

1 ***b1524/1.3*** “SECTION 1457m. 45.353 (3) of the statutes is amended to read:
2 45.353 (3) Application by any such state veterans organization shall be filed
3 annually with the department for the 12-month period commencing on April 1 and
4 ending on March 31 of the year in which it is filed. An application shall contain a
5 statement of salaries and travel expenses paid to employees engaged in veterans
6 claims service maintained at the regional office by such state veterans organization
7 covering the period for which application for a grant is made, which statement has
8 been certified as correct by ~~an~~ a certified public accountant licensed or certified under
9 ch. 442 and sworn to as correct by the adjutant or principal officer of the state
10 veterans organization. The application shall also contain the state organization’s
11 financial statement for its last completed fiscal year and such evidence of claims
12 service activity as the department requires. Sufficient evidence shall be submitted
13 with an initial application to establish that the state veterans organization, or its
14 national organization, or both, has maintained a full-time service office at the
15 regional office without interruption throughout 5 years out of the 10-year period
16 immediately preceding such application. Subsequent applications must be
17 accompanied by an affidavit by the adjutant or principal officer of such state veterans
18 organization stating that a full-time service office was maintained at the regional
19 office by such state veterans organization, or by such state organization and its
20 national organization, for the entire 12-month period for which application for a
21 grant is made.”.

22 ***b1523/3.2* 740.** Page 552, line 6: after that line insert:

23 ***b1523/3.2*** “SECTION 1461x. 45.365 (1) (am) of the statutes is amended to
24 read:

1 45.365 (1) (am) The department shall operate the home, and employ a
2 commandant and the officers, nurses, attendants, and other personnel necessary for
3 the proper conduct of the home. The department may employ a commandant for the
4 southeastern facility. In compliance with the compensation plan established
5 pursuant to s. 230.12 (3), ~~the~~ a commandant may recommend to the director of
6 personnel charges for meals, living quarters, laundry, and other services furnished
7 to employees and members of the employees' family maintained at the home and the
8 southeastern facility. Complete personal maintenance and medical care to include
9 programs and facilities that promote comfort, recreation, well-being, or
10 rehabilitation shall be furnished to all members of the home under the policy of the
11 department.

12 ***b1523/3.2* SECTION 1461xf.** 45.365 (3) of the statutes is amended to read:

13 45.365 (3) ~~The~~ A commandant and employees designated by the commandant
14 may summarily arrest all persons within or upon the grounds of the home or
15 southeastern facility who are guilty of any offense against the laws of this state or
16 the rules and regulations governing the home or southeastern facility. For this
17 purpose ~~the,~~ a commandant and deputies have the power of constables.”.

18 ***b1523/3.3* 741.** Page 552, line 22: after that line insert:

19 ***b1523/3.3* “SECTION 1464g.** 45.37 (10) (a) of the statutes is amended to read:

20 45.37 (10) (a) Except as otherwise provided in this subsection, the application
21 and admission of any applicant admitted under this section shall constitute a valid
22 and binding contract between ~~such~~ a member and the department. If a member dies
23 leaving a relative that is entitled to an interest in the property of the member under
24 the rules of intestate succession or a will the existence of which is made known to the

1 commandant of the home within 60 days of ~~such~~ the member's death, the member's
2 property shall constitute a part of the member's estate, except that personal effects
3 of nominal monetary value of ~~such~~ a deceased member who is not survived by a
4 member spouse may be distributed by the commandant of the home or the
5 southeastern facility to surviving relatives of ~~such~~ the member who request ~~such~~ the
6 personal effects within a reasonable time after ~~such~~ the member's death.

7 *b1523/3.3* SECTION 1464i. 45.37 (11) of the statutes is amended to read:

8 45.37 (11) DISPOSITION OF PROPERTY DESCENDING TO STATE. If a member dies
9 without a relative that is entitled to an interest in the property of the member under
10 the rules of intestate succession and without leaving a will the existence of which is
11 made known to the commandant of the home or the southeastern facility, within 60
12 days of the member's death, the member's property shall be converted to cash and
13 turned over by the commandant of the home or the southeastern facility, to the state
14 treasurer to be paid into the appropriation under s. 20.485 (1) (h), without
15 administration. The amount is subject to refund within 6 years to the estate of a
16 veteran if it is subsequently discovered that the veteran left a will or a relative that
17 is entitled to an interest in the property of the member under the rules of intestate
18 succession or to any creditor of the veteran who establishes right to the fund or
19 property or any portion thereof. The department, upon being satisfied that a claim
20 out of such funds or property is legal and valid, shall pay the same out of such funds
21 or property, except that payment of claims for a member's funeral and burial
22 expenses may not exceed a total of \$1,500 including any amount allowed by the
23 United States for the member's funeral and burial and the right for burial and
24 interment provided in sub. (15) (a).

25 *b1523/3.3* SECTION 1464L. 45.37 (14) of the statutes is amended to read:

1 45.37 (14) POWERS OF COMMANDANT OVER PERSONAL FUNDS OF MEMBERS. ~~The A~~
2 commandant of the home may receive, disburse, and account for funds of members
3 of the home.”.

4 ***b1312/2.12* 742.** Page 559, line 14: after that line insert:

5 ***b1312/2.12* “SECTION 1483j.** 46.03 (44) of the statutes is created to read:

6 46.03 (44) PERFORMANCE EVALUATIONS FOR ALCOHOL AND OTHER DRUG ABUSE
7 INTERVENTION AND TREATMENT SERVICES. Promote efficient use of resources for alcohol
8 and other drug abuse intervention and treatment services by doing all of the
9 following:

10 (a) Developing one or more methods to evaluate the effectiveness of, and
11 developing performance standards for, alcohol and other drug abuse intervention
12 and treatment services that are administered by the department.

13 (b) Adopting policies to ensure that, to the extent possible under state and
14 federal law, funding for alcohol and other drug abuse intervention and treatment
15 services that are administered by the department is distributed giving primary
16 consideration to the effectiveness of the services in meeting department performance
17 standards for alcohol and other drug abuse services.

18 (c) Requiring every application for funding from the department for alcohol and
19 other drug abuse intervention or treatment services to include a plan for the
20 evaluation of the effectiveness of the services in reducing alcohol and other drug
21 abuse by recipients of services.

22 (d) Requiring every person receiving funding from the department for alcohol
23 and other drug abuse intervention or treatment services to provide the department
24 the results of the evaluation conducted under par. (c).”.

1 ***b1734/1.18* 743.** Page 562, line 15: after that line insert:

2 ***b1734/1.18* "SECTION 1489m.** 46.041 (1) (a) of the statutes is amended to
3 read:

4 46.041 (1) (a) Provide for the temporary residence and evaluation of children
5 referred from courts assigned to exercise jurisdiction under chs. 48 and 938, the
6 institutions and services under the jurisdiction of the department, University of
7 Wisconsin Hospitals and Clinics Authority, county departments under s. 46.215,
8 46.22 or 46.23, private child welfare agencies, the Wisconsin School Educational
9 Services Program for the Deaf and Hard of Hearing, the Wisconsin Center for the
10 Blind and Visually Impaired, and mental health facilities within the state at the
11 discretion of the director of the institution providing services under this section.”.

12 ***b1771/1.1* 744.** Page 563, line 18: delete lines 18 to 23 and substitute:

13 ***b1771/1.1* "SECTION 1494qe.** 46.215 (1g) of the statutes is amended to read:

14 46.215 (1g) ADMINISTRATION OF FOOD STAMPS BY A WISCONSIN WORKS AGENCY. The
15 Wisconsin works agency, as defined in s. 49.001 (9), ~~shall~~ may, to the extent permitted
16 by under federal law, and subject to s. ~~49.143 (2) (e)~~ 49.124 (1d), certify eligibility for
17 and, ~~if determined eligible~~, issue food coupons under s. ~~49.143 (2) (e)~~ 49.124 (1d) to
18 eligible participants in the Wisconsin works program under subch. III of ch. 49.

19 ***b1771/1.1* SECTION 1494qed.** 46.215 (1g) of the statutes, as affected by 2001
20 Wisconsin Act (this act), is amended to read:

21 46.215 (1g) ADMINISTRATION OF FOOD STAMPS BY A WISCONSIN WORKS AGENCY. The
22 Wisconsin works agency, as defined in s. 49.001 (9), may, to the extent permitted by
23 under federal law, and subject to s. ~~49.124 (1d)~~ 49.79 (1m), certify eligibility for and

1 issue food coupons under s. ~~49.124 (1d)~~ 49.79 (1m) to eligible participants in the
2 Wisconsin works program under subch. III of ch. 49.”.

3 *b1771/1.2* **745.** Page 564, line 13: delete lines 13 to 15.

4 *b1841/1.5* **746.** Page 565, line 4: after that line insert:

5 *b1841/1.5* “SECTION 1502m. 46.27 (7g) (h) of the statutes is amended to read:
6 46.27 (7g) (h) The department may contract with or employ an attorney to
7 probate estates to recover under this subsection the costs of care. Any such contract
8 is subject to the requirements under s. 20.930 (2) to (5).”.

9 *b1844/2.2* **747.** Page 565, line 4: after that line insert:

10 *b1844/2.2* “SECTION 6502L. 46.27 (3) (f) of the statutes is amended to read:
11 46.27 (3) (f) Beginning on January 1, 1996, from the annual allocation to the
12 county for the provision of long-term community support services under subs. (7) (b)
13 and (11), annually establish a maximum total amount that may be encumbered in
14 a calendar year for services for eligible individuals in community-based residential
15 facilities, unless the department waives the requirement under sub (2) (i) or
16 approves a request for an exception under sub. (6r) (c).

17 *b1844/2.2* SECTION 1507n. 46.27 (7) (cm) 1. (intro.) of the statutes is
18 amended to read:

19 46.27 (7) (cm) 1. (intro.) ~~Except as provided sub. (7b), beginning~~ Beginning on
20 January 1, 1996, no county, private nonprofit agency or aging unit may use funds
21 received under par. (b) to provide services in any community-based residential
22 facility that has more than 8 20 beds, unless one of the following applies:

23 *b1844/2.2* SECTION 1502p. 46.27 (7) (cm) 1. c. of the statutes is amended to
24 read:

1 46.27 (7) (cm) 1. c. The department approves the provision of services in a
2 community-based residential facility that is initially licensed after July 29, 1995,
3 that is licensed for more than 20 or fewer beds and that meets standards established
4 under subd. 2.

5 ***b1844/2.2* SECTION 1502r.** 46.27 (7b) of the statutes is repealed.”.

6 ***b1771/1.3* 748.** Page 565, line 4: delete that line and substitute:

7 ***b1771/1.3* “SECTION 1495md.** 46.22 (1g) of the statutes is amended to read:

8 46.22 (1g) ADMINISTRATION OF FOOD STAMPS BY A WISCONSIN WORKS AGENCY. The
9 Wisconsin works agency, as defined in s. 49.001 (9), ~~shall~~ may, to the extent permitted
10 by under federal law, and subject to s. ~~49.143 (2) (e)~~ 49.124 (1d), certify eligibility for
11 and issue food coupons under s. ~~49.143 (2) (e)~~ 49.124 (1d) to eligible participants in
12 the Wisconsin works program under subch. III of ch. 49.

13 ***b1771/1.3* SECTION 1495mf.** 46.22 (1g) of the statutes, as affected by 2001
14 Wisconsin Act (this act), is amended to read:

15 46.22 (1g) ADMINISTRATION OF FOOD STAMPS BY A WISCONSIN WORKS AGENCY. The
16 Wisconsin works agency, as defined in s. 49.001 (9), may, to the extent permitted by
17 under federal law, and subject to s. ~~49.124 (1d)~~ 49.79 (1m), certify eligibility for and
18 issue food coupons under s. ~~49.124 (1d)~~ 49.79 (1m) to eligible participants in the
19 Wisconsin works program under subch. III of ch. 49.”.

20 ***b1844/2.3* 749.** Page 565, line 20: after that line insert:

21 ***b1844/2.3* “SECTION 1504r.** 46.27 (11) (c) 5p. of the statutes is repealed.”.

22 ***b1844/2.4* 750.** Page 565, line 21: delete lines 21 to 24 and substitute:

23 ***b1844/2.4* “SECTION 1505b.** 46.27 (11) (c) 6. (intro.) and a. of the statutes are
24 consolidated, renumbered 46.27 (11) (c) 6. a. and amended to read:

1 46.27 (11) (c) 6. a. No county, private nonprofit agency or aging unit may use
2 funds received under this subsection to provide residential services in ~~any~~
3 ~~community-based residential facility, as defined in s. 50.01 (1g), or a group home, as~~
4 defined in s. 48.02 (7), that has more than ~~4~~ 5 beds, unless ~~one of the following~~
5 applies: ~~a. The~~ the department approves the provision of services in a
6 ~~community-based residential facility or group home that has 5~~ 6 to 8 beds.

7 ***b1844/2.4* SECTION 1505d.** 46.27 (11) (c) 6. b. of the statutes is repealed and
8 recreated to read:

9 46.27 (11) (c) 6. b. No county, private nonprofit agency, or aging unit may use
10 funds received under this subsection to provide residential services in a
11 community-based residential facility, as defined in s. 50.01 (1g), that has more than
12 20 beds, unless the requirements of sub. (7) (cm) 1. a., b., or c. are met.”.

13 ***b1844/2.5* 751.** Page 566, line 14: after that line insert:

14 ***b1844/2.5* “SECTION 1507s.** 46.277 (5) (d) 1m. (intro.) of the statutes is
15 amended to read:

16 46.277 (5) (d) 1m. (intro.) No county may use funds received under this section
17 to provide services to a person who does not live in his or her own home or apartment
18 unless, subject to the limitations under subds. 2. ~~and~~ 3., and 4. and par. (e), one of
19 the following applies:

20 ***b1844/2.5* SECTION 1507t.** 46.277 (5) (d) 1n. (intro.) of the statutes is
21 amended to read:

22 46.277 (5) (d) 1n. (intro.) A county may also use funds received under this
23 section, subject to the limitations under subds. 2. ~~and~~ 3., and 4. and par. (e), to
24 provide services to a person who does not live in his or her own home or apartment

1 if the services are provided to the person in a community-based residential facility
2 and the county department or aging unit has determined that all of the following
3 conditions have been met:

4 *b1844/2.5* **SECTION 1507u.** 46.277 (5) (d) 2. (intro.) of the statutes is amended
5 to read:

6 46.277 (5) (d) 2. (intro.) No county may use funds received under this section
7 to provide residential services in any community-based residential facility, as
8 defined in s. 50.01 (1g), ~~or group home, as defined in s. 48.02 (7), that has more than~~
9 4 beds, unless one of the following applies.”.

10 *b1844/2.6* **752.** Page 566, line 15: delete lines 15 to 18 and substitute:

11 *b1844/2.6* **SECTION 1508b.** 46.277 (5) (d) 2. a. of the statutes is repealed and
12 recreated to read:

13 46.277 (5) (d) 2. a. The requirements of s. 46.27 (7) (cm) 1. a. or c. are met.

14 *b1844/2.6* **SECTION 1508d.** 46.277 (5) (d) 4. of the statutes is created to read:

15 46.277 (5) (d) 4. No county may use funds received under this section to provide
16 residential services in a group home, as defined in s. 48.02 (7), that has more than
17 5 beds, unless the department approves the provision of services in a group home that
18 has 6 to 8 beds.”.

19 *b1402/1.2* **753.** Page 566, line 18: after that line insert:

20 *b1402/1.2* **SECTION 1508rg.** 46.278 (title) and (1) of the statutes are
21 amended to read:

22 46.278 (title) **Community integration program and brain injury waiver**
23 **program for persons with mental retardation developmental disabilities.**

1 **(1) LEGISLATIVE INTENT.** The intent of the ~~program~~ programs under this section
2 is to provide home or community-based care to serve in a noninstitutional
3 community setting a person who meets eligibility requirements under 42 USC 1396n
4 (c) and who is diagnosed as developmentally disabled under the definition specified
5 in s. 51.01 (5) and relocated from an institution other than a state center for the
6 developmentally disabled or who meets the intermediate care facility for the
7 mentally retarded or a brain injury rehabilitation facility level of care requirements
8 for medical assistance reimbursement in an intermediate care facility for the
9 mentally retarded or brain injury rehabilitation facility and is ineligible for services
10 under s. 46.275 or 46.277. The intent of the program is also that counties use all
11 existing services for providing care under this section, including those services
12 currently provided by counties.

13 ***b1402/1.2* SECTION 1508rh.** 46.278 (1m) (a) of the statutes is created to read:

14 46.278 (1m) (a) “Brain injury rehabilitation facility” means a nursing facility
15 or hospital designated as a facility for brain injury rehabilitation by the department
16 under the approved state medicaid plan.

17 ***b1402/1.2* SECTION 1508ri.** 46.278 (1m) (c) of the statutes is amended to
18 read:

19 46.278 (1m) (c) “Program” means the community integration program or the
20 brain injury waiver program, for facilities certified as medical assistance providers,
21 for which a waiver has been received under sub. (3).

22 ***b1402/1.2* SECTION 1508rj.** 46.278 (2) (a) of the statutes is amended to read:

23 46.278 (2) (a) The department may request ~~a waiver~~ one or more waivers from
24 the secretary of the federal department of health and human services, under 42 USC
25 1396n (c), authorizing the department to serve medical assistance recipients, who

1 meet the level of care requirements for medical assistance reimbursement in an
2 intermediate care facility for the mentally retarded or in a brain injury rehabilitation
3 facility, in their communities by providing home or community-based services as
4 part of medical assistance. If the department requests a waiver, it shall include all
5 assurances required under 42 USC 1396n (c) (2) in its request.

6 *b1402/1.2* SECTION 1508rk. 46.278 (3) (a) of the statutes is amended to read:

7 46.278 (3) (a) Evaluate the effect of the each program on medical assistance
8 costs and on the program's ability to provide community care alternatives to
9 institutional care in facilities certified as medical assistance providers.

10 *b1402/1.2* SECTION 1508rL. 46.278 (4) (a) of the statutes is amended to read:

11 46.278 (4) (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to
12 county participation in ~~this a~~ program, except that services provided in the program
13 shall substitute for care provided a person in an intermediate care facility for the
14 mentally retarded or brain injury rehabilitation facility who meets the intermediate
15 care facility for the mentally retarded or brain injury rehabilitation facility level of
16 care requirements for medical assistance reimbursement to that facility rather than
17 for care provided at a state center for the developmentally disabled.

18 *b1402/1.2* SECTION 1508rm. 46.278 (4) (b) 2. of the statutes is amended to
19 read:

20 46.278 (4) (b) 2. Each county department participating in the a program shall
21 provide home or community-based care to persons eligible under this section, except
22 that the number of persons who receive home or community-based care under this
23 section may not exceed the number that are approved under ~~the~~ an applicable waiver
24 received under sub. (3).

1 ***b1402/1.2* SECTION 1508rn.** 46.278 (5) (a) and (b) of the statutes are
2 amended to read:

3 46.278 (5) (a) Any medical assistance recipient who meets the level of care
4 requirements for medical assistance reimbursement in an intermediate care facility
5 for the mentally retarded or in a brain injury rehabilitation facility and is ineligible
6 for service under s. 46.275 or 46.277 is eligible to participate in ~~the a~~ program, except
7 that persons eligible for the brain injury waiver program must meet the definition
8 of brain injury under s. 51.01 (2g), and except that the number of participants may
9 not exceed the number approved under the waiver received under sub. (3). Such a
10 recipient may apply, or any person may apply on behalf of such a recipient, for
11 participation in ~~the a~~ program. Section 46.275 (4) (b) applies to participation in ~~the~~
12 a program.

13 (b) To the extent authorized under 42 USC 1396n, if a person discontinues
14 participation in ~~the a~~ program, a medical assistance recipient may participate in ~~the~~
15 a program in place of the participant who discontinues if that recipient meets the
16 ~~intermediate care facility for the mentally retarded level of care requirements for~~
17 ~~medical assistance reimbursement in an intermediate care facility for the mentally~~
18 ~~retarded except that the number of participants concurrently served may not exceed~~
19 ~~the number approved under the waiver received under sub. (3)~~ requirements under
20 par. (a).

21 ***b1402/1.2* SECTION 1508rp.** 46.278 (6) (a), (b) and (c) of the statutes are
22 amended to read:

23 46.278 (6) (a) The provisions of s. 46.275 (5) (a), (b) and (d) apply to funding
24 received by counties under the ~~program~~ programs.

1 (b) Total funding to counties for relocating each person under the a program
2 may not exceed the amount approved in the waiver received under sub. (3).

3 (c) Funding may be provided under the a program for services of a family
4 consortium.”.

5 *b1402/1.3* **754.** Page 566, line 21: delete “the waiver” and substitute “the
6 a waiver”.

7 *b1402/1.4* **755.** Page 566, line 25: after that line insert:

8 *b1402/1.4* “SECTION 1509g. 46.278 (6) (e) 1. of the statutes is amended to
9 read:

10 46.278 (6) (e) 1. The department may provide enhanced reimbursement for
11 services under the community integration program for an individual who was
12 relocated to the community by a county department from one of the following:

13 *b1402/1.4* **SECTION 1509h.** 46.278 (6) (f) of the statutes is amended to read:

14 46.278 (6) (f) If a county owns the institution or intermediate care facility for
15 the mentally retarded from which an individual is relocated to the community under
16 this section, in order to receive funding under the community integration program,
17 the county shall submit a plan for delicensing a bed of the institution or intermediate
18 care facility for the mentally retarded that is approved by the department.”.

19 *b1519/2.170* **756.** Page 569, line 23: after that line insert:

20 *b1519/2.170* “SECTION 1553p. 46.34 of the statutes is amended to read:

21 **46.34 Emission standards for hazardous air contaminants.** The
22 department may assist the department of ~~natural resources~~ environmental
23 management in the development of emission standards for hazardous air
24 contaminants under s. 285.27 (2) (b).”.

1 ***b1423/4.4* 757.** Page 571, line 2: after that line insert:

2 ***b1423/4.4* "SECTION 8557b.** 46.45 (2) (a) of the statutes, as affected by 1999
3 Wisconsin Act 9, is amended to read:

4 46.45 (2) (a) If on December 31 of any year there remains unspent or
5 unencumbered in the allocation under s. 46.40 (2) an amount that exceeds the
6 amount received under 42 USC 670 to 679a and allocated under s. 46.40 (2) in that
7 year, the department shall carry forward the excess moneys and distribute not less
8 than 50% of the excess moneys to counties having a population of less than 500,000
9 that are making a good faith effort, as determined by the department, to comply with
10 s. 46.22 (1) (c) 8. f. for services and projects to assist children and families,
11 notwithstanding the percentage limit specified in sub. (3) (a). A county shall use not
12 less than 50% of the moneys distributed to the county under this subsection for
13 services for children who are at risk of abuse or neglect to prevent the need for child
14 abuse and neglect intervention services, except that in the calendar year in which
15 a county achieves compliance with s. 46.22 (1) (c) 8. f. and in the 2 calendar years after
16 that calendar year the county may use 100% of the moneys distributed under this
17 paragraph to reimburse the department for the costs of achieving that compliance.
18 If a county does not comply with s. 46.22 (1) (c) 8. f. before July 1, 2005, the
19 department may recover any amounts distributed to that county under this
20 paragraph after June 30, 2001, by billing the county or deducting from that county's
21 allocation under s. 46.40 (2). All moneys received by the department under this
22 paragraph shall be credited to the appropriation account under s. 20.435 (3) (j)."

23 ***b1734/1.19* 758.** Page 571, line 2: after that line insert:

1 ***b1734/1.19*** **SECTION 1556e.** 49.45 (39) (a) 1. of the statutes is amended to
2 read:

3 49.45 (39) (a) 1. "School" means a public school described under s. 115.01 (1),
4 a charter school, as defined in s. 115.001 (1), the Wisconsin Center for the Blind and
5 Visually Impaired, or the Wisconsin School Educational Services Program for the
6 Deaf and Hard of Hearing. It includes school-operated early childhood programs for
7 developmentally delayed and disabled 4-year-old and 5-year-old children.

8 ***b1734/1.19*** **SECTION 1556g.** 49.45 (39) (am) of the statutes is amended to
9 read:

10 49.45 (39) (am) *Plan amendment.* No later than September 30, 1995, the
11 department shall submit to the federal department of health and human services an
12 amendment to the state medical assistance plan to permit the application of pars. (b)
13 and (c). If the amendment to the state plan is approved, school districts, cooperative
14 educational service agencies, and the department of public instruction on behalf of
15 the Wisconsin Center for the Blind and Visually Impaired and the Wisconsin School
16 Educational Services Program for the Deaf and Hard of Hearing claim
17 reimbursement under pars. (b) and (c). Paragraphs (b) and (c) do not apply unless
18 the amendment to the state plan is approved and in effect. The department shall
19 submit to the federal department of health and human services an amendment to the
20 state plan if necessary to permit the application of pars. (b) and (c) to the Wisconsin
21 Center for the Blind and Visually Impaired and the Wisconsin School Educational
22 Services Program for the Deaf and Hard of Hearing.

23 ***b1734/1.19*** **SECTION 1556i.** 49.45 (39) (b) of the statutes is amended to read:

24 49.45 (39) (b) *School medical services.* 1. 'Payment for school medical services.'
25 If a school district or a cooperative educational service agency elects to provide school

1 medical services and meets all requirements under par. (c), the department shall
2 reimburse the school district or the cooperative educational service agency for 60%
3 of the federal share of allowable charges for the school medical services that it
4 provides and, as specified in subd. 2., for allowable administrative costs. If the
5 Wisconsin Center for the Blind and Visually Impaired or the Wisconsin School
6 Educational Services Program for the Deaf and Hard of Hearing elects to provide
7 school medical services and meets all requirements under par. (c), the department
8 shall reimburse the department of public instruction for 60% of the federal share of
9 allowable charges for the school medical services that the Wisconsin Center for the
10 Blind and Visually Impaired or the Wisconsin School Educational Services Program
11 for the Deaf and Hard of Hearing provides and, as specified in subd. 2., for allowable
12 administrative costs. A school district, cooperative educational service agency, the
13 Wisconsin Center for the Blind and Visually Impaired or the Wisconsin School
14 Educational Services Program for the Deaf and Hard of Hearing may submit, and
15 the department shall allow, claims for common carrier transportation costs as a
16 school medical service unless the department receives notice from the federal health
17 care financing administration that, under a change in federal policy, the claims are
18 not allowed. If the department receives the notice, a school district, cooperative
19 educational service agency, the Wisconsin Center for the Blind and Visually
20 Impaired, or the Wisconsin School Educational Services Program for the Deaf and
21 Hard of Hearing may submit, and the department shall allow, unreimbursed claims
22 for common carrier transportation costs incurred before the date of the change in
23 federal policy. The department shall promulgate rules establishing a methodology
24 for making reimbursements under this paragraph. All other expenses for the school
25 medical services provided by a school district or a cooperative educational service

1 agency shall be paid for by the school district or the cooperative educational service
2 agency with funds received from state or local taxes. The school district, the
3 Wisconsin Center for the Blind and Visually Impaired, the Wisconsin ~~School~~
4 Educational Services Program for the Deaf and Hard of Hearing, or the cooperative
5 educational service agency shall comply with all requirements of the federal
6 department of health and human services for receiving federal financial
7 participation.

8 2. 'Payment for school medical services administrative costs.' The department
9 shall reimburse a school district or a cooperative educational service agency specified
10 under subd. 1. and shall reimburse the department of public instruction on behalf
11 of the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin ~~School~~
12 Educational Services Program for the Deaf and Hard of Hearing for 90% of the
13 federal share of allowable administrative costs, using time studies, beginning in
14 fiscal year 1999–2000. A school district or a cooperative education ~~educational~~
15 service agency may submit, and the department of health and family services shall
16 allow, claims for administrative costs incurred during the period that is up to 24
17 months before the date of the claim, if allowable under federal law.”.

18 *b1397/1.2* **759.** Page 571, line 15: delete “\$6,000,000” and substitute
19 “\$5,000,000”.

20 *b1397/1.3* **760.** Page 571, line 22: delete that line and substitute “the
21 poverty line, as defined in s. 49.001 (5).”.

22 *b1397/1.4* **761.** Page 571, line 23: delete the material beginning with that
23 line and ending with page 572, line 3.

24 *b1312/2.13* **762.** Page 574, line 4: after that line insert:

1 ***b1312/2.13*** “SECTION 1563j. 46.72 of the statutes is created to read:

2 **46.72 Neighborhood organization incubator grants. (1) DEFINITIONS.** In
3 this section:

4 (a) “Agency” means a private nonprofit or public organization that is
5 community based.

6 (b) “Neighborhood organization” means a private nonprofit organization that
7 is community based and that provides any of the following services or programs
8 primarily to residents of the area in which the organization is located:

- 9 1. Crime prevention programs.
- 10 2. After-school and recreational programs for youth.
- 11 3. Child abuse and domestic abuse prevention services.
- 12 4. Alcohol and other drug abuse counseling and prevention services.
- 13 5. Programs for diversion of youth from gang activities.
- 14 6. Inmate and ex-offender rehabilitation or aftercare services.

15 **(2) GRANTS.** From the appropriation under s. 20.435 (3) (ft), the department
16 shall award grants to agencies to enable them to provide services described under
17 sub. (3) to neighborhood organizations. An agency application for a grant shall
18 contain a plan detailing the proposed use of the grant.

19 **(3) REQUIREMENTS FOR GRANT RECIPIENTS.** An agency receiving a grant under
20 this section shall do all of the following:

21 (a) Provide information to neighborhood organizations about funding and other
22 assistance that may be available to neighborhood organizations from private and
23 public entities.

24 (b) Assist neighborhood organizations in obtaining funding and other
25 assistance from public and private entities.

1 (c) Act as a liaison between neighborhood organizations and public and private
2 entities.

3 (d) Provide appropriate training and professional development services to
4 members of neighborhood organizations.

5 (e) Engage in outreach to neighborhood organizations to inform them of the
6 services available from the agency.

7 (f) Undertake other activities that will increase the effectiveness and facilitate
8 the development of neighborhood organizations.

9 (4) REPORT. An agency receiving a grant under this section shall submit to the
10 department within 90 days after spending the full amount of the grant a report
11 detailing the actual use of the proceeds of the grant.

12 (5) SUNSET. This section does not apply after June 30, 2005.”.

13 *b1428/1.1* **763.** Page 576, line 21: after that line insert:

14 *b1428/1.1* “SECTION 1578. 48.21 (5) (b) of the statutes is renumbered 48.21
15 (5) (b) (intro.) and amended to read:

16 48.21 (5) (b) (intro.) An order relating to a child held in custody outside of his
17 or her home shall also describe include all of the following:

18 1. A description of any efforts that were made to permit the child to remain
19 safely at home and the services that are needed to ensure the child’s well-being, to
20 enable the child to return safely to his or her home, and to involve the parents in
21 planning for the child.

22 *b1428/1.1* SECTION 9579. 48.21 (5) (b) 2. of the statutes is created to read:

23 48.21 (5) (b) 2. If the child is held in custody outside the home in a placement
24 recommended by the intake worker, a statement that the court approves the

1 placement recommended by the intake worker or, if the child is placed outside the
2 home in a placement other than a placement recommended by the intake worker, a
3 statement that the court has given bona fide consideration to the recommendations
4 made by the intake worker and all parties relating to the placement of the child.”.

5 *b1827/1.1* **764.** Page 576, line 21: after that line insert:

6 *b1827/1.1* “SECTION 1577g. 48.02 (15) of the statutes is amended to read:

7 48.02 (15) “Relative” means a parent, grandparent, greatgrandparent,
8 stepparent, brother, sister, first cousin, nephew, niece, uncle, or aunt. This
9 relationship shall be by blood, marriage, or adoption.”.

10 *b1428/1.2* **765.** Page 576, line 24: after that line insert:

11 *b1428/1.2* “SECTION 1583. 48.355 (2) (b) 6m. of the statutes is created to read:

12 48.355 (2) (b) 6m. If the child is placed outside the home in a placement
13 recommended by the agency designated under s. 48.33 (1), a statement that the court
14 approves the placement recommended by the agency or, if the child is placed outside
15 the home in a placement other than a placement recommended by that agency, a
16 statement that the court has given bona fide consideration to the recommendations
17 made by the agency and all parties relating to the child’s placement.

18 *b1428/1.2* SECTION 1584. 48.357 (2v) of the statutes is created to read:

19 48.357 (2v) If a hearing is held under sub. (1) or (2m) and the change in
20 placement would place the child outside the home in a placement recommended by
21 the person or agency primarily responsible for implementing the dispositional order,
22 the change in placement order shall include a statement that the court approves the
23 placement recommended by that person or agency or, if the child is placed outside the
24 home in a placement other than a placement recommended by that person or agency,

1 a statement that the court has given bona fide consideration to the recommendations
2 made by that person or agency and all parties relating to the child's placement.”.

3 *b1429/1.1* **766.** Page 578, line 6: after that line insert:

4 *b1429/1.1* “**SECTION 1588.** 48.38 (2) (intro.) of the statutes is amended to
5 read:

6 48.38 (2) PERMANENCY PLAN REQUIRED. (intro.) Except as provided in sub. (3),
7 for each child living in a foster home, treatment foster home, group home,
8 child-caring institution, secure detention facility, or shelter care facility or in the
9 home of a relative, the agency that placed the child or arranged the placement or the
10 agency assigned primary responsibility for providing services to the child under s.
11 48.355 shall prepare a written permanency plan, if one of the following conditions
12 exists:

13 *b1429/1.1* **SECTION 10589.** 48.38 (4) (f) (intro.) of the statutes is amended to
14 read:

15 48.38 (4) (f) (intro.) The services that will be provided to the child, the child's
16 family, and the child's foster parent, the child's treatment foster parent ~~or~~, the
17 operator of the facility where the child is living, or the relative with whom the child
18 is living to carry out the dispositional order, including services planned to accomplish
19 all of the following:

20 *b1429/1.1* **SECTION 1590.** 48.38 (5) (a) of the statutes is amended to read:

21 48.38 (5) (a) The court or a panel appointed under this paragraph shall review
22 the permanency plan every 6 months from the date on which the child was first held
23 in physical custody or placed outside of his or her home under a court order. If the
24 court elects not to review the permanency plan, the court shall appoint a panel to

1 review the permanency plan. The panel shall consist of 3 persons who are either
2 designated by an independent agency that has been approved by the chief judge of
3 the judicial administrative district or designated by the agency that prepared the
4 permanency plan. A voting majority of persons on each panel shall be persons who
5 are not employed by the agency that prepared the permanency plan and who are not
6 responsible for providing services to the child or the parents of the child whose
7 permanency plan is the subject of the review.

8 *b1429/1.1* SECTION 1591. 48.38 (5) (b) of the statutes is amended to read:

9 48.38 (5) (b) The court or the agency shall notify the parents of the child, the
10 child if he or she is 12 years of age or older, and the child's foster parent, the child's
11 treatment foster parent ~~or~~, the operator of the facility in which the child is living, or
12 the relative with whom the child is living of the date, time, and place of the review,
13 of the issues to be determined as part of the review, and of the fact that they may have
14 an opportunity to be heard at the review by submitting written comments not less
15 than 10 working days before the review or by participating at the review. The court
16 or agency shall notify the person representing the interests of the public, the child's
17 counsel, the child's guardian ad litem, and the child's court-appointed special
18 advocate of the date of the review, of the issues to be determined as part of the review,
19 and of the fact that they may submit written comments not less than 10 working days
20 before the review. The notices under this paragraph shall be provided in writing not
21 less than 30 days before the review and copies of the notices shall be filed in the child's
22 case record.”.

23 *b1434/1.1* 767. Page 578, line 7: delete lines 7 to 22.

24 *b1429/1.2* 768. Page 582, line 8: after that line insert:

1 ***b1429/1.2*** “SECTION 1633. 48.62 (2) of the statutes is amended to read:

2 48.62 (2) A relative, as defined in s. 48.02 (15) or as specified in s. 49.19 (1) (a),
3 or a guardian of a child, who provides care and maintenance for a child, is not
4 required to obtain the license specified in this section. The department, a county
5 department, or a licensed child welfare agency as provided in s. 48.75 ~~may~~ shall issue
6 a license to operate a foster home or a treatment foster home to a relative who has
7 no duty of support under s. 49.90 (1) (a) and who requests a license to operate a foster
8 home or treatment foster home for a specific child who is either placed by court order
9 or who is the subject of a voluntary placement agreement under s. 48.63. The
10 department, a county department, or a licensed child welfare agency ~~may~~ shall, at
11 the request of a guardian appointed under s. 48.977 or 48.978 or ch. 880, license the
12 guardian’s home as a foster home or treatment foster home for the guardian’s minor
13 ward who is living in the home and who is placed in the home by court order.
14 Relatives with no duty of support and guardians appointed under s. 48.977 or 48.978
15 or ch. 880 who are licensed to operate foster homes or treatment foster homes are
16 subject to the department’s licensing rules.”

17 ***b1430/2.1* 769.** Page 583, line 2: after that line insert:

18 ***b1430/2.1*** “SECTION 1636d. 48.67 of the statutes is amended to read:

19 **48.67 Rules governing child welfare agencies, day care centers, foster**
20 **homes, treatment foster homes, group homes, shelter care facilities and**
21 **county departments.** The department shall promulgate rules establishing
22 minimum requirements for the issuance of licenses to, and establishing standards
23 for the operation of, child welfare agencies, day care centers, foster homes, treatment
24 foster homes, group homes, shelter care facilities, and county departments. These

1 rules shall be designed to protect and promote the health, safety, and welfare of the
2 children in the care of all licensees. The department shall consult with the
3 department of commerce and the department of public instruction before
4 promulgating these rules. In establishing the minimum requirements for the
5 issuance of licenses to day care centers that provide care and supervision for children
6 under one year of age, the department shall include a requirement that all licensees
7 who are individuals and all employees and volunteers of a licensee who provide care
8 and supervision for children receive, before the date on which the license is issued
9 or the employment or volunteer work commences, whichever is applicable, training
10 in the most current medically accepted methods of preventing sudden infant death
11 syndrome.”.

12 *b1500/2.1* **770.** Page 583, line 2: after that line insert:

13 *b1500/2.1* **SECTION 1651g.** 48.981 (2) of the statutes is amended to read:

14 48.981 (2) PERSONS REQUIRED TO REPORT. A physician, coroner, medical
15 examiner, nurse, dentist, chiropractor, optometrist, acupuncturist, other medical or
16 mental health professional, social worker, marriage and family therapist,
17 professional counselor, public assistance worker, including a financial and
18 employment planner, as defined in s. 49.141 (1) (d), school teacher, administrator or
19 counselor, mediator under s. 767.11, child care worker in a day care center or child
20 caring institution, day care provider, alcohol ~~or other~~ and drug abuse counselor,
21 member of the treatment staff employed by or working under contract with a county
22 department under s. 46.23, 51.42 or 51.437, physical therapist, occupational
23 therapist, dietitian, speech–language pathologist, audiologist, emergency medical
24 technician, first responder or police or law enforcement officer having reasonable



Insert 446-2

1 stepgrandparent, stepbrother, stepsister, half brother, half sister, brother-in-law,
2 sister-in-law, stepuncle, or stepaunt.”

3 *b1771/1.4* **772.** Page 586, line 23: after that line insert:

4 *b1771/1.4* **SECTION 1656tig.** 49.124 (1d) of the statutes is created to read:

5 49.124 (1d) ELIGIBILITY DETERMINATIONS. (a) The department shall certify
6 eligibility for and issue food coupons for the food stamp program and shall, under a
7 contract under s. 49.33 (2), designate the functions to the county department under
8 s. 46.215, 46.22, or 46.23 or the governing body of a federally recognized American
9 Indian tribe or band. The department may designate these functions, to the extent
10 permitted under federal law or a waiver under par. (b), to a Wisconsin works agency.

11 (b) The department shall request a waiver from the federal secretary of health
12 and human services to permit Wisconsin works agencies to certify eligibility for and
13 issue food coupons for the food stamp program. If the department receives the
14 waiver, the department shall implement the waiver except that, prior to
15 implementing the waiver, the department shall submit the terms of the waiver and
16 an implementation plan to the joint committee on finance.

17 *b1771/1.4* **SECTION 1656tik.** 49.124 (1d) of the statutes, as created by 2001
18 Wisconsin Act ... (this act), is renumbered 49.79 (1m).”.

19 *b1771/1.5* **773.** Page 589, line 2: delete the material beginning with “, as”
20 and ending with “act),” on line 3.

21 *b1771/1.6* **774.** Page 589, line 4: delete lines 4 to 19.

22 *b1771/1.7* **775.** Page 590, line 24: delete lines 24 and 25 and substitute:

23 “49.125 (1) The department, or a county, or an elected governing body of a
24 federally recognized American Indian tribe or band or a Wisconsin works agency”.

1 ***b1427/4.5* 776.** Page 593, line 13: after that line insert:

2 ***b1427/4.5*** “SECTION 1656w. 49.134 (2) (a) of the statutes is amended to read:

3 49.134 (2) (a) From the appropriation under s. 20.445 (3) (dz) and the allocation
4 under s. 49.155 (1g) (b), the department shall make grants to local agencies to fund
5 child care resource and referral services provided by those local agencies. The
6 department shall provide an allocation formula to determine the amount of a grant
7 awarded under this section.”.

8 ***b1774/1.1* 777.** Page 596, line 17: delete the material beginning with that
9 line and ending with page 597, line 3.

10 ***b1553/3.10* 778.** Page 597, line 3: after that line insert:

11 ***b1553/3.10*** “SECTION 1660t. 49.1475 of the statutes is amended to read:

12 **49.1475 Follow-up services.** Following any follow-up period required by the
13 contract entered into under s. 49.143, a Wisconsin works agency may provide case
14 management services for an individual who moves from a Wisconsin works
15 employment position to unsubsidized employment to help the individual retain the
16 unsubsidized employment. Case management services may include the provision of
17 employment skills training; English as a 2nd language classes, if the Wisconsin
18 works agency determines that the course will facilitate the individual’s efforts to
19 retain employment; a course of study meeting the standards established under s.
20 115.29 (4) for the granting of a declaration of equivalency of high school graduation;
21 or other remedial education courses. A Wisconsin works agency shall coordinate case
22 management services with a program offered by a technical college under s. 38.34.
23 The Wisconsin works agency may provide case management services regardless of
24 the individual’s income and asset levels.”.

1 ***b1781/1.4* 779.** Page 597, line 3: after that line insert:

2 ***b1781/1.4*** “SECTION 1660n. 49.147 (6) (c) of the statutes is amended to read:

3 49.147 (6) (c) *Distribution and administration.* From the appropriations under
4 s. 20.445 (3) (e), (jL) and (md), the department shall distribute funds for job access
5 loans to a Wisconsin works agency, which shall administer the loans in accordance
6 with rules promulgated by the department.”.

7 ***b1430/2.2* 780.** Page 597, line 6: after that line insert:

8 ***b1430/2.2*** “SECTION 1660y. 49.155 (1d) (a) of the statutes is amended to read:

9 49.155 (1d) (a) The department shall promulgate rules establishing standards
10 for the certification of child care providers under s. 48.651. In establishing the
11 requirements for certification under this paragraph of a child care provider who
12 provides care and supervision for children under one year of age, the department
13 shall include a requirement that all providers and all employees and volunteers of
14 a provider who provide care and supervision for children receive, before the date on
15 which the provider is certified or the employment or volunteer work commences,
16 whichever is applicable, training in the most current medically accepted methods of
17 preventing sudden infant death syndrome. In establishing the requirements for
18 certification as a Level II certified family day care provider, the department may not
19 include ~~a~~ any other requirement for training for providers.”.

20 ***b1779/2.2* 781.** Page 601, line 2: after that line insert:

21 ***b1779/2.2*** “SECTION 1676e. 49.155 (5) of the statutes is renumbered 49.155
22 (5) (a) and amended to read:

1 49.155 (5) (a) LIABILITY FOR PAYMENT. ~~An~~ Except as provided in par. (b), an
2 individual is liable for the percentage of the cost of the child care specified by the
3 department in a printed copayment schedule.

4 (b) An individual who is under the age of 20 and is attending high school or
5 participating in a course of study meeting the standards established under s. 115.29
6 (4) for the granting of a declaration of equivalency to high school graduation may not
7 be determined liable for more than the minimum copayment amount for the type of
8 child care received and the number of children receiving child care.”.

9 *b1783/1.2* **782.** Page 601, line 2: after that line insert:

10 *b1783/1.2* “SECTION 1677. 49.1635 of the statutes is repealed.”.

11 *b1785/2.9* **783.** Page 601, line 2: after that line insert:

12 *b1785/2.9* “SECTION 1676n. 49.173 (title) of the statutes is amended to read:
13 49.173 (title) **Workforce attachment and advancement program.**”.

14 *b1781/1.5* **784.** Page 601, line 5: delete “(e),” and substitute “(e).”.

15 *b1785/2.10* **785.** Page 601, line 6: after “(k),” insert “(km).”.

16 *b1781/1.6* **786.** Page 603, line 19: delete lines 19 to 21 and substitute:

17 *b1781/1.6* “SECTION 1689c. 49.175 (1) (n) of the statutes is repealed.”.

18 *b1779/2.3* **787.** Page 604, line 2: delete “\$274,500,000” and substitute
19 “\$274,000,000”.

20 *b1779/2.4* **788.** Page 604, line 3: delete “\$305,550,000” and substitute
21 “\$304,950,000”.

22 *b1427/4.6* **789.** Page 604, line 7: after that line insert:

23 *b1427/4.6* “SECTION 1691d. 49.175 (1) (qd) of the statutes is created to read:

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1 49.175 (1) (qd) *Child care resource and referral services*. For child care resource
2 and referral services grants under s. 49.134 (2), \$400,000 in fiscal year 2001–02 and
3 \$400,000 in fiscal year 2002–03.”.

4 ***b1785/2.11* 790.** Page 604, line 19: after “*attachment*” insert “*and*
5 *advancement program*”.

6 ***b1785/2.12* 791.** Page 604, line 20: delete “\$9,641,000” and substitute
7 “\$9,841,000”.

8 ***b1785/2.13* 792.** Page 604, line 21: delete “\$5,000,000” and substitute
9 “\$10,000,000”.

10 ***b1786/1.2* 793.** Page 604, line 24: delete the material beginning with that
11 line and ending with page 605, line 3, and substitute:

12 ***b1786/1.2* SECTION 1696bb.** 49.175 (1) (v) of the statutes is repealed.”.

13 ***b1606/5.10* 794.** Page 607, line 4: delete lines 4 to 7 and substitute:

14 ***b1606/5.10* SECTION 1710bm.** 49.175 (1) (zf) of the statutes is repealed.”.

15 ***b1783/1.3* 795.** Page 607, line 13: after that line insert:

16 ***b1783/1.3* SECTION 1712.** 49.175 (1) (zk) of the statutes is repealed.”.

17 ***b1784/1.2* 796.** Page 607, line 13: after that line insert:

18 ***b1784/1.2* SECTION 1713.** 49.175 (1) (zL) of the statutes is repealed.”.

19 ***b1553/3.11* 797.** Page 607, line 14: after that line insert:

20 ***b1553/3.11* SECTION 1714p.** 49.175 (1) (zq) of the statutes is created to read:

21 49.175 (1) (zq) *Job retention skills development programs*. For the transfer of
22 moneys to the technical college system board for implementation costs for job

1 retention skills development programs under s. 38.34, \$200,000 in fiscal year
2 2001-02.”.

3 *b1785/2.14* **798**. Page 609, line 13: after “(k),” insert “(km),”.

4 *b1781/1.7* **799**. Page 609, line 13: delete “(e),”.

5 *b1771/1.8* **800**. Page 614, line 4: delete lines 4 to 10.

6 *b1547/3.4* **801**. Page 620, line 25: after that line insert:

7 *b1547/3.4* **SECTION 1748r**. 49.45 (2) (a) 2m. of the statutes is created to read:

8 49.45 (2) (a) 2m. Consider for payment a correct and complete claim or
9 adjustment received by the department’s fiscal agent within no more than 365 days
10 after the date of service, except in any of the following circumstances:

11 a. Circumstances specified by the department by rule.

12 b. If services that are reimbursable under this subdivision were initially
13 reimbursed as general relief under s. 49.02, 1991 stats., or as medical relief under
14 a relief block grant under s. 49.025, 49.027, or 49.029 and if the entity that submits
15 the claim reimburses the department under a contract with the county that
16 originally paid the claim that is entered into before the department receives the
17 claim, for any additional departmental administrative costs necessary to process the
18 claim.

19 *b1547/3.4* **SECTION 1748s**. 49.45 (2) (a) 2n. of the statutes is created to read:
20 49.45 (2) (a) 2n. Subdivision 2m. does not apply after June 30, 2005.”.

21 *b1771/1.9* **802**. Page 621, line 7: after “body” insert “The department may
22 designate the function, to the extent permitted under federal law or a waiver from
23 the federal secretary of health and human services, to a Wisconsin works agency”.

24 *b1385/2.4* **803**. Page 621, line 12: after that line insert:

Insert 451-5

1 ***b1385/2.4* SECTION 1750d.** 49.45 (2) (a) 10. of the statutes is renumbered
2 49.45 (2) (a) 10. a. and amended to read:

3 49.45 (2) (a) 10. a. After reasonable notice and opportunity for hearing the
4 provider to present information and argument to department staff, recover money
5 improperly or erroneously paid, or overpayments to a provider either by offsetting
6 or adjusting amounts owed the provider under the program, crediting against a
7 provider's future claims for reimbursement for other services or items furnished by
8 the provider under the program, or by requiring the provider to make direct payment
9 to the department or its fiscal intermediary.

10 ***b1385/2.4* SECTION 1750f.** 49.45 (2) (a) 10. b. of the statutes is created to read:

11 49.45 (2) (a) 10. b. Establish a deadline for payment of a recovery imposed
12 under this subdivision and, if a provider fails to pay all of the amount to be recovered
13 by the deadline, require payment, by the provider, of interest on any delinquent
14 amount at the rate of 1% per month or fraction of a month from the date of the
15 overpayment.

16 ***b1385/2.4* SECTION 1750h.** 49.45 (2) (a) 11. of the statutes is amended to read:

17 49.45 (2) (a) 11. Establish criteria for the certification of eligible providers of
18 services under Title XIX of the social security act medical assistance and, except as
19 provided in par. (b) 6m. and s. 49.48, and subject to par. (b) 7. and 8., certify such
20 eligible providers who meet the criteria.

21 ***b1385/2.4* SECTION 1750j.** 49.45 (2) (a) 12. of the statutes is amended to read:

22 49.45 (2) (a) 12. ~~Dccertify or suspend~~ under this subdivision a provider from
23 or restrict a provider's participation in the medical assistance program, if after
24 giving reasonable notice and opportunity for hearing, the department finds that the
25 provider has violated a federal statute or regulation or a state law statute or

1 administrative rule and ~~such violations are by law the violation is by statute,~~
2 regulation, or rule grounds for decertification or ~~suspension~~ restriction. The
3 department shall suspend the provider pending the hearing under this subdivision
4 if the department includes in its decertification notice findings that the provider's
5 continued participation in the medical assistance program pending hearing is likely
6 to lead to the irretrievable loss of public funds and is unnecessary to provide
7 adequate access to services to medical assistance recipients. As soon as practicable
8 after the hearing, the department shall issue a written decision. No payment may
9 be made under the medical assistance program with respect to any service or item
10 furnished by the provider subsequent to decertification or during the period of
11 suspension.

12 ***b1385/2.4* SECTION 1750L.** 49.45 (2) (b) 6m. of the statutes is created to read:

13 49.45 (2) (b) 6m. Limit the number of providers of particular services that may
14 be certified under par. (a) 11. or the amount of resources, including employees and
15 equipment, that a certified provider may use to provide particular services to medical
16 assistance recipients, if the department finds all of the following:

17 a. That existing certified providers and resources provide services that are
18 adequate in quality and amount to meet the need of medical assistance recipients for
19 the particular services.

20 b. That the potential for medical assistance fraud or abuse exists if additional
21 providers are certified or additional resources are used by certified providers.

22 ***b1385/2.4* SECTION 1750n.** 49.45 (2) (b) 7. of the statutes is created to read:

23 49.45 (2) (b) 7. Require, as a condition of certification under par. (a) 11., all
24 providers of a specific service that is among those enumerated under s. 49.46 (2) or
25 49.47 (6) (a), as specified in this subdivision, to file with the department a surety bond

1 issued by a surety company licensed to do business in this state. Providers subject
2 to this subdivision provide those services specified under s. 49.46 (2) or 49.47 (6) (a)
3 for which providers have demonstrated significant potential to violate s. 49.49 (1) (a),
4 (2) (a) or (b), (3), (3m) (a), (3p), (4) (a), or (4m) (a), to require recovery under par. (a)
5 10., or to need additional sanctions under par. (a) 13. The surety bond shall be
6 payable to the department in an amount that the department determines is
7 reasonable in view of amounts of former recoveries against providers of the specific
8 service and the department's costs to pursue those recoveries. The department shall
9 promulgate rules under this subdivision that specify all of the following:

10 a. Services under medical assistance for which providers have demonstrated
11 significant potential to violate s. 49.49 (1) (a), (2) (a) or (b), (3), (3m) (a), (3p), (4) (a),
12 or (4m) (a), to require recovery under par. (a) 10., or to need additional sanctions
13 under par. (a) 13.

14 b. The amount or amounts of the surety bonds.

15 c. Terms of the surety bond, including amounts, if any, without interest to be
16 refunded to the provider upon withdrawal or decertification from the medical
17 assistance program.

18 ***b1385/2.4* SECTION 1750p.** 49.45 (2) (b) 8. of the statutes is created to read:

19 49.45 (2) (b) 8. Require a person who takes over the operation, as defined in sub.
20 (21) (ag), of a provider, to first obtain certification under par. (a) 11. for the operation
21 of the provider, regardless of whether the person is currently certified. The
22 department may withhold the certification required under this subdivision until any
23 outstanding repayment under sub. (21) is made.

24 ***b1385/2.4* SECTION 1750r.** 49.45 (2) (b) 9. of the statutes is created to read:

1 49.45 (2) (b) 9. After providing reasonable notice and opportunity for a hearing,
2 charge an assessment to a provider that repeatedly has been subject to recoveries
3 under par. (a) 10. a. because of the provider's failure to follow identical or similar
4 billing procedures or to follow other identical or similar program requirements. The
5 assessment shall be used to defray in part the costs of audits and investigations by
6 the department under sub. (3) (g) and may not exceed \$1,000 or 200% of the amount
7 of any such repeated recovery made, whichever is greater. The provider shall pay the
8 assessment to the department within 10 days after receipt of notice of the assessment
9 or the final decision after administrative hearing, whichever is later. The
10 department may recover any part of an assessment not timely paid by offsetting the
11 assessment against any medical assistance payment owed to the provider and may
12 refer any such unpaid assessments not collected in this manner to the attorney
13 general, who may proceed with collection under this subdivision. Failure to timely
14 pay in any manner an assessment charged under this subdivision, other than an
15 assessment that is offset against any medical assistance payment owed to the
16 provider, is grounds for decertification under subd. 12. A provider's payment of an
17 assessment does not relieve the provider of any other legal liability incurred in
18 connection with the recovery for which the assessment is charged, but is not evidence
19 of violation of a statute or rule. The department shall credit all assessments received
20 under this subdivision to the appropriation account under s. 20.435 (4) (iL).

21 ***b1385/2.4* SECTION 1750t.** 49.45 (3) (g) of the statutes is amended to read:

22 49.45 (3) (g) The secretary may appoint authorize personnel to audit or
23 investigate and report to the department on any matter involving violations or
24 complaints alleging violations of laws statutes, regulations, or rules applicable to
25 ~~Title XIX of the federal social security act~~ or the medical assistance program and to

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

19 *b1385/2.4* SECTION 1750v. 49.45 (3) (h) 1. of the statutes is repealed.

20 *b1385/2.4* SECTION 1750x. 49.45 (3) (h) 2. of the statutes is repealed.

21 *b1385/2.4* SECTION 1750z. 49.45 (3) (h) 3. of the statutes is renumbered 49.45
22 (3) (h) and amended to read:

23 49.45 (3) (h) The failure or refusal of a person ~~to purge himself or herself of~~
24 ~~contempt found under s. 885.12 and perform the act as required by law shall~~
25 constitute provider to accord department auditors or investigators access as required

1 under par. (g) to any provider personnel, records, books, patient health care records
2 of medical assistance recipients, or documents or other information requested
3 constitutes grounds for decertification or suspension of that person the provider from
4 participation in the medical assistance program and no. No payment may be made
5 for services rendered by that person subsequent to the provider following
6 decertification or, during the period of suspension, or during any period of provider
7 failure or refusal to accord access as required under par. (g).”.

8 *b1402/1.5* **804.** Page 621, line 12: after that line insert:

9 *b1402/1.5* “SECTION 1750w. 49.45 (2) (a) 24. of the statutes is created to read:
10 49.45 (2) (a) 24. Promulgate rules that require that the written plan of care for
11 persons receiving personal care services under medical assistance be reviewed by a
12 registered nurse at least every 60 days. The rules shall provide that the written plan
13 of care shall designate intervals for visits to the recipient’s home by a registered
14 nurse as part of the review of the plan of care. The designated intervals for visits
15 shall be based on the individual recipient’s needs, and each recipient shall be visited
16 in his or her home by a registered nurse at least once in every 12-month period. The
17 rules shall also provide that a visit to the recipient is also required if, in the course
18 of the nurse’s review of the plan of care, there is evidence that a change in the
19 recipient’s condition has occurred that may warrant a change in the plan of care.”.

20 *b1400/4.6* **805.** Page 622, line 8: delete “, or (w)” and substitute “, (w), or
21 (wm)”.

22 *b1413/3.1* **806.** Page 622, line 14: delete lines 14 to 21.

23 *b1400/4.7* **807.** Page 624, line 21: delete “and (w)” and substitute “, (w), and
24 (wm)”.

1 ***b1383/2.2* 808.** Page 628, line 21: after that line insert:

2 ***b1383/2.2*** “SECTION 1783g. 49.45 (18) (d) of the statutes is amended to read:

3 49.45 (18) (d) A person is liable for a copayment of \$1 for each prescription drug
4 that bears only a generic name, as defined in s. 450.12 (1) (b), and is liable for a
5 copayment of \$2 for each prescription drug that does not bear only a generic name.

6 No person who designates a pharmacy or pharmacist as his or her sole provider of
7 prescription drugs and who so uses that pharmacy or pharmacist is liable under this
8 subsection for more than \$5 per month for prescription drugs received.”.

9 ***b1385/2.5* 809.** Page 628, line 21: after that line insert:

10 ***b1385/2.5*** “SECTION 1786g. 49.45 (21) (title) of the statutes is amended to
11 read:

12 49.45 (21) (title) ~~TRANSFER OF BUSINESS, LIABILITY FOR~~ TAKING OVER PROVIDER'S
13 OPERATION; REPAYMENTS REQUIRED.

14 ***b1385/2.5* SECTION 1786h.** 49.45 (21) (a) of the statutes is renumbered 49.45
15 (21) (ar) and amended to read:

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

1 ***b1385/2.5* SECTION 1786i.** 49.45 (21) (ag) of the statutes is created to read:

2 49.45 (21) (ag) In this subsection, “take over the operation” means obtain, with
3 respect to an aspect of a provider’s business for which the provider has filed claims
4 for medical assistance reimbursement, any of the following:

5 1. Ownership of the provider’s business or all or substantially all of the assets
6 of the business.

7 2. Majority control over decisions.

8 3. The right to any profits or income.

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

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

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

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

18 ***b1385/2.5* SECTION 1786j.** 49.45 (21) (b) of the statutes is amended to read:

19 49.45 (21) (b) If a transfer occurs If, notwithstanding the prohibition under par.
20 (ar), a person takes over the operation of a provider and the applicable amount under
21 par. (a) (ar) has not been repaid, the department may, in addition to withholding
22 certification as authorized under sub. (2) (b) 8., proceed against either the transferor
23 or the transferee the provider or the person. Within 30 days after receiving the
24 certified provider receives notice from the department, the transferor or the
25 transferee shall pay the amount shall be repaid in full. Upon failure to comply If the

1 amount is not repaid in full, the department may bring an action to compel payment.
2 ~~If a transferor fails to pay within 90 days after receiving notice from the department,~~
3 ~~the department,~~ may proceed under sub. (2) (a) 12., or may do both.”

4 *b1411/1.9* **810.** Page 630, line 20: after that line insert:

5 *b1411/1.9* “SECTION 1792g. 49.45 (49) of the statutes is created to read:

6 49.45 (49) PRIOR AUTHORIZATION FOR LEGEND DRUGS. If, after June 30, 2002, and
7 before July 1, 2004, a manufacturer has in force a rebate agreement under s. 49.688
8 (7), the department may not during that period expand the prior authorization
9 requirements for prescription drugs manufactured by the manufacturer for which
10 coverage is provided under s. 49.46 (2) (b) 6. h. beyond those prior authorization
11 requirements that are in effect on July 1, 2002.”

12 *b1547/3.5* **811.** Page 630, line 20: after that line insert:

13 *b1547/3.5* “SECTION 1792r. 49.45 (53) of the statutes is created to read:

14 49.45 (53) REFUND OF MEDICAL RELIEF AND GENERAL RELIEF. (a) If a service
15 provider receives reimbursement under this section for a claim submitted by or on
16 behalf of the service provider under the circumstance specified under s. 49.45 (2) (a)
17 2m. b., the service provider shall, as a condition of certification under sub. (2) (a) 11.,
18 refund to the county that initially reimbursed the services as general relief or as
19 medical relief, any medical relief under a relief block grant or any general relief paid
20 to the service provider for the medical assistance–reimbursable services rendered.
21 The county shall separately identify this refund and remit to the department for
22 deposit in the appropriation account under s. 20.435 (4) (ib) an amount that
23 represents the state’s contribution toward the original medical relief or general relief
24 paid.

1 (b) If the federal department of health and human services disallows payment
2 to the state of federal financial participation for a claim submitted by or on behalf of
3 a service provider under the circumstance specified under sub. (2) (a) 2m. b., the
4 county shall remit to the department for deposit in the appropriation account under
5 s. 20.435 (4) (ib) an amount that is equal to the amount of federal financial
6 participation paid by the department to the service provider under par. (a).

7 (c) This subsection does not apply after June 30, 2005.”

8 *b1376/1.2* **812.** Page 631, line 5: delete lines 5 to 17.

9 *b1376/1.3* **813.** Page 631, line 23: delete the material beginning with that
10 line and ending with page 632, line 4.

11 *b1376/1.4* **814.** Page 632, line 10: delete lines 10 to 16.

12 *b1376/1.5* **815.** Page 633, line 13: delete lines 13 to 24.

13 *b1376/1.6* **816.** Page 634, line 8: delete lines 8 to 15.

14 *b1411/1.10* **817.** Page 637, line 6: after that line insert:

15 *b1411/1.10* “SECTION 1814L. 49.47 (4) (aq) of the statutes is created to read:
16 49.47 (4) (aq) 1. Subject to subd. 2., an individual who does not meet the
17 limitation on income under par. (c) is eligible for medical assistance if the individual’s
18 income does not exceed 100% of the federal poverty level, and the individual is 65
19 years of age or older or is blind or totally and permanently disabled, as defined under
20 federal Title XVI.

21 2. If a federal waiver is necessary to provide medical assistance to individuals
22 specified in subd. 1., the department shall request a waiver from the secretary of the
23 federal department of health and human services before providing medical
24 assistance under this paragraph.”

1 ***b1411/1.11* 818.** Page 637, line 13: after that line insert:

2 ***b1411/1.11* SECTION 1815cb.** 49.47 (4) (b) 2m. b. of the statutes is amended
3 to read:

4 49.47 (4) (b) 2m. b. For persons who are eligible under par. (a) 3. or 4. or (aq),
5 motor vehicles are exempt from consideration as an asset to the same extent as
6 provided under 42 USC 1381 to 1385.

7 ***b1411/1.11* SECTION 1815cc.** 49.47 (4) (b) 2r. of the statutes is amended to
8 read:

9 49.47 (4) (b) 2r. For a person who is eligible under par. (a) 3. or 4. or (aq), the
10 value of any burial space or agreement representing the purchase of a burial space
11 held for the purpose of providing a place for the burial of the person or any member
12 of his or her immediate family.

13 ***b1411/1.11* SECTION 1815cd.** 49.47 (4) (b) 2w. of the statutes is amended to
14 read:

15 49.47 (4) (b) 2w. For a person who is eligible under par. (a) 3. or 4. or (aq), life
16 insurance with cash surrender values if the total face value of all life insurance
17 policies is not more than \$1,500.

18 ***b1411/1.11* SECTION 1815ce.** 49.47 (4) (b) 3. of the statutes is amended to
19 read:

20 49.47 (4) (b) 3. For a person who is eligible under par. (a) 3. or 4. or (aq), funds
21 set aside to meet the burial and related expenses of the person and his or her spouse
22 in an amount not to exceed \$1,500 each, minus the sum of the cash value of any life
23 insurance excluded under subd. 2w. and the amount in any irrevocable burial trust
24 under s. 445.125 (1) (a).

1 ***b1411/1.11* SECTION 1815cf.** 49.47 (4) (c) 1. of the statutes is amended to
2 read:

3 49.47 (4) (c) 1. Except as provided in ~~par. pars.~~ (am) and (aq) and as limited by
4 subd. 3., eligibility exists if income does not exceed ~~133 1/3%~~ 133.33% of the
5 maximum aid to families with dependent children payment under s. 49.19 (11) for
6 the applicant's family size or the combined benefit amount available under
7 supplemental security income under 42 USC 1381 to 1383c and state supplemental
8 aid under s. 49.77 whichever is higher. In this subdivision "income" includes earned
9 or unearned income that would be included in determining eligibility for the
10 individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled under
11 42 USC 1381 to 1385. "Income" does not include earned or unearned income which
12 would be excluded in determining eligibility for the individual or family under s.
13 49.19 or 49.77, or for the aged, blind or disabled individual under 42 USC 1381 to
14 1385."

15 ***b1376/1.7* 819.** Page 637, line 14: delete the material beginning with that
16 line and ending with page 638, line 16.

17 ***b1411/1.12* 820.** Page 638, line 16: after that line insert:

18 ***b1411/1.12* "SECTION 1815L.** 49.47 (4) (c) 3. of the statutes is amended to
19 read:

20 49.47 (4) (c) 3. Except as provided in ~~par. pars.~~ (am) and (aq), no person is
21 eligible for medical assistance under this section if the person's income exceeds the
22 maximum income levels that the U.S. department of health and human services sets
23 for federal financial participation under 42 USC 1396b (f).

1 ***b1411/1.12* SECTION 1815p.** 49.47 (4) (i) 2. (intro.) of the statutes is amended
2 to read:

3 49.47 (4) (i) 2. (intro.) Notwithstanding par. (b) 2r. and 3., a person who is
4 described in par. (a) 3. or 4. or (aq) is not eligible for benefits under this section if any
5 of the following criteria is met:”.

6 ***b1401/2.1* 821.** Page 642, line 20: after that line insert:

7 ***b1401/2.1* “SECTION 1823r.** 49.4981 of the statutes is created to read:

8 **49.4981 Comprehensive quality assessment pilot project.** (1) If the
9 department receives a waiver of federal medical assistance laws, as requested under
10 2001 Wisconsin Act (this act), section 9123 (19g), the department shall conduct
11 a pilot project in the counties of Brown, Grant, Polk, and Waukesha under which
12 nursing facilities shall apply to the department, under requirements specified by the
13 department, to participate in the pilot project.

14 (2) If participation for a nursing facility is approved by the department under
15 subsection (1), and if the nursing facility contracts to receive a comprehensive quality
16 assessment, under standards and principles of comprehensive assessments of the
17 quality of care provided to residents of nursing facilities, the nursing facility shall
18 provide to the department a copy of a report by the assessment provider of each such
19 assessment that is conducted. Each report shall include any findings of violations
20 of state statutes or rules by the nursing facility that are discovered in the course of
21 performance of the assessment. The nursing facility shall provide information that
22 the department requests concerning any violations noted. The department may use
23 the assessment report and information provided by the nursing facility as evidence
24 to which s. 50.04 (4) applies or upon which an applicable forfeiture under s. 49.498

1 (16) or 50.04 (5) may be assessed. Upon receipt of the assessment report, the
2 department may, but is not required to, waive the requirement under s. 49.498 (13)
3 for an annual survey of the nursing facility.”.

4 *b1841/1.6* **822.** Page 642, line 20: after that line insert:

5 *b1841/1.6* “SECTION 1835h. 49.496 (3) (f) of the statutes is amended to read:
6 49.496 (3) (f) The department may contract with or employ an attorney to
7 probate estates to recover under this subsection the costs of care. Any such contract
8 is subject to the requirements of s. 20.930 (2) to (5).”.

9 *b1369/4.2* **823.** Page 644, line 14: after that line insert:

10 *b1369/4.2* “SECTION 1837e. 49.665 (5) (a) of the statutes is amended to read:
11 49.665 (5) (a) Except as provided in pars. (b) and (bm), a family, or child who
12 does not reside with his or her parent, who receives health care coverage under this
13 section shall pay a percentage of the cost of that coverage in accordance with a
14 schedule established by the department by rule. If Except as provided in par. (am),
15 if the schedule established by the department requires a family, or child who does not
16 reside with his or her parent, to contribute more than 3% of the family’s or child’s
17 income towards the cost of the health care coverage provided under this section, the
18 department shall submit the schedule to the joint committee on finance for review
19 and approval of the schedule. If the cochairpersons of the joint committee on finance
20 do not notify the department within 14 working days after the date of the
21 department’s submittal of the schedule that the committee has scheduled a meeting
22 to review the schedule, the department may implement the schedule. If, within 14
23 days after the date of the department’s submittal of the schedule, the cochairpersons
24 of the committee notify the department that the committee has scheduled a meeting

1 to review the schedule, the department may not require a family, or child who does
2 not reside with his or her parent, to contribute more than 3% of the family's or child's
3 income unless the joint committee on finance approves the schedule. The joint
4 committee on finance may not approve and the department may not implement a
5 schedule that requires a family or child to contribute more than 3.5% of the family's
6 or child's income towards the cost of the health care coverage provided under this
7 section.

8 *b1369/4.2* **SECTION 1837eg.** 49.665 (5) (am) of the statutes is created to read:
9 49.665 (5) (am) No later than January 1, 2002, the department shall request
10 a waiver from the federal secretary of health and human services to increase the
11 maximum amount that a family, or child who does not reside with his or her parent,
12 is required to pay under par. (a) to 5% of the family's or child's income. If the waiver
13 is granted, the department shall increase the maximum amount that a family, or
14 child who does not reside with his or her parent, is required to pay under par. (a) to
15 5% of the family's or child's income and is not required to receive approval from the
16 joint committee on finance before increasing the maximum amount.”.

17 *b1841/1.7* **824.** Page 645, line 6: after that line insert:

18 *b1841/1.7* **SECTION 1837pm.** 49.682 (6) of the statutes is amended to read:
19 49.682 (6) The department may contract with or employ an attorney to probate
20 estates to recover under this section the costs of care. Any such contract is subject
21 to the requirements of s. 20.930 (2) to (5).”.

22 *b1411/1.13* **825.** Page 646, line 22: after that line insert:

23 *b1411/1.13* **SECTION 1838f.** 49.688 of the statutes is created to read:

1 **49.688 Prescription drug assistance for low-income elderly persons.**

2 **(1)** In this section:

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

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

6 (c) “Prescription drug” means a prescription drug, as defined in s. 450.01 (20),
7 that is included in the drugs specified under s. 49.46 (2) (b) 6. h. and that is
8 manufactured by a manufacturer that enters into a rebate agreement in force under
9 sub. (7).

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

11 **(2)** A person who is a resident, as defined in s. 27.01 (10) (a), of this state, who
12 is at least 65 years of age, who is not a recipient of medical assistance, whose annual
13 household income, as determined by the department, does not exceed 185% of the
14 poverty line for a family the size of the person’s eligible family, and who pays the
15 program enrollment fee specified in sub. (3) (a) is eligible to purchase a prescription
16 drug at the amounts specified in sub. (6) (b). The person may apply to the
17 department, on a form provided by the department for a determination of eligibility
18 and issuance of a prescription drug card for purchase of prescription drugs under this
19 section.

20 **(3)** (a) Program participants shall pay all of the following:

21 1. For each 12-month benefit period, a program enrollment fee of \$25.

22 2. For each 12-month benefit period, a deductible for each person of \$840.

23 3. After payment of the deductible under subd. 2., all of the following:

24 a. A copayment of \$10 for each prescription drug that bears only a generic
25 name.

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

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

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

13 (5) Beginning July 1, 2002, as a condition of participation by a pharmacy or
14 pharmacist in the program under s. 49.45, 49.46, or 49.47, the pharmacy or
15 pharmacist may not charge a person who presents a valid prescription order and a
16 card indicating that he or she meets eligibility requirements under sub. (2) an
17 amount for a prescription drug under the order that exceeds the amounts specified
18 in sub. (6) (b).

19 (6) (a) The charge for a prescription drug shall be calculated at the average
20 wholesale price minus 5% or the maximum allowable cost, as determined by the
21 department, whichever is less.

22 (b) The amounts that a pharmacy or pharmacist may charge a person specified
23 in sub. (2) in a 12-month period for a prescription drug are the following:

24 1. If applicable, a deductible, as specified in sub. (3) (a) 2., for a prescription
25 drug that is charged at the rate specified in par. (a), plus a dispensing fee that is equal

1 to the dispensing fee permitted to be charged for prescription drugs for which
2 coverage is provided under s. 49.46 (2) (b) 6. h.

3 2. After the deductible under subd. 1. is charged, the copayment, as applicable,
4 that is specified in sub. (3) (a) 3. a. or b.

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

9 (7) The department or an entity with which the department contracts may
10 enter into a rebate agreement that is modeled on the rebate agreement specified
11 under 42 USC 1396r–8 with a drug manufacturer that sells drugs for prescribed use
12 in this state. The rebate agreement, if negotiated, shall include all of the following
13 as requirements:

14 (a) That the manufacturer shall make rebate payments for each prescription
15 drug of the manufacturer that is prescribed for persons who are eligible under sub.
16 (2), to the state treasurer to be credited to the appropriation under s. 20.435 (4) (j),
17 each calendar quarter or according to a schedule established by the department.

18 (b) That the amount of the rebate payment shall be determined by a method
19 specified in 42 USC 1396r–8 (c).

20 (8) From the appropriation accounts under s. 20.435 (4) (bv) and (j), beginning
21 July 1, 2002, the department shall, under a schedule that is identical to that used
22 by the department for payment of pharmacy provider claims under medical
23 assistance, provide to pharmacies and pharmacists payments for prescription drugs
24 sold by the pharmacies or pharmacists to persons eligible under sub. (2) who have
25 paid the deductible specified under sub. (3) (a) 2. The payment for each prescription

1 drug under this subsection shall be at the rate specified in sub. (6) (a), minus the
2 amount of a copayment charged under sub. (6) (b) 2., plus a dispensing fee, as
3 specified in sub. (6) (b) 1. The department shall devise and distribute a form for
4 reports by pharmacies and pharmacists under this subsection and may limit
5 payment under this subsection to those prescription drugs for which payment claims
6 are submitted by pharmacies or pharmacists directly to the department. The
7 department may apply to the program under this section the same utilization and
8 cost control procedures that apply under rules promulgated by the department to
9 medical assistance under subch. IV.

10 (9) The department shall, under methods promulgated by the department by
11 rule, monitor compliance by pharmacies and pharmacists that are certified providers
12 of medical assistance with the requirements of sub. (5) and shall annually report to
13 the legislature under s. 13.172 (2) concerning the compliance. The report shall
14 include information on any pharmacies or pharmacists that discontinue
15 participation as certified providers of medical assistance and the reasons given for
16 the discontinuance.

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

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

23 (c) A person other than a person specified in par. (b) who is convicted of violating
24 a rule promulgated by the department under par. (a) may be fined not more than
25 \$10,000, or imprisoned for not more than one year, or both.

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

7 (12) After June 30, 2002, and before July 1, 2004, the department may not
8 subject a manufacturer that enters into a rebate agreement under sub. (7) to prior
9 authorization requirements for a prescription drug under this section that are an
10 expansion of prior authorization requirements in effect under the medical assistance
11 program on July 1, 2002.

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

16 ***b1771/1.10* 826.** Page 647, line 14: delete lines 14 to 24.

17 ***b1771/1.11* 827.** Page 648, line 1: delete lines 1 to 12 and substitute:

18 ***b1771/1.11* "SECTION 1838vb.** 49.85 (1) of the statutes is amended to read:

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

1 governing body, or Wisconsin works agency shall notify the affected department of
2 the determination.”.

3 *b1385/2.6* **828.** Page 648, line 12: after that line insert:

4 *b1385/2.6* “SECTION 1838w. 49.85 (2) (a) of the statutes is amended to read:

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

13 *b1385/2.7* **829.** Page 648, line 21: after that line insert:

14 *b1385/2.7* “SECTION 1840e. 49.85 (3) (a) 1. of the statutes is amended to read:

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

19 *b1385/2.8* **830.** Page 653, line 10: after that line insert:

20 *b1385/2.8* “SECTION 1877p. 50.03 (13) (a) of the statutes is amended to read:

21 50.03 (13) (a) *New license.* Whenever ownership of a facility is transferred from
22 the person or persons named in the license to any other person or persons, the
23 transferee must obtain a new license. The license may be a probationary license.
24 Penalties under sub. (1) shall apply to violations of this subsection. The transferee

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

10 *b1417/2.1* **831.** Page 653, line 10: after that line insert:

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

12 50.01 (1) (b) A place where 3 or 4 adults who are not related to the operator
13 reside and receive care, treatment or services that are above the level of room and
14 board and that may include up to 7 hours per week of nursing care per resident.
15 “Adult family home” does not include a place that is specified in sub. (1g) (a) to (d),
16 (f) or (g) or a respite facility, as defined in s. 50.85 (1) (b).

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

18 50.01 (1) (h) A respite facility, as defined in s. 50.85 (1) (b).

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

20 50.01 (3) (f) A respite facility, as defined in s. 50.85 (1) (b).”.

21 *b1405/1.1* **832.** Page 654, line 6: after that line insert:

22 *b1405/1.1* “SECTION 1894r. 50.04 (2d) of the statutes is created to read:

23 50.04 (2d) PHARMACEUTICAL SERVICES. (a) In this subsection:

1 1. “Drug product” means a specific drug or drugs in a specific dosage form and
2 strength from a known source of manufacture.

3 2. “Unit dose drug delivery system” means a system for the distribution to
4 nursing home residents of drug products under which a single dose of a drug product
5 is individually packaged and sealed.

6 3. “Unit dose packaging” includes individually wrapped, single doses of a drug
7 product that are contained on cards and that may be singly accessed by punching out
8 a single wrapping on the card.

9 (b) Under a unit dose drug delivery system, as ordered by a physician, a
10 pharmacy may dispense to a nursing home up to a one-month’s supply of the
11 physician-directed dosage of drug products for an individual nursing home resident.
12 The drug products may be supplied by use of unit dose packaging.”

13 ***b1417/2.2* 833.** Page 654, line 6: after that line insert:

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

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

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

23 50.50 (3) (a) 7. A respite facility.

1 ***b1417/2.2* SECTION 1900b.** Subchapter IV (title) of chapter 50 [precedes
2 50.85] of the statutes is amended to read:

3 **CHAPTER 50**

4 **SUBCHAPTER IV**

5 **RESPITE FACILITIES AND HOSPICES**

6 ***b1417/2.2* SECTION 1900c.** 50.85 of the statutes is created to read:

7 **50.85 Respite facilities for persons with like or similar disabilities. (1)**

8 **DEFINITIONS.** In this section:

9 (a) “Disability” has the meaning given in rules promulgated under sub. (8) (e).

10 (b) “Like or similar disabilities” has the meaning given in rules promulgated
11 under sub. (8) (f).

12 (c) “Respite care” means care provided to a person with a disability in order to
13 provide temporary relief to the primary caregiver.

14 (d) “Respite facility” means a facility in which overnight respite care is provided
15 to up to 10 persons with like or similar disabilities who are at least 2 years of age and
16 in which day respite care may be provided to up to 10 additional persons with like
17 or similar disabilities who are at least 2 years of age.

18 **(2) DEPARTMENTAL POWERS AND DUTIES.** The department shall provide uniform,
19 statewide licensure, inspection, and regulation of respite facilities as specified in this
20 section.

21 **(3) LICENSURE REQUIREMENTS.** (a) No person may conduct, maintain, operate,
22 or otherwise participate in conducting, maintaining, or operating a respite facility
23 unless the respite facility is licensed by the department.

1 (b) The department shall issue a license if the department finds that the
2 applicant is fit and qualified and that the respite facility meets the requirements of
3 this section and the rules promulgated under this section.

4 (c) The department or the department's designated representative shall
5 inspect or investigate a respite facility prior to issuance of a license for the respite
6 facility and may inspect or investigate a respite facility as the department deems
7 necessary, including a review of patient health care records of any individuals served
8 by the respite facility, to determine if any person is in violation of this section.

9 (d) The past record of violations of applicable federal laws or regulations or of
10 state statutes or rules of this or any other state, in the operation of any
11 health-related organization, by an operator, managing employee, or direct or
12 indirect owner of a respite facility or of an interest of a respite facility is relevant to
13 the issue of the fitness of an applicant for a license. The department or the
14 department's designated representative shall inspect and investigate as necessary
15 to determine the conditions existing in each case under this paragraph and shall
16 prepare and maintain a written report concerning the investigation and inspection.

17 (4) USE OF NAME OR ADVERTISING PROHIBITED. No entity that is not a respite
18 facility licensed under this section or an applicant for a license under this section may
19 designate itself as a "respite facility" or use the word "respite facility" to represent
20 or tend to represent the entity as a respite facility or services provided by the entity
21 as services provided by a respite facility.

22 (5) LICENSING PROCEDURE. (a) The application for a license shall:

- 23 1. Be in writing on a form provided by the department.
- 24 2. Contain such information as the department requires.
- 25 3. Include licensing fee payment, as specified in sub. (6).

1 (b) 1. A respite facility license is valid until suspended or revoked.

2 2. Each license shall be issued only for the applicant named in the application
3 and may not be transferred or assigned.

4 3. Any license granted under special limitations prescribed by the department
5 shall state the limitations.

6 (6) LICENSURE FEE. The annual fee for a licensed respite facility is \$18 per bed,
7 based on the number of licensed beds of the respite facility.

8 (7) SUSPENSION AND REVOCATION. (a) The department, after notice to the
9 applicant or licensee, may suspend or revoke a license in any case in which the
10 department finds that there has been a substantial failure to comply with the
11 requirements of this section or the rules promulgated under this section. No state
12 or federal funds passing through the state treasury may be paid to a respite facility
13 that does not have a valid license issued under this section.

14 (b) Notice under this subsection shall include a clear and concise statement of
15 the violations on which the revocation is based, the statute or rule violated and notice
16 of the opportunity for an evidentiary hearing under par. (c).

17 (c) If a respite facility desires to contest the revocation of a license, the respite
18 facility shall, within 10 days after receipt of notice under par. (b), notify the
19 department in writing of its request for a hearing under s. 227.44.

20 (d) 1. Subject to s. 227.51 (3), revocation shall become effective on the date set
21 by the department in the notice of revocation, or upon final action after a hearing
22 under ch. 227, or after court action if a stay is granted under ch. 227, whichever is
23 later.

1 3. The department may extend the effective date of license revocation in any
2 case in order to permit orderly removal and relocation of individuals served by the
3 respite facility.

4 **(8) RULE-MAKING AUTHORITY.** The department shall promulgate all of the
5 following rules:

6 (a) Standards for the care, treatment, health, safety, rights, and welfare of
7 persons with like or similar disabilities who receive respite care care from a respite
8 facility and the maintenance, general hygiene and operation of a respite facility,
9 which will permit the use of advancing knowledge to promote safe and adequate care
10 and treatment for these individuals. These standards shall permit persons with like
11 or similar disabilities who receive day care from a respite facility to share dining
12 facilities and day trips with persons with with like or similar disabilities who receive
13 overnight care from a respite facility. The standards shall also allow provision of fire
14 safety training by a local fire inspector or a fire department.

15 (b) Inspection or investigation procedures that the department or the
16 department's designated representative may use to assure the provision of care and
17 treatment that is commensurate with the standards established under par. (a).

18 (c) Criteria for determining that the applicant for licensure is fit and qualified.

19 (d) A procedure for waiver of and variance from standards under par. (a) or
20 criteria under par. (c). The department may limit the duration of the waiver or
21 variance.

22 (e) A definition of "disability" for the purposes of this section.

23 (f) A definition of "like or similar disabilities" for the purposes of this section.

24 **(9) RIGHT OF INJUNCTION.** The department may, upon the advice of the attorney
25 general, who shall represent the department in all proceedings under this section,

1 institute an action in the name of the state in the circuit court for Dane County for
2 injunctive relief or other process against any licensee, owner, operator,
3 administrator or representative of any owner of a respite facility for the violation of
4 any of the provisions of this section or rules promulgated under this section if the
5 violation affects the health, safety, or welfare of persons with like or similar
6 disabilities.

7 (10) FORFEITURES. (a) Any person who violates this subchapter or rules
8 promulgated under this subchapter may be required to forfeit not more than \$100
9 for the first violation and may be required to forfeit not more than \$200 for the 2nd
10 or any subsequent violation within a year. The period shall be measured using the
11 dates of issuance of citations of the violations. Each day of violation constitutes a
12 separate violation.

13 (b) In determining whether a forfeiture is to be imposed and in fixing the
14 amount of the forfeiture to be imposed, if any, for a violation, the following factors
15 shall be considered:

16 1. The gravity of the violation, including the probability that death or serious
17 physical or psychological harm to a person receiving respite care from a respite
18 facility will result or has resulted; the severity of the actual or potential harm; and
19 the extent to which the provisions of the applicable statutes or rules were violated.

20 2. Good faith exercised by the licensee. Indications of good faith include, but
21 are not limited to, awareness of the applicable statutes and regulation and
22 reasonable diligence in complying with such requirements, prior accomplishments
23 manifesting the licensee's desire to comply with the requirements, efforts to correct
24 and any other mitigating factors in favor of the licensee.

25 3. Any previous violations committed by the licensee.

1 4. The financial benefit to the respite facility of committing or continuing the
2 violation.

3 (c) The department may directly assess forfeitures provided for under par. (a).
4 If the department determines that a forfeiture should be assessed for a particular
5 violation or for failure to correct the violation, the department shall send a notice of
6 assessment to the respite facility. The notice shall specify the amount of the
7 forfeiture assessed, the violation, and the statute or rule alleged to have been
8 violated, and shall inform the licensee of the right to a hearing under par. (d).

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

20 (e) All forfeitures shall be paid to the department within 10 days after receipt
21 of notice of assessment or, if the forfeiture is contested under par. (d), within 10 days
22 after receipt of the final decision after exhaustion of administrative review, unless
23 the final decision is appealed and the order is stayed by court order under the same
24 terms and conditions as found in s. 50.03 (11). The department shall remit all
25 forfeitures paid to the state treasurer for deposit in the school fund.