and family services within 14 working days after  
19 the date of the department's submittal that the committee intends to schedule a  
20 meeting to review the plan, the department may, if approved under subd. 1., and if  
21 a substantially similar national prescription drug benefit program for seniors has  
22 not been created, implement the project. If, within 14 working days after the date  
23 of the department's submittal, the cochairpersons of the committee notify the  
24 secretary of health and family services that the committee intends to schedule a

**SENATE BILL 55****SECTION 1823**

1 meeting to review the plan, the project may be implemented only if the committee  
2 approves the plan.

3 \***-0316/3.1\* SECTION 1824.** 49.496 (2) (a) of the statutes is amended to read:

4 49.496 (2) (a) Except as provided in par. (b), the department may obtain a lien  
5 on a recipient's home and any other real property in which the recipient has an  
6 interest if the recipient resides in a nursing home, or if the recipient resides in a  
7 hospital and is required to contribute to the cost of care, and the recipient cannot  
8 reasonably be expected to be discharged from the nursing home or hospital and  
9 return home. The lien is for the amount of medical assistance paid on behalf of the  
10 recipient that is recoverable under sub. (3) (a).

11 \***-0316/3.2\* SECTION 1825.** 49.496 (2) (b) (intro.) of the statutes is amended to  
12 read:

13 49.496 (2) (b) (intro.) The department may not obtain a lien on a recipient's  
14 home under this subsection if any of the following persons lawfully ~~reside~~ resides in  
15 the home:

16 \***-0316/3.3\* SECTION 1826.** 49.496 (2) (c) (intro.) of the statutes is amended to  
17 read:

18 49.496 (2) (c) (intro.) Before obtaining a lien ~~on a recipient's home~~ under this  
19 subsection, the department shall do all of the following:

20 \***-0316/3.4\* SECTION 1827.** 49.496 (2) (c) 1. of the statutes is amended to read:

21 49.496 (2) (c) 1. Notify the recipient in writing of its determination that the  
22 recipient cannot reasonably be expected to be discharged from the nursing home or  
23 hospital, its intent to impose a lien on the recipient's home or other real property in  
24 which the recipient has an interest and the recipient's right to a hearing on whether  
25 the requirements for the imposition of a lien are satisfied.

**SENATE BILL 55****SECTION 1828**

1           \***-0316/3.5\*** **SECTION 1828.** 49.496 (2) (d) of the statutes is amended to read:

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

5           \***-0316/3.6\*** **SECTION 1829.** 49.496 (2) (e) of the statutes is amended to read:

6           49.496 (2) (e) The department may not enforce a lien under this subsection  
7 while the recipient lives unless the recipient sells the home property and does not  
8 have a living child who is under age 21 or disabled or a living spouse.

9           \***-0316/3.7\*** **SECTION 1830.** 49.496 (2) (f) 3. of the statutes is renumbered  
10 49.496 (2) (fm) 1.

11           \***-0316/3.8\*** **SECTION 1831.** 49.496 (2) (f) 4. of the statutes is renumbered  
12 49.496 (2) (fm) 2.

13           \***-0316/3.9\*** **SECTION 1832.** 49.496 (2) (fm) (intro.) of the statutes is created to  
14 read:

15           49.496 (2) (fm) (intro.) In addition to the restriction under par. (f), the  
16 department may not enforce a lien on a recipient's home under this subsection after  
17 the death of the recipient as long as any of the following survives the recipient:

18           \***-0316/3.10\*** **SECTION 1833.** 49.496 (2) (h) of the statutes is amended to read:

19           49.496 (2) (h) The department shall file a release of a lien imposed under this  
20 subsection if the recipient is discharged from the nursing home or hospital and  
21 returns to live in the his or her home.

22           \***-0465/3.2\*** **SECTION 1834.** 49.496 (3) (a) 2. of the statutes is repealed and  
23 recreated to read:

24           49.496 (3) (a) 2. Subject to par. (ae), the amount of medical assistance paid on  
25 behalf of the recipient after the recipient reaches the age of 55.



**SENATE BILL 55****SECTION 1835**

1           \*~~0465/3.3~~\* **SECTION 1835.** 49.496 (3) (ae) of the statutes is created to read:  
2           49.496 (3) (ae) The department shall, under par. (a) 2., calculate the amount  
3 of medical assistance paid on a fee-for-service basis, except as follows:

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

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

14           \*~~1627/4.25~~\* **SECTION 1836.** 49.665 (4) (at) 1. a. of the statutes is amended to  
15 read:

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

21           \*~~1627/4.26~~\* **SECTION 1837.** 49.665 (4) (at) 2. of the statutes is amended to  
22 read:

23           49.665 (4) (at) 2. If, after the department has established a lower maximum  
24 income level under subd. 1., projections indicate that funding under s. 20.435 (4) (bc),  
25 (jz) ~~and~~, (p), and (w) is sufficient to raise the level, the department shall, by state plan

**SENATE BILL 55****SECTION 1837**

1 amendment, raise the maximum income level for initial eligibility, but not to exceed  
2 185% of the poverty line.

3 **\*-1707/1.1\* SECTION 1838.** 49.687 (2) of the statutes is amended to read:

4 49.687 (2) The department shall develop and implement a sliding scale of  
5 patient liability for kidney disease aid under s. 49.68, cystic fibrosis aid under s.  
6 49.683 and hemophilia treatment under s. 49.685, based on the patient's ability to  
7 pay for treatment. To ensure that the needs for treatment of patients with lower  
8 incomes receive priority within the availability of funds under s. 20.435 (4) (e), the  
9 department shall revise the sliding scale for patient liability by ~~January 1, 1994, and~~  
10 ~~shall, every 3 years thereafter by January 1, review and, if as necessary, revise the~~  
11 ~~sliding scale.~~

12 **\*-0193/3.18\* SECTION 1839.** 49.85 (2) (a) of the statutes is amended to read:

13 49.85 (2) (a) At least annually, the department of health and family services  
14 shall certify to the department of revenue the amounts that, based on the  
15 notifications received under sub. (1) and on other information received by the  
16 department of health and family services, the department of health and family  
17 services has determined that it may recover under s. 49.45 (2) (a) 10. or 49.497, except  
18 that the department of health and family services may not certify an amount under  
19 this subsection unless it has met the notice requirements under sub. (3) and unless  
20 its determination has either not been appealed or is no longer under appeal.

21 **\*-0193/3.19\* SECTION 1840.** 49.85 (3) (a) 1. of the statutes is amended to read:

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

**SENATE BILL 55****SECTION 1841**

1           \*~~1908/1.1~~\* **SECTION 1841.** 49.853 (2) of the statutes is amended to read:

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

14           \*~~0529/6.4~~\* **SECTION 1842.** 49.855 (1) of the statutes is amended to read:

15           49.855 (1) If a person obligated to ~~provide~~ pay child support, family support ~~or,~~  
16 maintenance, or the receiving and disbursing fee under s. 767.29 (1) (d) is delinquent  
17 in making ~~court-ordered~~ any of those payments, or owes an outstanding amount that  
18 has been ordered by the court for past support, medical expenses, or birth expenses,  
19 upon application under s. 59.53 (5) the department of workforce development shall  
20 certify the delinquent payment or outstanding amount to the department of revenue  
21 and, at least annually, shall provide to the department of revenue any certifications  
22 of delinquencies or outstanding amounts that it receives from another state because  
23 the obligor resides in this state.

24           \*~~0529/6.5~~\* **SECTION 1843.** 49.855 (3) of the statutes is amended to read:

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1           49.855 (3) Receipt of a certification by the department of revenue shall  
2 constitute a lien, equal to the amount certified, on any state tax refunds or credits  
3 owed to the obligor. The lien shall be foreclosed by the department of revenue as a  
4 setoff under s. 71.93 (3), (6), and (7). When the department of revenue determines  
5 that the obligor is otherwise entitled to a state tax refund or credit, it shall notify the  
6 obligor that the state intends to reduce any state tax refund or credit due the obligor  
7 by the amount the obligor is delinquent under the support ~~or~~ maintenance, or  
8 receiving and disbursing fee order or obligation, by the outstanding amount for past  
9 support, medical expenses, or birth expenses under the court order, or by the amount  
10 due under s. 46.10 (4) or 301.12 (4). The notice shall provide that within 20 days the  
11 obligor may request a hearing before the circuit court rendering the order under  
12 which the obligation arose. Within 10 days after receiving a request for hearing  
13 under this subsection, the court shall set the matter for hearing. Pending further  
14 order by the court or family court commissioner, the department of workforce  
15 development or its designee, whichever is appropriate, is prohibited from disbursing  
16 the obligor's state tax refund or credit. The family court commissioner may conduct  
17 the hearing. The sole issues at that hearing shall be whether the obligor owes the  
18 amount certified and, if not and it is a support or maintenance order, whether the  
19 money withheld from a tax refund or credit shall be paid to the obligor or held for  
20 future support or maintenance. An obligor may, within 20 days of receiving notice  
21 that the amount certified shall be withheld from his or her federal tax refund or  
22 credit, request a hearing under this subsection.

23           \***-0529/6.6\*** SECTION 1844. 49.855 (4) of the statutes is amended to read:

24           49.855 (4) The department of revenue shall send ~~that~~ the portion of any state  
25 or federal tax refunds or credits withheld for delinquent child or family support or

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

11 \*~~0529/6.7~~\* **SECTION 1845.** 49.855 (4m) (b) of the statutes is amended to read:

12 49.855 (4m) (b) The department of revenue may provide a certification that it  
13 receives under sub. (1), (2m), or (2p) to the department of administration. Upon  
14 receipt of the certification, the department of administration shall determine  
15 whether the obligor is a vendor or is receiving any other payments from this state,  
16 except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s.  
17 45.351 (1), this chapter, or ch. 46, 108, or 301. If the department of administration  
18 determines that the obligor is a vendor or is receiving payments from this state,  
19 except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s.  
20 45.351 (1), this chapter, or ch. 46, 108, or 301, it shall begin to withhold the amount  
21 certified from those payments and shall notify the obligor that the state intends to  
22 reduce any payments due the obligor by the amount the obligor is delinquent under  
23 the support ~~or~~, maintenance, or receiving and disbursing fee order or obligation, by  
24 the outstanding amount for past support, medical expenses, or birth expenses under  
25 the court order, or by the amount due under s. 46.10 (4) or 301.12 (4). The notice shall

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

12 \***-0529/6.8\*** **SECTION 1846.** 49.855 (4m) (c) of the statutes is amended to read:

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

23 \***-0878/2.1\*** **SECTION 1847.** 49.855 (7) of the statutes is amended to read:

24 49.855 (7) The department of workforce development may provide a  
25 certification under sub. (1) to a state agency or authority under s. 21.49 (2) (e), 36.11

**SENATE BILL 55****SECTION 1847**

1 (6) (b), 36.25 (14), 36.34 (1), 39.30 (2) (e), 39.38 (2), 39.435 (6), 39.44 (4), 39.47 (2m),  
2 45.356 (6), 45.396 (6), 45.74 (6), 145.245 (5m) (b), 234.04 (2), 234.49 (1) (c), 234.59 (3)  
3 (c), 234.65 (3) (f), 234.83 (2) (a) 3., 234.90 (3) (d) or (3g) (c), ~~234.905 (3) (d)~~, 281.65 (8)  
4 (L), or 949.08 (2) (g).

5 **\*-1686/4.2\* SECTION 1848.** 50.01 (4r) of the statutes is amended to read:

6 50.01 (4r) “Plan of correction” means a nursing home’s an applicable entity’s  
7 response to alleged deficiencies cited by the department on forms provided by the  
8 department.

9 **\*-1686/4.3\* SECTION 1849.** 50.02 (1) of the statutes is renumbered 50.02 (1m).

10 **\*-1686/4.4\* SECTION 1850.** 50.02 (1d) of the statutes is created to read:

11 50.02 (1d) DEFINITION. In this section, “entity” means any of the following:

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

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

14 (a) 1. b.

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

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

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

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

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

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

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

22 **\*-1686/4.5\* SECTION 1851.** 50.02 (2) (am) 2. of the statutes is amended to read:

23 50.02 (2) (am) 2. For the purposes of s. 50.033, establishing minimum  
24 requirements for licensure, licensure application procedures and forms, standards

**SENATE BILL 55****SECTION 1851**

1 for operation and procedures for monitoring, and inspection, ~~revocation and appeal~~  
2 ~~of revocation.~~

3 \***-1686/4.6\*** **SECTION 1852.** 50.02 (3g) (a) 1. to 8. of the statutes are created to  
4 read:

5 50.02 (**3g**) (a) 1. A nursing home, if the department finds that either a class “A”  
6 violation, as specified in s. 50.04 (4) (b) 1., or a class “B” violation, as specified in s.  
7 50.04 (4) (b) 2., by the nursing home continues to exist.

8 2. A community-based residential facility, if the department finds that a  
9 violation by the community-based residential facility of an applicable provision of  
10 s. 50.03, 50.035, 50.037, 50.05, 50.06, 50.065, 50.07, or 50.09, or of a rule promulgated  
11 under an applicable provision of sub. (2) or (3) or s. 50.03, 50.035, 50.037, 50.05,  
12 50.06, 50.065, 50.07, or 50.09, continues to exist.

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

16 4. A certified or registered residential care apartment complex, if the  
17 department finds that a violation by the residential care apartment complex of s.  
18 50.034 or 50.065 or of a rule promulgated under s. 50.034 or 50.065 continues to exist.

19 5. A hospital, if the department finds that a violation by the hospital of s.  
20 50.065, 50.35, 50.355, or 50.36 (3) or (3m) or of a rule promulgated under s. 50.065,  
21 50.35, 50.355, or 50.36 (3) or (3m) continues to exist.

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



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

4           8. A hospice, if the department finds that a violation by the hospice of s. 50.065,  
5 50.92, 50.93 (1) to (3m), or 50.95 or of a rule promulgated under s. 50.065, 50.92, 50.93  
6 (1) to (3m), or 50.95 continues to exist.

7           \*~~1686/4.7~~\* **SECTION 1853.** 50.03 (2) (d) of the statutes is amended to read:

8           50.03 (2) (d) Any holder of a license or applicant for a license shall be deemed  
9 to have given consent to any authorized officer, employee or agent of the department  
10 to enter and inspect the facility in accordance with this subsection. Refusal to permit  
11 such entry or inspection shall constitute grounds for initial ~~licensure~~ license denial,  
12 as provided in sub. (4), ~~or suspension~~ or revocation of a license, as provided in sub.  
13 ~~(5)~~ s. 50.02 (3m) (bm).

14           \*~~1686/4.8~~\* **SECTION 1854.** 50.03 (3) (f) of the statutes is amended to read:

15           50.03 (3) (f) Community-based residential facilities shall report all formal  
16 complaints regarding their operation filed under sub. (2) (f) and the disposition of  
17 each when reporting under sub. (4) (c) ~~1.~~ 2m.

18           \*~~1686/4.9~~\* **SECTION 1855.** 50.03 (4) (a) 1. b. of the statutes is amended to read:

19           50.03 (4) (a) 1. b. Except as provided in sub. (4m) (b), the department shall issue  
20 a license for a community-based residential facility if it finds the applicant to be fit  
21 and qualified, if it finds that the community-based residential facility meets the  
22 requirements established by this subchapter and if the community-based  
23 residential facility has paid the license fee under s. 50.037 (2) (a). In determining  
24 whether to issue a license for a community-based residential facility, the department  
25 may consider any action by the applicant or by an employee of the applicant that

**SENATE BILL 55****SECTION 1855**

1 constitutes a substantial failure by the applicant or employee to protect and promote  
2 the health, safety or welfare of a resident. The department may deny licensure to  
3 or revoke licensure for any person who conducted, maintained, operated or permitted  
4 to be maintained or operated a community-based residential facility for which  
5 licensure was revoked. The department, or its designee, shall make such inspections  
6 and investigations as are necessary to determine the conditions existing in each case  
7 and shall file written reports. In reviewing the report of a community-based  
8 residential facility that is required to be submitted under par. (c) ~~1.~~ 2m., the  
9 department shall consider all complaints filed under sub. (2) (f) since initial license  
10 issuance or since the last review, whichever is later, and the disposition of each. The  
11 department shall promulgate rules defining “fit and qualified” for the purposes of  
12 this subd. 1. b.

13 **\*-1686/4.10\* SECTION 1856.** 50.03 (4) (c) 1. of the statutes is amended to read:

14 50.03 (4) (c) 1. A community-based residential facility license is valid until it  
15 is revoked ~~or suspended~~ under ~~this section~~ s. 50.02 (3m) (bm).

16 2m. Every 24 months, on a schedule determined by the department, a  
17 community-based residential facility licensee shall submit a biennial report in the  
18 form and containing the information that the department requires, including  
19 payment of the fees required under s. 50.037 (2) (a). If a complete biennial report is  
20 not timely filed, the department shall issue a warning to the licensee. The  
21 department may revoke a community-based residential facility license for failure to  
22 timely and completely report within 60 days after the report date established under  
23 the schedule determined by the department.

24 **\*-1686/4.11\* SECTION 1857.** 50.03 (4) (c) 2. of the statutes is renumbered 50.03  
25 (4) (cm) 1. and amended to read:

**SENATE BILL 55****SECTION 1857**

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

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

10           \*~~1686/4.12~~\* **SECTION 1858.** 50.03 (4) (c) 3. of the statutes is created to read:

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

18           \*~~1686/4.13~~\* **SECTION 1859.** 50.03 (4) (cm) 3. of the statutes is created to read:

19           50.03 (4) (cm) 3. A nursing home that is in substantial noncompliance with a  
20 federal statute or regulation or with an applicable provision of this chapter shall  
21 demonstrate, including by providing financial or other information requested by the  
22 department, that the nursing home continues to be fit and qualified, as defined by  
23 the department by rule under par. (a) 1. b., to operate. The department shall  
24 promulgate rules defining “substantial noncompliance” for the purposes of this  
25 subdivision.

**SENATE BILL 55****SECTION 1860**

1           \*~~1686/4.14~~\* **SECTION 1860.** 50.03 (5) of the statutes is repealed.

2           \*~~1686/4.15~~\* **SECTION 1861.** 50.03 (5g) (title) of the statutes is renumbered  
3 50.02 (3m) (title) and amended to read:

4           50.02 (**3m**) (title) ~~SANCTIONS AND PENALTIES FOR COMMUNITY-BASED RESIDENTIAL~~  
5 ~~FACILITIES.~~

6           \*~~1686/4.16~~\* **SECTION 1862.** 50.03 (5g) (a) of the statutes is repealed.

7           \*~~1686/4.17~~\* **SECTION 1863.** 50.03 (5g) (b) of the statutes is renumbered 50.02  
8 (3m) (a) and amended to read:

9           50.02 (**3m**) (a) ~~Except as provided in s. 50.04 (4) and (5), if~~ If, based on an  
10 investigation made by the department, the department provides to a  
11 ~~community-based residential facility~~ any of the following entities written notice of  
12 the grounds for a sanction, an explanation of the types of sanctions and penalties that  
13 the department may impose under this subsection, and an explanation of the process  
14 for appealing a sanction or penalty imposed under this subsection, the department  
15 may order any of the following applicable sanctions:

16           1. That a person stop conducting, maintaining or operating ~~the~~  
17 ~~community-based residential facility~~ an entity under sub. (1d) (b), (e), or (f) if the  
18 ~~community-based residential facility~~ entity is without a valid license ~~or~~  
19 ~~probationary license in violation of sub. (1), or approval, probationary license, or~~  
20 conditional license or approval.

21           2. That, within 30 days after the date of the order, ~~the community-based~~  
22 ~~residential facility~~ under this subdivision, an entity under sub. (1d) (b), (e), or (f)  
23 terminate the employment of any employed person who conducted, maintained,  
24 operated or permitted to be maintained or operated ~~a community-based residential~~  
25 ~~facility~~ an entity for which licensure or approval or conditional licensure or approval

## SENATE BILL 55

## SECTION 1863

1 was revoked before issuance of the department's order. ~~This~~ The order under this  
2 subdivision includes employment of a person in any capacity, whether as an officer,  
3 director, agent, or employee of the ~~community-based residential facility~~ entity.

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

9 4. That a licensee an entity under sub. (1d) (b), (e), or (f) submit a plan of  
10 correction for violation of any provision of licensure or approval or conditional  
11 licensure or approval applicable to a ~~community-based residential facility under~~  
12 ~~sub. (4) or (4m)~~ the entity under this chapter or of a rule relating to ~~community-based~~  
13 ~~residential facilities~~ the entity promulgated by the department under ~~sub. (4) or (4m)~~  
14 this chapter.

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

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

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

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

## SENATE BILL 55

## SECTION 1864

1           \*~~1686/4.18~~\* SECTION 1864. 50.03 (5g) (c) (intro.) and 1. of the statutes are  
2           renumbered 50.02 (3m) (b) 1. and 2., and 50.02 (3m) (b) 1. and 2. (intro.), a. and c.,  
3           as renumbered, are amended to read:

4           50.02 (3m) (b) 1. If the department provides to ~~a community-based residential~~  
5           ~~facility~~ an entity under sub. (1d) (a), (b), (c), (d), (e), (f), (g), or (h) written notice of the  
6           a penalty, the grounds for a sanction or the penalty, an explanation of the types of  
7           sanctions or penalties that the department may impose under this subsection, and  
8           an explanation of the process for appealing a sanction or penalty imposed under this  
9           subsection, the department may impose ~~any of the following~~ a forfeiture against a  
10          licensee an entity under sub. (1d) (b), (c), (d), (e), (f), (g), or (h) or other person who  
11          violates the applicable provisions of this ~~section~~ chapter or rules promulgated under  
12          the applicable provisions of this ~~section~~ chapter or against an entity under sub. (1d)  
13          (a), (b), (e), or (f), who fails to comply with an applicable order issued under par. (b)  
14          (a) by the time specified in the order.

15          2. (intro.) ~~A~~ For a forfeiture specified under subd. 1., the department shall  
16          impose a daily forfeiture amount per violation of not less than \$10 nor more than  
17          \$1,000 \$2,000 for each violation, with each day of violation constituting a separate  
18          offense. All of the following apply to a forfeiture under this subdivision:

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

## SENATE BILL 55

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

8           \*~~1686/4.19~~\* SECTION 1865. 50.03 (5g) (c) 2. of the statutes is repealed.

9           \*~~1686/4.20~~\* SECTION 1866. 50.03 (5g) (c) 3. of the statutes is renumbered  
10 50.02 (3m) (bm) and amended to read:

11           50.02 (3m) (bm) ~~Revocation~~ If the department provides to an entity written  
12 notice of revocation, the grounds for the revocation, an explanation of the types of  
13 sanctions or penalties that the department may impose under this subsection and  
14 an explanation of the process for appealing a sanction or penalty imposed under this  
15 subsection, the department may impose revocation of licensure, certification,  
16 approval, or registration or conditional licensure, certification, approval, or  
17 registration as specified in pars. (d) to (g) (c) to (f).

18           \*~~1686/4.21~~\* SECTION 1867. 50.03 (5g) (d) of the statutes is renumbered 50.02  
19 (3m) (c) and amended to read:

20           50.02 (3m) (c) Under the procedure specified in par. (e) (d), the department  
21 shall revoke approval of a hospital that fails to comply with s. 165.40 (6) (a) 1. or 2.  
22 and may revoke a license, certification, approval, or registration or conditional  
23 license, certification, approval, or registration for a licensee an entity for any of the  
24 following reasons:

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## SECTION 1867

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

7           2. The licensee entity or a person under the supervision of the licensee entity  
8 has substantially violated a provision of licensure, certification, approval, or  
9 registration or conditional licensure, certification, approval, or registration  
10 applicable to a community-based residential facility under sub. (4) or (4m) the entity,  
11 a rule relating to community-based residential facilities the entity promulgated  
12 under this subchapter chapter, or an order issued under par. (b) (a).

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

18           4. The licensee entity or a person under the supervision of the licensee entity  
19 has repeatedly violated the same or similar provisions of licensure ~~under sub. (4) or~~  
20 (4m), certification, approval, or registration or conditional licensure, certification,  
21 approval, or registration applicable to the entity, rules relating to the entity  
22 promulgated under this subchapter chapter or orders issued under par. (b) (a).

23           \*~~1686/4.22~~\* SECTION 1868. 50.03 (5g) (e) of the statutes is renumbered 50.02  
24 (3m) (d) and amended to read:



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## SECTION 1868

1           50.02 (3m) (d) 1. The department may revoke a license for a licensee,  
2           certification, approval, or registration or conditional license, certification, approval,  
3           or registration of an entity for the reason specified in par. (d) (c) 1., 2., 3., or 4. if the  
4           department provides the licensee with written notice of revocation, the grounds for  
5           the revocation and an explanation of the process for appealing the revocation,  
6           complies with par. (bm) at least 30 days before the date of revocation. The  
7           department may revoke the license, certification, approval, or registration or  
8           conditional license, certification, approval, or registration only if the violation  
9           remains substantially uncorrected on the date of revocation or license expiration of  
10          the license, certification, approval, or registration or conditional license,  
11          certification, approval, or registration.

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

19           3. The department may deny a license, certification, approval, or registration  
20          or conditional license, certification, approval, or registration for a licensee an entity  
21          whose license, certification, approval, or registration or conditional license,  
22          certification, approval, or registration was revoked under this paragraph.

23           \*-1686/4.23\* SECTION 1869. 50.03 (5g) (f) of the statutes is renumbered 50.02  
24          (3m) (e) and amended to read:

**SENATE BILL 55****SECTION 1869**

1           50.02 (3m) (e) If ~~a community-based residential facility~~ an entity desires to  
2 contest the revocation of a license, certification, approval, or registration ~~or to contest~~  
3 the imposing imposition of a sanction or penalty, including an assessment of  
4 forfeiture, under this subsection, or the issuance or terms of a conditional license,  
5 certification, approval, or registration under sub. (3g), the ~~community-based~~  
6 residential facility entity shall, within 10 days after receipt of notice under par. (e)  
7 (a), (b), or (bm), notify the department in writing of its request for a hearing under  
8 s. 227.44. The department shall hold ~~the hearing~~ a prehearing conference within 30  
9 days after receipt of ~~such~~ the notice and shall send notice to the ~~community-based~~  
10 residential facility entity of the a hearing as provided under s. 227.44 (2). This  
11 paragraph does not apply to the issuance of a notice of violation or the requirement  
12 to submit a plan of correction.

13           \*~~1686/4.24~~\* **SECTION 1870.** 50.03 (5g) (g) 1. and 3. of the statutes are  
14 renumbered 50.02 (3m) (f) 1. and 2. and amended to read:

15           50.02 (3m) (f) 1. Subject to s. 227.51 (3), revocation shall become effective on  
16 the date set by the department in the notice of revocation, ~~or~~ upon final action after  
17 hearing under ch. 227, or after court action if a stay is granted under sub. ~~(11)~~ (3r),  
18 whichever is later.

19           2. The department may extend the effective date of revocation of a license,  
20 certification, approval, or registration or conditional license, certification, approval,  
21 or registration in any case in order to permit orderly removal and relocation of  
22 residents or patients.

23           \*~~1686/4.25~~\* **SECTION 1871.** 50.03 (5m) (a) 2. of the statutes is amended to  
24 read:

**SENATE BILL 55****SECTION 1871**

1           50.03 (5m) (a) 2. The department has ~~suspended or~~ revoked the existing license  
2 of the facility as provided under ~~sub. (5) s. 50.02 (3m) (bm).~~

3           \*~~1686/4.26~~\* **SECTION 1872.** 50.03 (5m) (a) 3. of the statutes is amended to  
4 read:

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

9           \*~~1686/4.27~~\* **SECTION 1873.** 50.03 (11) of the statutes is renumbered 50.02 (3r)  
10 and amended to read:

11           50.02 (3r) JUDICIAL REVIEW. (a) All administrative remedies shall be exhausted  
12 before an agency determination under this subchapter ~~shall be~~ chapter is subject to  
13 judicial review. Final decisions after hearing ~~shall be~~ are subject to judicial review  
14 exclusively as provided in s. 227.52, except that an entity shall file any petition for  
15 review of department action under this chapter ~~shall be filed~~ within 15 days after  
16 receipt of notice of the final agency determination.

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

**SENATE BILL 55****SECTION 1873**

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

5 **\*-0193/3.20\* SECTION 1874.** 50.03 (13) (a) of the statutes is amended to read:

6 50.03 (13) (a) *New license.* Whenever ownership of a facility is transferred from  
7 the person or persons named in the license to any other person or persons, the  
8 transferee must obtain a new license. The license may be a probationary license.  
9 Penalties under sub. (1) shall apply to violations of this subsection. The transferee  
10 shall notify the department of the transfer, file an application under sub. (3) (b), and  
11 apply for a new license at least 30 days prior to final transfer. Retention of any  
12 interest required to be disclosed under sub. (3) (b) after transfer by any person who  
13 held such an interest prior to transfer may constitute grounds for denial of a license  
14 where violations of this subchapter for which notice had been given to the transferor  
15 are outstanding and uncorrected, if the department determines that effective control  
16 over operation of the facility has not been transferred. If the transferor was a  
17 provider under s. 49.43 (10), the transferee and transferor shall comply with s. 49.45  
18 (21).

19 **\*-1686/4.28\* SECTION 1875.** 50.03 (13) (c) of the statutes is amended to read:

20 50.03 (13) (c) *Outstanding violations.* Violations reported in departmental  
21 inspection reports prior to the transfer of ownership shall be corrected, with  
22 corrections verified by departmental survey, prior to the issuance of a full regular  
23 license to the transferee. The license granted to the transferee shall be subject to the  
24 plan of correction submitted by the previous owner and approved by the department  
25 and any conditions contained in a conditional license issued to the previous owner.

**SENATE BILL 55****SECTION 1875**

1 In the case of a nursing home, if there are outstanding violations and no approved  
2 plan of correction has been implemented, the department may issue a conditional  
3 license and plan of correction as provided in s. ~~50.04 (6)~~ 50.02 (3g).

4 **\*-1686/4.29\* SECTION 1876.** 50.033 (2) of the statutes is amended to read:

5 50.033 (2) REGULATION. Standards for operation of licensed adult family homes  
6 and procedures for application for licensure, monitoring, and inspection, ~~revocation~~  
7 ~~and appeal of revocation~~ under this section shall be under rules promulgated by the  
8 department under s. 50.02 (2) (am) 2. An adult family home licensure is valid until  
9 revoked under ~~this section~~ s. 50.02 (3m) (bm). Licensure is not transferable. The  
10 biennial licensure fee for a licensed adult family home is \$135. The fee is payable to  
11 the county department under s. 46.215, 46.22, 46.23, 51.42 or 51.437, if the county  
12 department licenses the adult family home under sub. (1m) (b), and is payable to the  
13 department, on a schedule determined by the department if the department licenses  
14 the adult family home under sub. (1m) (b).

15 **\*-0205/3.19\* SECTION 1877.** 50.033 (2r) of the statutes is amended to read:

16 50.033 (2r) PROVISION OF INFORMATION REQUIRED. Subject to sub. (2t), an adult  
17 family home shall, within the time period after inquiry by a prospective resident that  
18 is prescribed by the department by rule, inform the prospective resident of the  
19 services of a resource center under s. 46.283, the family care benefit under s. 46.286  
20 and the availability of a functional screening and financial screen eligibility and  
21 cost-sharing screening to determine the prospective resident's eligibility for the  
22 family care benefit under s. 46.286 (1).

23 **\*-0197/1.1\* SECTION 1878.** 50.033 (2s) (intro.) of the statutes is amended to  
24 read:

**SENATE BILL 55****SECTION 1878**

1           50.033 (2s) REQUIRED REFERRAL. (intro.) Subject to sub. (2t), an adult family  
2 home shall, within the time period prescribed by the department by rule, refer to a  
3 resource center under s. 46.283 a person who is seeking admission, who is at least  
4 65 years of age or has developmental disability or a physical disability and whose  
5 disability or condition is expected to last at least 90 days, unless any of the following  
6 applies:

7           \***-0205/3.20\*** SECTION 1879. 50.033 (2s) (a) of the statutes is amended to read:

8           50.033 (2s) (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           \***-0205/3.21\*** SECTION 1880. 50.033 (2s) (d) of the statutes is amended to read:

13           50.033 (2s) (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           \***-0203/2.15\*** SECTION 1881. 50.033 (2t) of the statutes is amended to read:

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

24           \***-1686/4.30\*** SECTION 1882. 50.033 (4) of the statutes is repealed.

25           \***-1686/4.31\*** SECTION 1883. 50.034 (2) (f) of the statutes is amended to read:

**SENATE BILL 55**

1           50.034 (2) (f) Establishing standards and procedures for ~~appeals of revocations~~  
2 ~~of certification or refusal to issue or renew certification.~~

3           \*~~0428/3.2~~\* **SECTION 1884.** 50.034 (5g) of the statutes is created to read:

4           50.034 (5g) INFORMATION TO PROSPECTIVE RESIDENTS. Except in a county in which  
5 subs. (5m) and (5n) are applicable, as specified in sub. (5p), a residential care  
6 apartment complex shall inform a prospective resident of the services of the county  
7 aging unit and an entity specified under s. 46.27 (3) (b) 1. to 6. or (3m) that is  
8 designated to administer the program under s. 46.27 and conditions for eligibility for  
9 public funding for long-term care services.

10          \*~~0205/3.22~~\* **SECTION 1885.** 50.034 (5m) of the statutes is amended to read:

11          50.034 (5m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (5p), a  
12 residential care apartment complex shall, within the time period after inquiry by a  
13 prospective resident that is prescribed by the department by rule, inform the  
14 prospective resident of the services of a resource center under s. 46.283, the family  
15 care benefit under s. 46.286 and the availability of a functional screening and  
16 ~~financial screen~~ eligibility and cost-sharing screening to determine the prospective  
17 resident's eligibility for the family care benefit under s. 46.286 (1).

18          \*~~0197/1.2~~\* **SECTION 1886.** 50.034 (5n) (intro.) of the statutes is amended to  
19 read:

20          50.034 (5n) REQUIRED REFERRAL. (intro.) Subject to sub. (5p), a residential care  
21 apartment complex shall, within the time period prescribed by the department by  
22 rule, refer to a resource center under s. 46.283 a person who is seeking admission,  
23 who is at least 65 years of age or has developmental disability or a physical disability  
24 and whose disability or condition is expected to last at least 90 days, unless any of  
25 the following applies:

**SENATE BILL 55****SECTION 1887**

1           \***-0205/3.23**\* **SECTION 1887.** 50.034 (5n) (a) of the statutes is amended to read:

2           50.034 (**5n**) (a) For a person who has received a ~~screen~~ screening for functional  
3 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this  
4 subsection need not include performance of an additional functional ~~screen~~  
5 screening under s. 46.283 (4) (~~g~~) (**3m**) (c).

6           \***-0205/3.24**\* **SECTION 1888.** 50.034 (5n) (d) of the statutes is amended to read:

7           50.034 (**5n**) (d) For a person who seeks admission or is about to be admitted on  
8 a private pay basis and who waives the requirement for a financial ~~screen~~ eligibility  
9 and cost-sharing screening under s. 46.283 (4) (~~g~~) (**3m**) (c), the referral under this  
10 subsection may not include performance of a financial ~~screen~~ eligibility and  
11 cost-sharing screening under s. 46.283 (4) (~~g~~) (**3m**) (c), unless the person is expected  
12 to become eligible for medical assistance within 6 months.

13           \***-0203/2.16**\* **SECTION 1889.** 50.034 (5p) of the statutes is amended to read:

14           50.034 (**5p**) **APPLICABILITY.** Subsections (5m) and (5n) apply only if the secretary  
15 has certified under s. 46.281 (3) (a) that a resource center is available for the  
16 residential care apartment complex and for specified groups of eligible individuals  
17 that include those persons seeking admission to or the residents of the residential  
18 care apartment complex.

19           \***-1686/4.32**\* **SECTION 1890.** 50.034 (7) of the statutes is repealed.

20           \***-1686/4.33**\* **SECTION 1891.** 50.034 (8) of the statutes, as affected by 2001  
21 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.

22           \***-0428/3.3**\* **SECTION 1892.** 50.034 (8) (a) of the statutes is amended to read:



**SENATE BILL 55**

1           50.034 (8) (a) Whoever violates sub. ~~(5g)~~, (5m), or (5n) or rules promulgated  
2 under sub. ~~(5g)~~, (5m), or (5n) may be required to forfeit not more than \$500 for each  
3 violation.

4           \*–0205/3.25\* **SECTION 1893.** 50.035 (4m) of the statutes is amended to read:

5           50.035 (4m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (4p), a  
6 community–based residential facility shall, within the time period after inquiry by  
7 a prospective resident that is prescribed by the department by rule, inform the  
8 prospective resident of the services of a resource center under s. 46.283, the family  
9 care benefit under s. 46.286 and the availability of a functional screening and  
10 financial ~~screen~~ eligibility and cost–sharing screening to determine the prospective  
11 resident’s eligibility for the family care benefit under s. 46.286 (1).

12           \*–0197/1.3\* **SECTION 1894.** 50.035 (4n) (intro.) of the statutes is amended to  
13 read:

14           50.035 (4n) REQUIRED REFERRAL. (intro.) Subject to sub. (4p), a  
15 community–based residential facility shall, within the time period prescribed by the  
16 department by rule, refer to a resource center under s. 46.283 a person who is seeking  
17 admission, who is at least 65 years of age or has developmental disability or a  
18 physical disability and whose disability or condition is expected to last at least 90  
19 days, unless any of the following applies:

20           \*–0205/3.26\* **SECTION 1895.** 50.035 (4n) (a) of the statutes is amended to read:

21           50.035 (4n) (a) For a person who has received a ~~screen~~ screening for functional  
22 eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this  
23 subsection need not include performance of an additional functional ~~screen~~  
24 screening under s. 46.283 (4) ~~(g)~~ (3m) (c).

25           \*–0205/3.27\* **SECTION 1896.** 50.035 (4n) (d) of the statutes is amended to read:

**SENATE BILL 55****SECTION 1896**

1           50.035 (4n) (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           \***-0203/2.17\*** SECTION 1897. 50.035 (4p) of the statutes is amended to read:

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

13           \***-0428/3.4\*** SECTION 1898. 50.035 (9) (title) of the statutes is amended to read:

14           50.035 (9) (title) NOTIFICATION TO PROSPECTIVE RESIDENTS OF ASSESSMENT  
15 REQUIREMENT; REFERRAL.

16           \***-0428/3.5\*** SECTION 1899. 50.035 (9) of the statutes is renumbered 50.035 (9)  
17 (a).

18           \***-0428/3.6\*** SECTION 1900. 50.035 (9) (b) of the statutes is created to read:

19           50.035 (9) (b) Except in a county in which subs. (4m) and (4n) are applicable,  
20 as specified in sub. (4p), a community-based residential facility shall refer a person  
21 who is seeking admission to an entity specified under s. 46.27 (3) (b) 1. to 6. or (3m)  
22 that is designated to administer the program under s. 46.27.

23           \***-1686/4.34\*** SECTION 1901. 50.035 (11) of the statutes, as affected by 2001  
24 Wisconsin Act .... (this act), is repealed.