

1 southeastern facility to surviving relatives of such the member who request such the  
2 personal effects within a reasonable time after such the member's death.

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

4 45.37 (11) DISPOSITION OF PROPERTY DESCENDING TO STATE. If a member dies  
5 without a relative that is entitled to an interest in the property of the member under  
6 the rules of intestate succession and without leaving a will the existence of which is  
7 made known to the commandant of the home or the southeastern facility, within 60  
8 days of the member's death, the member's property shall be converted to cash and  
9 turned over by the commandant of the home or the southeastern facility, to the state  
10 treasurer to be paid into the appropriation under s. 20.485 (1) (h), without  
11 administration. The amount is subject to refund within 6 years to the estate of a  
12 veteran if it is subsequently discovered that the veteran left a will or a relative that  
13 is entitled to an interest in the property of the member under the rules of intestate  
14 succession or to any creditor of the veteran who establishes right to the fund or  
15 property or any portion thereof. The department, upon being satisfied that a claim  
16 out of such funds or property is legal and valid, shall pay the same out of such funds  
17 or property, except that payment of claims for a member's funeral and burial  
18 expenses may not exceed a total of \$1,500 including any amount allowed by the  
19 United States for the member's funeral and burial and the right for burial and  
20 interment provided in sub. (15) (a).

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

22 45.37 (14) POWERS OF COMMANDANT OVER PERSONAL FUNDS OF MEMBERS. The A  
23 commandant of the home may receive, disburse, and account for funds of members  
24 of the home.”.

1           **\*b1312/2.12\* 749.** Page 559, line 14: after that line insert:

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

3           46.03 (44) PERFORMANCE EVALUATIONS FOR ALCOHOL AND OTHER DRUG ABUSE  
4 INTERVENTION AND TREATMENT SERVICES. Promote efficient use of resources for alcohol  
5 and other drug abuse intervention and treatment services by doing all of the  
6 following:

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

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

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

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

22           **\*b1734/1.18\* 750.** Page 562, line 15: after that line insert:

23           **\*b1734/1.18\* “SECTION 1489m.** 46.041 (1) (a) of the statutes is amended to  
24 read:

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

9           **\*b1771/1.1\* 751.** Page 563, line 18: delete lines 18 to 23 and substitute:

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

11           46.215 (1g) ADMINISTRATION OF FOOD STAMPS BY A WISCONSIN WORKS AGENCY. The  
12 Wisconsin works agency, as defined in s. 49.001 (9), ~~shall~~ may, to the extent permitted  
13 by under federal law, and subject to s. ~~49.143 (2) (e)~~ 49.124 (1d), certify eligibility for  
14 and, ~~if determined eligible~~, issue food coupons under s. ~~49.143 (2) (e)~~ 49.124 (1d) to  
15 eligible participants in the Wisconsin works program under subch. III of ch. 49.

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

18           46.215 (1g) ADMINISTRATION OF FOOD STAMPS BY A WISCONSIN WORKS AGENCY. The  
19 Wisconsin works agency, as defined in s. 49.001 (9), may, to the extent permitted ~~by~~  
20 under federal law, and subject to s. ~~49.124 (1d)~~ 49.79 (1m), certify eligibility for and  
21 issue food coupons under s. ~~49.124 (1d)~~ 49.79 (1m) to eligible participants in the  
22 Wisconsin works program under subch. III of ch. 49.”.

23           **\*b1771/1.2\* 752.** Page 564, line 13: delete lines 13 to 15.

24           **\*b1841/1.5\* 753.** Page 565, line 4: after that line insert:

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

5           **\*b1844/2.2\* 754.** Page 565, line 4: after that line insert:

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

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

15           46.27 (7) (cm) 1. (intro.) ~~Except as provided sub. (7b), beginning~~ Beginning on  
16 January 1, 1996, no county, private nonprofit agency or aging unit may use funds  
17 received under par. (b) to provide services in any community-based residential  
18 facility that has more than 8 20 beds, unless one of the following applies:

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

21           46.27 (7) (cm) 1. c. The department approves the provision of services in a  
22 community-based residential facility that is initially licensed after July 29, 1995,  
23 that is licensed for more than 20 or fewer beds and that meets standards established  
24 under subd. 2.

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

2           **\*b1771/1.3\* 755.** Page 565, line 4: delete that line and substitute:

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

4           46.22 (1g) ADMINISTRATION OF FOOD STAMPS BY A WISCONSIN WORKS AGENCY. The  
5           Wisconsin works agency, as defined in s. 49.001 (9), ~~shall~~ may, to the extent permitted  
6           by under federal law, and subject to s. ~~49.143 (2) (e)~~ 49.124 (1d), certify eligibility for  
7           and issue food coupons under s. ~~49.143 (2) (e)~~ 49.124 (1d) to eligible participants in  
8           the Wisconsin works program under subch. III of ch. 49.

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

11          46.22 (1g) ADMINISTRATION OF FOOD STAMPS BY A WISCONSIN WORKS AGENCY. The  
12          Wisconsin works agency, as defined in s. 49.001 (9), may, to the extent permitted by  
13          under federal law, and subject to s. ~~49.124 (1d)~~ 49.79 (1m), certify eligibility for and  
14          issue food coupons under s. ~~49.124 (1d)~~ 49.79 (1m) to eligible participants in the  
15          Wisconsin works program under subch. III of ch. 49.”.

16          **\*b1844/2.3\* 756.** Page 565, line 20: after that line insert:

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

18          **\*b1844/2.4\* 757.** Page 565, line 21: delete lines 21 to 24 and substitute:

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

21          46.27 (11) (c) 6. a. No county, private nonprofit agency or aging unit may use  
22          funds received under this subsection to provide residential services in ~~any~~  
23          ~~community-based residential facility, as defined in s. 50.01 (1g), or a group home, as~~  
24          defined in s. 48.02 (7), that has more than ~~4~~ 5 beds, unless ~~one of the following~~

1 applies: a. The the department approves the provision of services in a  
2 ~~community-based residential facility or~~ group home that has 5 6 to 8 beds.

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

5 46.27 (11) (c) 6. b. No county, private nonprofit agency, or aging unit may use  
6 funds received under this subsection to provide residential services in a  
7 community-based residential facility, as defined in s. 50.01 (1g), that has more than  
8 20 beds, unless the requirements of sub. (7) (cm) 1. a., b., or c. are met.”.

9 \*b1844/2.5\* 758. Page 566, line 14: after that line insert:

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

12 46.277 (5) (d) 1m. (intro.) No county may use funds received under this section  
13 to provide services to a person who does not live in his or her own home or apartment  
14 unless, subject to the limitations under subds. 2. ~~and~~ 3., and 4. and par. (e), one of  
15 the following applies:

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

18 46.277 (5) (d) 1n. (intro.) A county may also use funds received under this  
19 section, subject to the limitations under subds. 2. ~~and~~ 3., and 4. and par. (e), to  
20 provide services to a person who does not live in his or her own home or apartment  
21 if the services are provided to the person in a community-based residential facility  
22 and the county department or aging unit has determined that all of the following  
23 conditions have been met:

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

3           46.277 (5) (d) 2. (intro.) No county may use funds received under this section  
4 to provide residential services in any community-based residential facility, as  
5 defined in s. 50.01 (1g), ~~or group home, as defined in s. 48.02 (7), that has more than~~  
6 4 beds, unless one of the following applies.”.

7           **\*b1844/2.6\* 759.** Page 566, line 15: delete lines 15 to 18 and substitute:

8           **\*b1844/2.6\* “SECTION 1508b.** 46.277 (5) (d) 2. a. of the statutes is repealed and  
9 recreated to read:  
10           46.277 (5) (d) 2. a. The requirements of s. 46.27 (7) (cm) 1. a. or c. are met.

11           **\*b1844/2.6\* SECTION 1508d.** 46.277 (5) (d) 4. of the statutes is created to read:  
12           46.277 (5) (d) 4. No county may use funds received under this section to provide  
13 residential services in a group home, as defined in s. 48.02 (7), that has more than  
14 5 beds, unless the department approves the provision of services in a group home that  
15 has 6 to 8 beds.”.

16           **\*b1402/1.2\* 760.** Page 566, line 18: after that line insert:

17           **\*b1402/1.2\* “SECTION 1508rg.** 46.278 (title) and (1) of the statutes are  
18 amended to read:

19           46.278 (title) **Community integration program and brain injury waiver**  
20 **program for persons with mental retardation developmental disabilities.**

21           (1) LEGISLATIVE INTENT. The intent of the ~~program~~ programs under this section  
22 is to provide home or community-based care to serve in a noninstitutional  
23 community setting a person who meets eligibility requirements under 42 USC 1396n  
24 (c) and who is diagnosed as developmentally disabled under the definition specified

1 in s. 51.01 (5) and relocated from an institution other than a state center for the  
2 developmentally disabled or who meets the intermediate care facility for the  
3 mentally retarded or a brain injury rehabilitation facility level of care requirements  
4 for medical assistance reimbursement in an intermediate care facility for the  
5 mentally retarded or brain injury rehabilitation facility and is ineligible for services  
6 under s. 46.275 or 46.277. The intent of the program is also that counties use all  
7 existing services for providing care under this section, including those services  
8 currently provided by counties.

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

10 46.278 (1m) (a) “Brain injury rehabilitation facility” means a nursing facility  
11 or hospital designated as a facility for brain injury rehabilitation by the department  
12 under the approved state medicaid plan.

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

15 46.278 (1m) (c) “Program” means the community integration program or the  
16 brain injury waiver program, for facilities certified as medical assistance providers,  
17 for which a waiver has been received under sub. (3).

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

19 46.278 (2) (a) The department may request ~~a waiver~~ one or more waivers from  
20 the secretary of the federal department of health and human services, under 42 USC  
21 1396n (c), authorizing the department to serve medical assistance recipients, who  
22 meet the level of care requirements for medical assistance reimbursement in an  
23 intermediate care facility for the mentally retarded or in a brain injury rehabilitation  
24 facility, in their communities by providing home or community-based services as



1 part of medical assistance. If the department requests a waiver, it shall include all  
2 assurances required under 42 USC 1396n (c) (2) in its request.

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

4 46.278 (3) (a) Evaluate the effect of the each program on medical assistance  
5 costs and on the program's ability to provide community care alternatives to  
6 institutional care in facilities certified as medical assistance providers.

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

8 46.278 (4) (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to  
9 county participation in ~~this a~~ program, except that services provided in the program  
10 shall substitute for care provided a person in an intermediate care facility for the  
11 mentally retarded or brain injury rehabilitation facility who meets the intermediate  
12 care facility for the mentally retarded or brain injury rehabilitation facility level of  
13 care requirements for medical assistance reimbursement to that facility rather than  
14 for care provided at a state center for the developmentally disabled.

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

17 46.278 (4) (b) 2. Each county department participating in ~~the a~~ program shall  
18 provide home or community-based care to persons eligible under this section, except  
19 that the number of persons who receive home or community-based care under this  
20 section may not exceed the number that are approved under ~~the an applicable~~ waiver  
21 received under sub. (3).

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

24 46.278 (5) (a) Any medical assistance recipient who meets the level of care  
25 requirements for medical assistance reimbursement in an intermediate care facility

1 for the mentally retarded or in a brain injury rehabilitation facility and is ineligible  
2 for service under s. 46.275 or 46.277 is eligible to participate in ~~the~~ a program, except  
3 that persons eligible for the brain injury waiver program must meet the definition  
4 of brain injury under s. 51.01 (2g), and except that the number of participants may  
5 not exceed the number approved under the waiver received under sub. (3). Such a  
6 recipient may apply, or any person may apply on behalf of such a recipient, for  
7 participation in ~~the~~ a program. Section 46.275 (4) (b) applies to participation in the  
8 a program.

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

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

19 46.278 (6) (a) The provisions of s. 46.275 (5) (a), (b) and (d) apply to funding  
20 received by counties under the ~~program~~ programs.

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

23 (c) Funding may be provided under ~~the~~ a program for services of a family  
24 consortium.”.

1           **\*b1402/1.3\* 761.** Page 566, line 21: delete “the waiver” and substitute “the  
2           a waiver”.

3           **\*b1402/1.4\* 762.** Page 566, line 25: after that line insert:

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

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

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

10           46.278 (6) (f) If a county owns the institution or intermediate care facility for  
11           the mentally retarded from which an individual is relocated to the community under  
12           this section, in order to receive funding under the community integration program,  
13           the county shall submit a plan for delicensing a bed of the institution or intermediate  
14           care facility for the mentally retarded that is approved by the department.”.

15           **\*b1519/2.170\* 763.** Page 569, line 23: after that line insert:

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

17           **46.34 Emission standards for hazardous air contaminants.** The  
18           department may assist the department of ~~natural resources~~ environmental  
19           management in the development of emission standards for hazardous air  
20           contaminants under s. 285.27 (2) (b).”.

21           **\*b1423/4.4\* 764.** Page 571, line 2: after that line insert:

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

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

20           **\*b1734/1.19\* 765.** Page 571, line 2: after that line insert:

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

23           49.45 (39) (a) 1. "School" means a public school described under s. 115.01 (1),  
24 a charter school, as defined in s. 115.001 (1), the Wisconsin Center for the Blind and

1 Visually Impaired, or the Wisconsin ~~School~~ Educational Services Program for the  
2 Deaf and Hard of Hearing. It includes school-operated early childhood programs for  
3 developmentally delayed and disabled 4-year-old and 5-year-old children.

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

6 49.45 (39) (am) *Plan amendment*. No later than September 30, 1995, the  
7 department shall submit to the federal department of health and human services an  
8 amendment to the state medical assistance plan to permit the application of pars. (b)  
9 and (c). If the amendment to the state plan is approved, school districts, cooperative  
10 educational service agencies, and the department of public instruction on behalf of  
11 the Wisconsin Center for the Blind and Visually Impaired and the Wisconsin ~~School~~  
12 Educational Services Program for the Deaf and Hard of Hearing claim  
13 reimbursement under pars. (b) and (c). Paragraphs (b) and (c) do not apply unless  
14 the amendment to the state plan is approved and in effect. The department shall  
15 submit to the federal department of health and human services an amendment to the  
16 state plan if necessary to permit the application of pars. (b) and (c) to the Wisconsin  
17 Center for the Blind and Visually Impaired and the Wisconsin ~~School~~ Educational  
18 Services Program for the Deaf and Hard of Hearing.

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

20 49.45 (39) (b) *School medical services*. 1. 'Payment for school medical services.'  
21 If a school district or a cooperative educational service agency elects to provide school  
22 medical services and meets all requirements under par. (c), the department shall  
23 reimburse the school district or the cooperative educational service agency for 60%  
24 of the federal share of allowable charges for the school medical services that it  
25 provides and, as specified in subd. 2., for allowable administrative costs. If the

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

1 educational service agency shall comply with all requirements of the federal  
2 department of health and human services for receiving federal financial  
3 participation.

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

14 \*b1397/1.2\* **766.** Page 571, line 15: delete “\$6,000,000” and substitute  
15 “\$5,000,000”.

16 \*b1397/1.3\* **767.** Page 571, line 22: delete that line and substitute “the  
17 poverty line, as defined in s. 49.001 (5).”.

18 \*b1397/1.4\* **768.** Page 571, line 23: delete the material beginning with that  
19 line and ending with page 572, line 3.

20 \*b1312/2.13\* **769.** Page 574, line 4: after that line insert:

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

22 **46.72 Neighborhood organization incubator grants. (1) DEFINITIONS.** In  
23 this section:

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

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

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

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

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

18 (a) Provide information to neighborhood organizations about funding and other  
19 assistance that may be available to neighborhood organizations from private and  
20 public entities.

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

23 (c) Act as a liaison between neighborhood organizations and public and private  
24 entities.



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

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

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

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

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

11 \*b1428/1.1\* **770.** Page 576, line 21: after that line insert:

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

14 48.21 (5) (b) (intro.) An order relating to a child held in custody outside of his  
15 or her home shall also describe include all of the following:

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

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

21 48.21 (5) (b) 2. If the child is held in custody outside the home in a placement  
22 recommended by the intake worker, a statement that the court approves the  
23 placement recommended by the intake worker or, if the child is placed outside the  
24 home in a placement other than a placement recommended by the intake worker, a

1 statement that the court has given bona fide consideration to the recommendations  
2 made by the intake worker and all parties relating to the placement of the child.”.

3 **\*b1827/1.1\* 771.** Page 576, line 21: after that line insert:

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

5 48.02 (15) “Relative” means a parent, grandparent, greatgrandparent,  
6 stepparent, brother, sister, first cousin, nephew, niece, uncle, or aunt. This  
7 relationship shall be by blood, marriage, or adoption.”.

8 **\*b1428/1.2\* 772.** Page 576, line 24: after that line insert:

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

10 48.355 (2) (b) 6m. If the child is placed outside the home in a placement  
11 recommended by the agency designated under s. 48.33 (1), a statement that the court  
12 approves the placement recommended by the agency or, if the child is placed outside  
13 the home in a placement other than a placement recommended by that agency, a  
14 statement that the court has given bona fide consideration to the recommendations  
15 made by the agency and all parties relating to the child’s placement.

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

17 48.357 (2v) If a hearing is held under sub. (1) or (2m) and the change in  
18 placement would place the child outside the home in a placement recommended by  
19 the person or agency primarily responsible for implementing the dispositional order,  
20 the change in placement order shall include a statement that the court approves the  
21 placement recommended by that person or agency or, if the child is placed outside the  
22 home in a placement other than a placement recommended by that person or agency,  
23 a statement that the court has given bona fide consideration to the recommendations  
24 made by that person or agency and all parties relating to the child’s placement.”.

1           **\*b1429/1.1\* 773.** Page 578, line 6: after that line insert:

2           **\*b1429/1.1\* "SECTION 1588.** 48.38 (2) (intro.) of the statutes is amended to  
3 read:

4           48.38 (2) PERMANENCY PLAN REQUIRED. (intro.) Except as provided in sub. (3),  
5 for each child living in a foster home, treatment foster home, group home,  
6 child-caring institution, secure detention facility, or shelter care facility or in the  
7 home of a relative, the agency that placed the child or arranged the placement or the  
8 agency assigned primary responsibility for providing services to the child under s.  
9 48.355 shall prepare a written permanency plan, if one of the following conditions  
10 exists:

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

13           48.38 (4) (f) (intro.) The services that will be provided to the child, the child's  
14 family, and the child's foster parent, the child's treatment foster parent ~~or~~, the  
15 operator of the facility where the child is living, or the relative with whom the child  
16 is living to carry out the dispositional order, including services planned to accomplish  
17 all of the following:

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

19           48.38 (5) (a) The court or a panel appointed under this paragraph shall review  
20 the permanency plan every 6 months from the date on which the child was first held  
21 in physical custody or placed outside of his or her home under a court order. If the  
22 court elects not to review the permanency plan, the court shall appoint a panel to  
23 review the permanency plan. The panel shall consist of 3 persons who are either  
24 designated by an independent agency that has been approved by the chief judge of

1 the judicial administrative district or designated by the agency that prepared the  
2 permanency plan. A voting majority of persons on each panel shall be persons who  
3 are not employed by the agency that prepared the permanency plan and who are not  
4 responsible for providing services to the child or the parents of the child whose  
5 permanency plan is the subject of the review.

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

7 48.38 (5) (b) The court or the agency shall notify the parents of the child, the  
8 child if he or she is 12 years of age or older, and the child's foster parent, the child's  
9 treatment foster parent ~~or~~, the operator of the facility in which the child is living, or  
10 the relative with whom the child is living of the date, time, and place of the review,  
11 of the issues to be determined as part of the review, and of the fact that they may have  
12 an opportunity to be heard at the review by submitting written comments not less  
13 than 10 working days before the review or by participating at the review. The court  
14 or agency shall notify the person representing the interests of the public, the child's  
15 counsel, the child's guardian ad litem, and the child's court-appointed special  
16 advocate of the date of the review, of the issues to be determined as part of the review,  
17 and of the fact that they may submit written comments not less than 10 working days  
18 before the review. The notices under this paragraph shall be provided in writing not  
19 less than 30 days before the review and copies of the notices shall be filed in the child's  
20 case record.”.

21 \*b1434/1.1\* **774.** Page 578, line 7: delete lines 7 to 22.

22 \*b1429/1.2\* **775.** Page 582, line 8: after that line insert:

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

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

16           **\*b1430/2.1\* 776.** Page 583, line 2: after that line insert:

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

18           **48.67 Rules governing child welfare agencies, day care centers, foster**  
19 **homes, treatment foster homes, group homes, shelter care facilities and**  
20 **county departments.** The department shall promulgate rules establishing  
21 minimum requirements for the issuance of licenses to, and establishing standards  
22 for the operation of, child welfare agencies, day care centers, foster homes, treatment  
23 foster homes, group homes, shelter care facilities, and county departments. These  
24 rules shall be designed to protect and promote the health, safety, and welfare of the

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

11 **\*b1500/2.1\* 777.** Page 583, line 2: after that line insert:

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

13 48.981 (2) PERSONS REQUIRED TO REPORT. A physician, coroner, medical  
14 examiner, nurse, dentist, chiropractor, optometrist, acupuncturist, other medical or  
15 mental health professional, social worker, marriage and family therapist,  
16 professional counselor, public assistance worker, including a financial and  
17 employment planner, as defined in s. 49.141 (1) (d), school teacher, administrator or  
18 counselor, mediator under s. 767.11, child care worker in a day care center or child  
19 caring institution, day care provider, alcohol ~~or other~~ and drug abuse counselor,  
20 member of the treatment staff employed by or working under contract with a county  
21 department under s. 46.23, 51.42 or 51.437, physical therapist, occupational  
22 therapist, dietitian, speech–language pathologist, audiologist, emergency medical  
23 technician, first responder or police or law enforcement officer having reasonable  
24 cause to suspect that a child seen in the course of professional duties has been abused

1 or neglected or having reason to believe that a child seen in the course of professional  
2 duties has been threatened with abuse or neglect and that abuse or neglect of the  
3 child will occur shall, except as provided under sub. (2m), report as provided in sub.  
4 (3). A court–appointed special advocate having reasonable cause to suspect that a  
5 child seen in the course of the court–appointed special advocate’s activities under s.  
6 48.236 (3) has been abused or neglected or having reason to believe that a child seen  
7 in the course of those activities has been threatened with abuse and neglect and that  
8 abuse or neglect of the child will occur shall, except as provided in sub. (2m), report  
9 as provided in sub. (3). Any other person, including an attorney, having reason to  
10 suspect that a child has been abused or neglected or reason to believe that a child has  
11 been threatened with abuse or neglect and that abuse or neglect of the child will occur  
12 may make such a report. Any person, including an attorney having reason to suspect  
13 that an unborn child has been abused or reason to believe that an unborn child is at  
14 substantial risk of abuse may report as provided in sub. (3). No person making a  
15 report under this subsection may be discharged from employment for so doing.”.

16 \*b1827/1.2\* **778.** Page 583, line 2: after that line insert:

17 \*b1827/1.2\* “SECTION 1651g. 48.981 (1) (am) 1. of the statutes is amended to  
18 read:

19 48.981 (1) (am) 1. The child’s parent, grandparent, greatgrandparent,  
20 stepparent, brother, sister, stepbrother, stepsister, half brother, or half sister.

21 \*b1827/1.2\* SECTION 1651h. 48.981 (1) (fm) of the statutes is amended to read:

22 48.981 (1) (fm) “Relative” means a parent, grandparent, greatgrandparent,  
23 stepparent, brother, sister, first cousin, 2nd cousin, nephew, niece, uncle, aunt,

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

3 **779.** Page 586, line 14: delete “**SECTION 1656tym**” and substitute “**SECTION**  
4 **1656sy**”.

5 **\*b1771/1.4\* 780.** Page 586, line 23: after that line insert:

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

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

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

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

21 **\*b1771/1.5\* 781.** Page 589, line 2: delete the material beginning with “, as”  
22 and ending with “act),” on line 3.

23 **\*b1771/1.6\* 782.** Page 589, line 4: delete lines 4 to 19.

24 **\*b1771/1.7\* 783.** Page 590, line 24: delete lines 24 and 25 and substitute:



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

3           **\*b1427/4.5\* 784.** Page 593, line 13: after that line insert:

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

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

10           **\*b1774/1.1\* 785.** Page 596, line 17: delete the material beginning with that  
11 line and ending with page 597, line 3.

12           **\*b1553/3.10\* 786.** Page 597, line 3: after that line insert:

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

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

1 The Wisconsin works agency may provide case management services regardless of  
2 the individual's income and asset levels.”.

3 \*b1781/1.4\* **787.** Page 597, line 3: after that line insert:

4 \*b1781/1.4\* “SECTION 1660n. 49.147 (6) (c) of the statutes is amended to read:  
5 49.147 (6) (c) *Distribution and administration.* From the appropriations under  
6 s. 20.445 (3) (e), (jL) and (md), the department shall distribute funds for job access  
7 loans to a Wisconsin works agency, which shall administer the loans in accordance  
8 with rules promulgated by the department.”.

9 \*b1430/2.2\* **788.** Page 597, line 6: after that line insert:

10 \*b1430/2.2\* “SECTION 1660y. 49.155 (1d) (a) of the statutes is amended to read:  
11 49.155 (1d) (a) The department shall promulgate rules establishing standards  
12 for the certification of child care providers under s. 48.651. In establishing the  
13 requirements for certification under this paragraph of a child care provider who  
14 provides care and supervision for children under one year of age, the department  
15 shall include a requirement that all providers and all employees and volunteers of  
16 a provider who provide care and supervision for children receive, before the date on  
17 which the provider is certified or the employment or volunteer work commences,  
18 whichever is applicable, training in the most current medically accepted methods of  
19 preventing sudden infant death syndrome. In establishing the requirements for  
20 certification as a Level II certified family day care provider, the department may not  
21 include -a- any other requirement for training for providers.”.

22 \*b1779/2.2\* **789.** Page 601, line 2: after that line insert:

23 \*b1779/2.2\* “SECTION 1676e. 49.155 (5) of the statutes is renumbered 49.155  
24 (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\* 790.** 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\* 791.** 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\* 792.** Page 601, line 5: delete “(e),” and substitute “(e),”.

15           **\*b1785/2.10\* 793.** Page 601, line 6: after “(k),” insert “(km),”.

16           **794.** Page 602, line 12: delete “December 1” and substitute “December 31”.

17           **\*b1781/1.6\* 795.** Page 603, line 19: delete lines 19 to 21 and substitute:

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

19           **\*b1779/2.3\* 796.** Page 604, line 2: delete “\$274,500,000” and substitute  
20 “\$274,000,000”.

21           **\*b1779/2.4\* 797.** Page 604, line 3: delete “\$305,550,000” and substitute  
22 “\$304,950,000”.

23           **\*b1427/4.6\* 798.** Page 604, line 7: after that line insert:

1           **\*b1427/4.6\*** “SECTION 1691d. 49.175 (1) (qd) of the statutes is created to read:  
2           49.175 (1) (qd) *Child care resource and referral services*. For child care resource  
3           and referral services grants under s. 49.134 (2), \$400,000 in fiscal year 2001–02 and  
4           \$400,000 in fiscal year 2002–03.”.

5           **\*b1785/2.11\*** **799.** Page 604, line 19: after “*attachment*” insert “*and*  
6           *advancement program*”.

7           **\*b1785/2.12\*** **800.** Page 604, line 20: delete “\$9,641,000” and substitute  
8           “\$9,841,000”.

9           **\*b1785/2.13\*** **801.** Page 604, line 21: delete “\$5,000,000” and substitute  
10          “\$10,000,000”.

11          **\*b1786/1.2\*** **802.** Page 604, line 24: delete the material beginning with that  
12          line and ending with page 605, line 3, and substitute:

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

14          **\*b1606/5.10\*** **803.** Page 607, line 4: delete lines 4 to 7 and substitute:

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

16          **\*b1783/1.3\*** **804.** Page 607, line 13: after that line insert:

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

18          **\*b1784/1.2\*** **805.** Page 607, line 13: after that line insert:

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

20          **\*b1553/3.11\*** **806.** Page 607, line 14: after that line insert:

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

22          49.175 (1) (zq) *Job retention skills development programs*. For the transfer of  
23          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\* **807.** Page 609, line 13: after “(k),” insert “(km),”.

4 \*b1781/1.7\* **808.** Page 609, line 13: delete “(e),”.

5 \*b1771/1.8\* **809.** Page 614, line 4: delete lines 4 to 10.

6 **810.** Page 615, line 19: after “46.23” insert “, and may contract with tribal  
7 governing bodies,”.

8 **811.** Page 615, line 20: after “department” insert “and tribal governing  
9 bodies”.

10 \*b1547/3.4\* **812.** Page 620, line 25: after that line insert:

11 \*b1547/3.4\* **SECTION 1748r.** 49.45 (2) (a) 2m. of the statutes is created to read:  
12 49.45 (2) (a) 2m. Consider for payment a correct and complete claim or  
13 adjustment received by the department’s fiscal agent within no more than 365 days  
14 after the date of service, except in any of the following circumstances:

15 a. Circumstances specified by the department by rule.

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

23 \*b1547/3.4\* **SECTION 1748s.** 49.45 (2) (a) 2n. of the statutes is created to read:

24 49.45 (2) (a) 2n. Subdivision 2m. does not apply after June 30, 2005.”.

1           **\*b1771/1.9\* 813.** Page 621, line 7: after “body” insert “. The department may  
2 designate the function, to the extent permitted under federal law or a waiver from  
3 the federal secretary of health and human services, to a Wisconsin works agency”.

4           **\*b1385/2.4\* 814.** Page 621, line 12: after that line insert:

5           **\*b1385/2.4\* SECTION 1750d.** 49.45 (2) (a) 10. of the statutes is renumbered  
6 49.45 (2) (a) 10. a. and amended to read:

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

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

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

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

21           49.45 (2) (a) 11. Establish criteria for ~~the~~ certification of ~~eligible~~ providers of  
22 ~~services under Title XIX of the social security act~~ medical assistance and, except as  
23 provided in par. (b) 6m. and s. 49.48, and subject to par. (b) 7. and 8., certify ~~such~~  
24 eligible providers who meet the criteria.

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

2           49.45 (2) (a) 12. ~~Decertify or suspend under this subdivision~~ a provider from  
3 or restrict a provider's participation in the medical assistance program, if after  
4 giving reasonable notice and opportunity for hearing, the department finds that the  
5 provider has violated a federal statute or regulation or a state law statute or  
6 administrative rule and such violations are by law the violation is by statute,  
7 regulation, or rule grounds for decertification or suspension restriction. The  
8 department shall suspend the provider pending the hearing under this subdivision  
9 if the department includes in its decertification notice findings that the provider's  
10 continued participation in the medical assistance program pending hearing is likely  
11 to lead to the irretrievable loss of public funds and is unnecessary to provide  
12 adequate access to services to medical assistance recipients. As soon as practicable  
13 after the hearing, the department shall issue a written decision. No payment may  
14 be made under the medical assistance program with respect to any service or item  
15 furnished by the provider subsequent to decertification or during the period of  
16 suspension.

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

18           49.45 (2) (b) 6m. Limit the number of providers of particular services that may  
19 be certified under par. (a) 11. or the amount of resources, including employees and  
20 equipment, that a certified provider may use to provide particular services to medical  
21 assistance recipients, if the department finds all of the following:

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

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

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

4           49.45 (2) (b) 7. Require, as a condition of certification under par. (a) 11., all  
5 providers of a specific service that is among those enumerated under s. 49.46 (2) or  
6 49.47 (6) (a), as specified in this subdivision, to file with the department a surety bond  
7 issued by a surety company licensed to do business in this state. Providers subject  
8 to this subdivision provide those services specified under s. 49.46 (2) or 49.47 (6) (a)  
9 for which providers have demonstrated significant potential to violate s. 49.49 (1) (a),  
10 (2) (a) or (b), (3), (3m) (a), (3p), (4) (a), or (4m) (a), to require recovery under par. (a)  
11 10., or to need additional sanctions under par. (a) 13. The surety bond shall be  
12 payable to the department in an amount that the department determines is  
13 reasonable in view of amounts of former recoveries against providers of the specific  
14 service and the department's costs to pursue those recoveries. The department shall  
15 promulgate rules under this subdivision that specify all of the following:

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

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

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

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



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

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

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

1 of violation of a statute or rule. The department shall credit all assessments received  
2 under this subdivision to the appropriation account under s. 20.435 (4) (iL).

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

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

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

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

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

5           49.45 (3) (h) ~~The failure or refusal of a person to purge himself or herself of~~  
6 ~~contempt found under s. 885.12 and perform the act as required by law shall~~  
7 ~~constitute provider to accord department auditors or investigators access as required~~  
8 ~~under par. (g) to any provider personnel, records, books, patient health care records~~  
9 ~~of medical assistance recipients, or documents or other information requested~~  
10 ~~constitutes grounds for decertification or suspension of that person the provider from~~  
11 ~~participation in the medical assistance program and no. No payment may be made~~  
12 ~~for services rendered by that person subsequent to the provider following~~  
13 ~~decertification or, during the period of suspension, or during any period of provider~~  
14 ~~failure or refusal to accord access as required under par. (g).”.~~

15           **\*b1402/1.5\* 815.** Page 621, line 12: after that line insert:

16           **\*b1402/1.5\* “SECTION 1750w.** 49.45 (2) (a) 24. of the statutes is created to read:

17           49.45 (2) (a) 24. Promulgate rules that require that the written plan of care for  
18 persons receiving personal care services under medical assistance be reviewed by a  
19 registered nurse at least every 60 days. The rules shall provide that the written plan  
20 of care shall designate intervals for visits to the recipient’s home by a registered  
21 nurse as part of the review of the plan of care. The designated intervals for visits  
22 shall be based on the individual recipient’s needs, and each recipient shall be visited  
23 in his or her home by a registered nurse at least once in every 12-month period. The  
24 rules shall also provide that a visit to the recipient is also required if, in the course

1 of the nurse's review of the plan of care, there is evidence that a change in the  
2 recipient's condition has occurred that may warrant a change in the plan of care.”.

3 \*b1400/4.6\* **816.** Page 622, line 8: delete “, or (w)” and substitute “, (w), or  
4 (wm)”.

5 \*b1413/3.1\* **817.** Page 622, line 14: delete lines 14 to 21.

6 \*b1400/4.7\* **818.** Page 624, line 21: delete “and (w)” and substitute “, (w), and  
7 (wm)”.

8 \*b1383/2.2\* **819.** Page 628, line 21: after that line insert:

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

10 49.45 (18) (d) A person is liable for a copayment of \$1 for each prescription drug  
11 that bears only a generic name, as defined in s. 450.12 (1) (b), and is liable for a  
12 copayment of \$2 for each prescription drug that does not bear only a generic name.

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

16 \*b1385/2.5\* **820.** Page 628, line 21: after that line insert:

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

19 49.45 (21) (title) ~~TRANSFER OF BUSINESS, LIABILITY FOR~~ TAKING OVER PROVIDER'S  
20 OPERATION; REPAYMENTS REQUIRED.

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

23 49.45 (21) (ar) ~~If any provider~~ Before a person may take over the operation of  
24 a provider that is liable for repayment of improper or erroneous payments or

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

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

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

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

14              2. Majority control over decisions.

15              3. The right to any profits or income.

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

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

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

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

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

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

11           **\*b1411/1.9\* 821.** Page 630, line 20: after that line insert:

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

13           49.45 (49) PRIOR AUTHORIZATION FOR LEGEND DRUGS. If, after June 30, 2002, and  
14 before July 1, 2004, a manufacturer has in force a rebate agreement under s. 49.688  
15 (7), the department may not during that period expand the prior authorization  
16 requirements for prescription drugs manufactured by the manufacturer for which  
17 coverage is provided under s. 49.46 (2) (b) 6. h. beyond those prior authorization  
18 requirements that are in effect on July 1, 2002.”.

19           **\*b1547/3.5\* 822.** Page 630, line 20: after that line insert:

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

21           49.45 (53) REFUND OF MEDICAL RELIEF AND GENERAL RELIEF. (a) If a service  
22 provider receives reimbursement under this section for a claim submitted by or on  
23 behalf of the service provider under the circumstance specified under s. 49.45 (2) (a)  
24 2m. b., the service provider shall, as a condition of certification under sub. (2) (a) 11.,

1 refund to the county that initially reimbursed the services as general relief or as  
2 medical relief, any medical relief under a relief block grant or any general relief paid  
3 to the service provider for the medical assistance–reimbursable services rendered.  
4 The county shall separately identify this refund and remit to the department for  
5 deposit in the appropriation account under s. 20.435 (4) (ib) an amount that  
6 represents the state’s contribution toward the original medical relief or general relief  
7 paid.

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

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

15 \*b1376/1.2\* **823.** Page 631, line 5: delete lines 5 to 17.

16 \*b1376/1.3\* **824.** Page 631, line 23: delete the material beginning with that  
17 line and ending with page 632, line 4.

18 \*b1376/1.4\* **825.** Page 632, line 10: delete lines 10 to 16.

19 \*b1376/1.5\* **826.** Page 633, line 13: delete lines 13 to 24.

20 \*b1376/1.6\* **827.** Page 634, line 8: delete lines 8 to 15.

21 \*b1411/1.10\* **828.** Page 637, line 6: after that line insert:

22 \*b1411/1.10\* “SECTION 1814L. 49.47 (4) (aq) of the statutes is created to read:  
23 49.47 (4) (aq) 1. Subject to subd. 2., an individual who does not meet the  
24 limitation on income under par. (c) is eligible for medical assistance if the individual’s

1 income does not exceed 100% of the federal poverty level, and the individual is 65  
2 years of age or older or is blind or totally and permanently disabled, as defined under  
3 federal Title XVI.

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

8 \*b1411/1.11\* **829.** Page 637, line 13: after that line insert:

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

11 49.47 (4) (b) 2m. b. For persons who are eligible under par. (a) 3. or 4. or (aq),  
12 motor vehicles are exempt from consideration as an asset to the same extent as  
13 provided under 42 USC 1381 to 1385.

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

16 49.47 (4) (b) 2r. For a person who is eligible under par. (a) 3. or 4. or (aq), the  
17 value of any burial space or agreement representing the purchase of a burial space  
18 held for the purpose of providing a place for the burial of the person or any member  
19 of his or her immediate family.

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

22 49.47 (4) (b) 2w. For a person who is eligible under par. (a) 3. or 4. or (aq), life  
23 insurance with cash surrender values if the total face value of all life insurance  
24 policies is not more than \$1,500.



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

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

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

10           49.47 (4) (c) 1. Except as provided in ~~par. pars.~~ (am) and (aq) and as limited by  
11 subd. 3., eligibility exists if income does not exceed ~~133 1/3%~~ 133.33% of the  
12 maximum aid to families with dependent children payment under s. 49.19 (11) for  
13 the applicant's family size or the combined benefit amount available under  
14 supplemental security income under 42 USC 1381 to 1383c and state supplemental  
15 aid under s. 49.77 whichever is higher. In this subdivision "income" includes earned  
16 or unearned income that would be included in determining eligibility for the  
17 individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled under  
18 42 USC 1381 to 1385. "Income" does not include earned or unearned income which  
19 would be excluded in determining eligibility for the individual or family under s.  
20 49.19 or 49.77, or for the aged, blind or disabled individual under 42 USC 1381 to  
21 1385."

22           **\*b1376/1.7\* 830.** Page 637, line 14: delete the material beginning with that  
23 line and ending with page 638, line 16.

24           **\*b1411/1.12\* 831.** Page 638, line 16: after that line insert:

1           **\*b1411/1.12\*** “**SECTION 1815L.** 49.47 (4) (c) 3. of the statutes is amended to  
2 read:

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

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

9           49.47 (4) (i) 2. (intro.) Notwithstanding par. (b) 2r. and 3., a person who is  
10 described in par. (a) 3. or 4. or (aq) is not eligible for benefits under this section if any  
11 of the following criteria is met.”.

12           **\*b1401/2.1\* 832.** Page 642, line 20: after that line insert:

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

14           **49.4981 Comprehensive quality assessment pilot project.** (1) If the  
15 department receives a waiver of federal medical assistance laws, as requested under  
16 2001 Wisconsin Act .... (this act), section 9123 (19g), the department shall conduct  
17 a pilot project in the counties of Brown, Grant, Polk, and Waukesha under which  
18 nursing facilities shall apply to the department, under requirements specified by the  
19 department, to participate in the pilot project.

20           (2) If participation for a nursing facility is approved by the department under  
21 subsection (1), and if the nursing facility contracts to receive a comprehensive quality  
22 assessment, under standards and principles of comprehensive assessments of the  
23 quality of care provided to residents of nursing facilities, the nursing facility shall  
24 provide to the department a copy of a report by the assessment provider of each such

1 assessment that is conducted. Each report shall include any findings of violations  
2 of state statutes or rules by the nursing facility that are discovered in the course of  
3 performance of the assessment. The nursing facility shall provide information that  
4 the department requests concerning any violations noted. The department may use  
5 the assessment report and information provided by the nursing facility as evidence  
6 to which s. 50.04 (4) applies or upon which an applicable forfeiture under s. 49.498  
7 (16) or 50.04 (5) may be assessed. Upon receipt of the assessment report, the  
8 department may, but is not required to, waive the requirement under s. 49.498 (13)  
9 for an annual survey of the nursing facility.”

10 \*b1841/1.6\* **833.** Page 642, line 20: after that line insert:

11 \*b1841/1.6\* “**SECTION 1835h.** 49.496 (3) (f) of the statutes is amended to read:  
12 49.496 (3) (f) The department may contract with or employ an attorney to  
13 probate estates to recover under this subsection the costs of care. Any such contract  
14 is subject to the requirements of s. 20.930 (2) to (5).”

15 \*b1369/4.2\* **834.** Page 644, line 14: after that line insert:

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

1 and approval of the schedule. If the cochairpersons of the joint committee on finance  
2 do not notify the department within 14 working days after the date of the  
3 department's submittal of the schedule that the committee has scheduled a meeting  
4 to review the schedule, the department may implement the schedule. If, within 14  
5 days after the date of the department's submittal of the schedule, the cochairpersons  
6 of the committee notify the department that the committee has scheduled a meeting  
7 to review the schedule, the department may not require a family, or child who does  
8 not reside with his or her parent, to contribute more than 3% of the family's or child's  
9 income unless the joint committee on finance approves the schedule. The joint  
10 committee on finance may not approve and the department may not implement a  
11 schedule that requires a family or child to contribute more than 3.5% of the family's  
12 or child's income towards the cost of the health care coverage provided under this  
13 section.

14 **\*b1369/4.2\* SECTION 1837eg.** 49.665 (5) (am) of the statutes is created to read:

15 49.665 (5) (am) No later than January 1, 2002, the department shall request  
16 a waiver from the federal secretary of health and human services to increase the  
17 maximum amount that a family, or child who does not reside with his or her parent,  
18 is required to pay under par. (a) to 5% of the family's or child's income. If the waiver  
19 is granted, the department shall increase the maximum amount that a family, or  
20 child who does not reside with his or her parent, is required to pay under par. (a) to  
21 5% of the family's or child's income and is not required to receive approval from the  
22 joint committee on finance before increasing the maximum amount.”.

23 **\*b1841/1.7\* 835.** Page 645, line 6: after that line insert:

24 **\*b1841/1.7\* “SECTION 1837pm.** 49.682 (6) of the statutes is amended to read:

1           49.682 (6) The department may contract with or employ an attorney to probate  
2 estates to recover under this section the costs of care. Any such contract is subject  
3 to the requirements of s. 20.930 (2) to (5).”

4           **\*b1411/1.13\* 836.** Page 646, line 22: after that line insert:

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

6           **49.688 Prescription drug assistance for low-income elderly persons.**

7           (1) In this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6           1. If applicable, a deductible, as specified in sub. (3) (a) 2., for a prescription  
7           drug that is charged at the rate specified in par. (a), plus a dispensing fee that is equal  
8           to the dispensing fee permitted to be charged for prescription drugs for which  
9           coverage is provided under s. 49.46 (2) (b) 6. h.

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

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

16          **(7)** The department or an entity with which the department contracts may  
17          enter into a rebate agreement that is modeled on the rebate agreement specified  
18          under 42 USC 1396r-8 with a drug manufacturer that sells drugs for prescribed use  
19          in this state. The rebate agreement, if negotiated, shall include all of the following  
20          as requirements:

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

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

3           **(8)** From the appropriation accounts under s. 20.435 (4) (bv) and (j), beginning  
4 July 1, 2002, the department shall, under a schedule that is identical to that used  
5 by the department for payment of pharmacy provider claims under medical  
6 assistance, provide to pharmacies and pharmacists payments for prescription drugs  
7 sold by the pharmacies or pharmacists to persons eligible under sub. (2) who have  
8 paid the deductible specified under sub. (3) (a) 2. The payment for each prescription  
9 drug under this subsection shall be at the rate specified in sub. (6) (a), minus the  
10 amount of a copayment charged under sub. (6) (b) 2., plus a dispensing fee, as  
11 specified in sub. (6) (b) 1. The department shall devise and distribute a form for  
12 reports by pharmacies and pharmacists under this subsection and may limit  
13 payment under this subsection to those prescription drugs for which payment claims  
14 are submitted by pharmacies or pharmacists directly to the department. The  
15 department may apply to the program under this section the same utilization and  
16 cost control procedures that apply under rules promulgated by the department to  
17 medical assistance under subch. IV.

18           **(9)** The department shall, under methods promulgated by the department by  
19 rule, monitor compliance by pharmacies and pharmacists that are certified providers  
20 of medical assistance with the requirements of sub. (5) and shall annually report to  
21 the legislature under s. 13.172 (2) concerning the compliance. The report shall  
22 include information on any pharmacies or pharmacists that discontinue  
23 participation as certified providers of medical assistance and the reasons given for  
24 the discontinuance.



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

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

7           (c) A person other than a person specified in par. (b) who is convicted of violating  
8 a rule promulgated by the department under par. (a) may be fined not more than  
9 \$10,000, or imprisoned for not more than one year, or both.

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

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

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

1           **\*b1771/1.10\* 837.** Page 647, line 14: delete lines 14 to 24.

2           **\*b1771/1.11\* 838.** Page 648, line 1: delete lines 1 to 12 and substitute:

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

4           49.85 (1) COUNTY DEPARTMENT NOTIFICATION REQUIREMENT. If a county  
5 department under s. 46.215, 46.22 or 46.23, a governing body of a federally  
6 recognized American Indian tribe or band or a Wisconsin works agency determines  
7 that the department of health and family services may recover an amount under s.  
8 49.497 or 49.793 or that the department of workforce development may recover an  
9 amount under s. ~~49.125~~, 49.161 or 49.195 (3), the county department ~~or, tribal~~  
10 governing body, or Wisconsin works agency shall notify the affected department of  
11 the determination.”.

12           **\*b1385/2.6\* 839.** Page 648, line 12: after that line insert:

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

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

22           **\*b1385/2.7\* 840.** Page 648, line 21: after that line insert:

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

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

5           **\*b1385/2.8\* 841.** Page 653, line 10: after that line insert:

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

7           50.03 (13) (a) *New license.* Whenever ownership of a facility is transferred from  
8 the person or persons named in the license to any other person or persons, the  
9 transferee must obtain a new license. The license may be a probationary license.  
10 Penalties under sub. (1) shall apply to violations of this subsection. The transferee  
11 shall notify the department of the transfer, file an application under sub. (3) (b), and  
12 apply for a new license at least 30 days prior to final transfer. Retention of any  
13 interest required to be disclosed under sub. (3) (b) after transfer by any person who  
14 held such an interest prior to transfer may constitute grounds for denial of a license  
15 where violations of this subchapter for which notice had been given to the transferor  
16 are outstanding and uncorrected, if the department determines that effective control  
17 over operation of the facility has not been transferred. If the transferor was a  
18 provider under s. 49.43 (10), the transferee and transferor shall comply with s. 49.45  
19 (21).”.

20           **\*b1417/2.1\* 842.** Page 653, line 10: after that line insert:

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

22           50.01 (1) (b) A place where 3 or 4 adults who are not related to the operator  
23 reside and receive care, treatment or services that are above the level of room and  
24 board and that may include up to 7 hours per week of nursing care per resident.

1 “Adult family home” does not include a place that is specified in sub. (1g) (a) to (d),  
2 (f) or (g) or a respite facility, as defined in s. 50.85 (1) (b).

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

4 50.01 (1) (h) A respite facility, as defined in s. 50.85 (1) (b).

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

6 50.01 (3) (f) A respite facility, as defined in s. 50.85 (1) (b).”.

7 \*b1405/1.1\* **843.** Page 654, line 6: after that line insert:

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

9 50.04 (2d) PHARMACEUTICAL SERVICES. (a) In this subsection:

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

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

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

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

22 \*b1417/2.2\* **844.** Page 654, line 6: after that line insert:

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

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

7           **\*b1417/2.2\* SECTION 1897g.** 50.50 (3) (a) 7. of the statutes is created to read:  
 8           50.50 (3) (a) 7. A respite facility.

9           **\*b1417/2.2\* SECTION 1900b.** Subchapter IV (title) of chapter 50 [precedes  
 10 50.85] of the statutes is amended to read:

11                               **CHAPTER 50**

12   **SUBCHAPTER IV**

13   **RESPITE FACILITIES AND HOSPICES**

14           **\*b1417/2.2\* SECTION 1900c.** 50.85 of the statutes is created to read:  
 15           **50.85 Respite facilities for persons with like or similar disabilities. (1)**

16           DEFINITIONS. In this section:

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

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

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

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

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

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

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

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

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

23           **(4) USE OF NAME OR ADVERTISING PROHIBITED.** No entity that is not a respite  
24 facility licensed under this section or an applicant for a license under this section may  
25 designate itself as a "respite facility" or use the word "respite facility" to represent

1 or tend to represent the entity as a respite facility or services provided by the entity  
2 as services provided by a respite facility.

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

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

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

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

10 3. Any license granted under special limitations prescribed by the department  
11 shall state the limitations.

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

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

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

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

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

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

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

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

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

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

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



1 (e) A definition of “disability” for the purposes of this section.

2 (f) A definition of “like or similar disabilities” for the purposes of this section.

3 (9) RIGHT OF INJUNCTION. The department may, upon the advice of the attorney  
4 general, who shall represent the department in all proceedings under this section,  
5 institute an action in the name of the state in the circuit court for Dane County for  
6 injunctive relief or other process against any licensee, owner, operator,  
7 administrator or representative of any owner of a respite facility for the violation of  
8 any of the provisions of this section or rules promulgated under this section if the  
9 violation affects the health, safety, or welfare of persons with like or similar  
10 disabilities.

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

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

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

24 2. Good faith exercised by the licensee. Indications of good faith include, but  
25 are not limited to, awareness of the applicable statutes and regulation and

1 reasonable diligence in complying with such requirements, prior accomplishments  
2 manifesting the licensee's desire to comply with the requirements, efforts to correct  
3 and any other mitigating factors in favor of the licensee.

4 3. Any previous violations committed by the licensee.

5 4. The financial benefit to the respite facility of committing or continuing the  
6 violation.

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

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

24 (e) All forfeitures shall be paid to the department within 10 days after receipt  
25 of notice of assessment or, if the forfeiture is contested under par. (d), within 10 days

1 after receipt of the final decision after exhaustion of administrative review, unless  
2 the final decision is appealed and the order is stayed by court order under the same  
3 terms and conditions as found in s. 50.03 (11). The department shall remit all  
4 forfeitures paid to the state treasurer for deposit in the school fund.

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

9 \*b1417/2.2\* SECTION 1900d. 50.90 (intro.) of the statutes is amended to read:  
10 **50.90 Definitions.** (intro.) In this subchapter section to s. 50.981:

11 \*b1417/2.2\* SECTION 1900e. 50.91 of the statutes is amended to read:

12 **50.91 Departmental powers and duties.** The department shall provide  
13 uniform, statewide licensing, inspection and regulation of hospices as specified in  
14 this subchapter ss. 50.90 to 50.981.

15 \*b1417/2.2\* SECTION 1900f. 50.92 (2) of the statutes is amended to read:

16 50.92 (2) The department shall issue a license if the department finds that the  
17 applicant is fit and qualified and that the hospice meets the requirements of this  
18 subchapter ss. 50.90 to 50.981 and the rules promulgated under this subchapter ss.  
19 50.90 to 50.981.

20 \*b1417/2.2\* SECTION 1900g. 50.92 (3) of the statutes is amended to read:

21 50.92 (3) The department or the department's designated representative shall  
22 inspect or investigate a hospice prior to issuance of a license for the hospice except  
23 as provided in sub. (4) and may inspect or investigate a hospice as the department  
24 deems necessary, including conducting home visits or a review of health care records

1 of any individuals with terminal illness served by the hospice, to determine if any  
2 person is in violation of ~~this subchapter ss. 50.90 to 50.981~~.

3 \*b1417/2.2\* SECTION 1900h. 50.925 of the statutes is amended to read:

4 **50.925 Use of name or advertising prohibited.** No entity that is not a  
5 hospice licensed under ~~this subchapter ss. 50.90 to 50.981~~ or an applicant for a  
6 license or a provisional license under ~~this subchapter ss. 50.90 to 50.981~~ may  
7 designate itself as a “hospice” or use the word “hospice” to represent or tend to  
8 represent the entity as a hospice or services provided by the entity as services  
9 provided by a hospice.

10 \*b1417/2.2\* SECTION 1900i. 50.93 (3) of the statutes is amended to read:

11 50.93 (3) PROVISIONAL LICENSE. If the applicant has not been previously licensed  
12 under ~~this subchapter s. 50.92~~ or if the hospice is not in operation at the time that  
13 application is made, the department may issue a provisional license. Unless sooner  
14 suspended or revoked under sub. (4), a provisional license shall be valid for 24  
15 months from the date of issuance. Within 30 days prior to the termination of a  
16 provisional license, the department shall fully and completely inspect the hospice  
17 and, if the hospice meets the applicable requirements for licensure, shall issue a  
18 regular license under sub. (2). If the department finds that the hospice does not meet  
19 the requirements for licensure, the department may not issue a regular license under  
20 sub. (2).

21 \*b1417/2.2\* SECTION 1900j. 50.93 (4) (a) of the statutes is amended to read:

22 50.93 (4) (a) The department, after notice to the applicant or licensee, may  
23 suspend or revoke a license in any case in which the department finds that there has  
24 been a substantial failure to comply with the requirements of ~~this subchapter ss.~~  
25 50.90 to 50.981 or the rules promulgated under ~~this subchapter ss. 50.90 to 50.981~~.