

1 the department shall transfer \$58,600 in fiscal year 2001–02 and \$66,800 in fiscal
2 year 2002–03 to the appropriation account under s. 20.435 (3) (kw) and shall expend
3 those moneys to provide services to children and families under s. 48.48 (17).”.

4 *b2181/1.1* **919.** Page 586, line 13: after that line insert:

5 *b2181/1.1* “SECTION 1656d. 49.027 (2) (a) (intro.) of the statutes is amended
6 to read:

7 49.027 (2) (a) (intro.) If a county is eligible to receive a relief block grant in a
8 year, the department shall pay to the county, in accordance with s. 49.031 and subject
9 to par. (c), from the appropriation under s. 20.435 (4) (bt), an amount for that year
10 determined as follows:

11 *b2181/1.1* SECTION 1656dd. 49.027 (2) (a) 1. of the statutes is repealed.

12 *b2181/1.1* SECTION 1656dg. 49.027 (2) (a) 3. of the statutes is repealed.

13 *b2181/1.1* SECTION 1656di. 49.027 (2) (a) 4. of the statutes is amended to
14 read:

15 49.027 (2) (a) 4. From the amount determined under subd. ~~3.~~ 2., the department
16 shall subtract amounts paid to hospitals in that county under s. 49.45 (6y) and (6z)
17 for that calendar year.

18 *b2181/1.1* SECTION 1656dL. 49.027 (2) (c) of the statutes is created to read:

19 49.027 (2) (c) If sufficient funds are not available to pay all of the relief block
20 grants calculated under par. (a), the department shall prorate the available funds
21 among the eligible counties in proportion to the amounts calculated under par. (a).”.

22 *b1994/8.37* **920.** Page 586, line 14: delete “SECTION 1656tym” and
23 substitute “SECTION 1656sy”.

1 ***b0903/1.1* 921.** Page 596, line 2: delete “TRANSFER OF FUNDING ALLOCATIONS
2 PROHIBITED.” and substitute “CONTRACT PROHIBITIONS. (a)”.

3 ***b0903/1.2* 922.** Page 596, line 6: delete “(a)” and substitute “1.”.

4 ***b0903/1.4* 923.** Page 596, line 7: after that line insert:

5 “(b) No Wisconsin works agency may expend moneys that are provided under
6 a contract under sub. (1) to conduct public relations activities unless the public
7 relations activities are directly related to providing community outreach and
8 informing participants about the services available under Wisconsin works.”.

9 ***b0903/1.3* 924.** Page 596, line 7: delete “(b)” and substitute “2.”.

10 ***b2021/1.1* 925.** Page 597, line 3: after that line insert:

11 ***b2021/1.1* “SECTION 1660hb.** 49.145 (3) (b) 1. of the statutes is amended to
12 read:

13 49.145 (3) (b) 1. All earned and unearned income of the individual, except any
14 amount received under section 32 of the ~~internal revenue code~~ Internal Revenue
15 Code, as defined in s. 71.01 (6), any amount received under s. 71.07 (9e), any payment
16 made by an employer under section 3507 of the ~~internal revenue code~~ Internal
17 Revenue Code, as defined in s. 71.01 (6), any student financial aid received under any
18 federal or state program, any scholarship used for tuition and books, and any
19 assistance received under s. 49.148. In determining the earned and unearned
20 income of the individual, the Wisconsin works agency may not include income earned
21 by a dependent child of the individual.

22 ***b2021/1.1* SECTION 1660jk.** 49.147 (4) (am) of the statutes is amended to
23 read:

1 49.147 (4) (am) *Education or training activities.* A participant under this
2 subsection may be required to participate in education and training activities
3 assigned as part of an employability plan developed by the Wisconsin works agency.
4 The department shall establish by rule permissible education and training under
5 this paragraph, which shall include a course of study meeting the standards
6 established under s. 115.29 (4) for the granting of a declaration of equivalency of high
7 school graduation, technical college courses, employer-sponsored training, and
8 educational courses that provide an employment skill. Permissible education under
9 this paragraph shall also include English as a 2nd language courses that the
10 Wisconsin works agency determines would facilitate an individual's efforts to obtain
11 employment and adult basic education courses that the Wisconsin works agency
12 determines would facilitate an individual's efforts to obtain employment.

13 ***b2021/1.1* SECTION 1660jv.** 49.147 (5) (bm) of the statutes is amended to
14 read:

15 49.147 (5) (bm) *Education or training activities.* A participant under this
16 subsection may be required to participate in education and training activities
17 assigned as part of an employability plan developed by the Wisconsin works agency.
18 The department shall establish by rule permissible education and training under
19 this paragraph, which shall include a course of study meeting the standards
20 established under s. 115.29 (4) for the granting of a declaration of equivalency of high
21 school graduation, technical college courses, employer-sponsored training, and
22 educational courses that provide an employment skill. Permissible education under
23 this paragraph shall also include English as a 2nd language courses that the
24 Wisconsin works agency determines would facilitate an individual's efforts to obtain

1 employment and adult basic education courses that the Wisconsin works agency
2 determines would facilitate an individual's efforts to obtain employment.”.

3 ***b2022/2.1* 926.** Page 597, line 3: after that line insert:

4 ***b2022/2.1* “SECTION 1660p.** 49.1473 of the statutes is created to read:

5 **49.1473 Wisconsin works; domestic abuse screening and training. (1)**

6 (a) The department shall promulgate rules for screening victims of domestic abuse
7 and for the training of Wisconsin works agency employees in domestic abuse issues.
8 The rules shall allow an individual to voluntarily and confidentially disclose that he
9 or she is or has been a victim of domestic abuse or is at risk of further domestic abuse.
10 The rules shall also specify the evidence that is sufficient to establish that an
11 individual is or has been a victim of domestic abuse or is at risk of further domestic
12 abuse.

13 (b) Each Wisconsin works agency shall establish procedures, in accordance
14 with the rules promulgated by the department under par. (a), for screening victims
15 of domestic abuse.

16 (2) If a Wisconsin works agency employee identifies an individual as a past or
17 present victim of domestic abuse or determines that the individual is at risk of
18 domestic abuse or if the individual identifies himself or herself as a past or present
19 victim of domestic abuse or as an individual who is at risk of further abuse, the
20 Wisconsin works agency shall provide the individual with information on
21 community-based domestic abuse services, including information on shelters or
22 programs for battered individuals, sexual assault provider services, medical
23 services, sexual assault nurse examiners services, domestic violence and sexual
24 assault hotlines, legal and medical counseling and advocacy, mental health care,

1 counseling, and support groups. The Wisconsin works agency shall provide the
2 information to the individual orally and in writing in accordance with guidelines
3 developed by the department. The Wisconsin works agency shall also provide
4 referrals for community-based counseling and supportive service providers to the
5 individual if the individual elects to receive the services.”.

6 *b1430/2.2* **927.** Page 597, line 6: after that line insert:

7 *b1430/2.2* “SECTION 1660y. 49.155 (1d) (a) of the statutes is amended to read:
8 49.155 (1d) (a) The department shall promulgate rules establishing standards
9 for the certification of child care providers under s. 48.651. In establishing the
10 requirements for certification under this paragraph of a child care provider who
11 provides care and supervision for children under one year of age, the department
12 shall include a requirement that all providers and all employees and volunteers of
13 a provider who provide care and supervision for children receive, before the date on
14 which the provider is certified or the employment or volunteer work commences,
15 whichever is applicable, training in the most current medically accepted methods of
16 preventing sudden infant death syndrome. In establishing the requirements for
17 certification as a Level II certified family day care provider, the department may not
18 include ~~a~~ any other requirement for training for providers.”.

19 *b2018/2.7* **928.** Page 601, line 2: after that line insert:

20 *b2018/2.7* “SECTION 1676n. 49.173 (title) of the statutes is amended to read:
21 49.173 (title) **Workforce attachment and advancement program.**”.

22 *b2023/3.3* **929.** Page 601, line 5: delete “(br),” and substitute “(br)”.

23 *b2096/2.1* **930.** Page 602, line 6: delete lines 6 to 22 and substitute:

1 ***b2096/2.1*** **SECTION 1682bc.** 49.175 (1) (d) of the statutes is repealed and
2 recreated to read:

3 49.175 (1) (d) *Community reinvestment.* 1. ‘Contracts for 1997 to 1999’. For
4 the payment of community reinvestment funds that are earned as part of contracts
5 entered into under s. 49.143 having a term that begins on September 1, 1997, and
6 ends on December 31, 1999, \$20,849,000 in fiscal year 2001–02.

7 2. ‘Contracts for 2000 and 2001.’ For the payment of community reinvestment
8 funds that are earned as part of contracts entered into under s. 49.143 having a term
9 that begins on January 1, 2000, and ends on December 31, 2001, \$2,769,900 in fiscal
10 year 2001–02 and \$5,539,700 in fiscal year 2002–03.

11 ***b2096/2.1*** **SECTION 1682cd.** 49.175 (1) (d) 1. of the statutes, as affected by
12 2001 Wisconsin Act (this act), is repealed.

13 ***b2096/2.1*** **SECTION 1682ce.** 49.175 (1) (d) 2. (title) of the statutes, as affected
14 by 2001 Wisconsin Act (this act), is repealed.

15 ***b2096/2.1*** **SECTION 1682cf.** 49.175 (1) (d) 2. of the statutes, as affected by
16 2001 Wisconsin Act (this act), is renumbered 49.175 (1) (d).”.

17 ***b2023/3.4*** **931.** Page 603, line 6: delete “\$24,767,500” and substitute
18 “\$24,680,700”.

19 ***b2023/3.5*** **932.** Page 603, line 7: delete “\$24,780,000” and substitute
20 “\$24,693,200”.

21 ***b2019/3.2*** **933.** Page 603, line 19: delete lines 19 to 21.

22 ***b2038/1.2*** **934.** Page 604, line 14: delete “\$11,145,900” and substitute
23 “\$11,395,900”.

1 ***b2038/1.3* 935.** Page 604, line 14: delete “\$2,500,000” and substitute
2 “\$2,750,000”.

3 ***b2018/2.8* 936.** Page 604, line 19: after “*attachment*” insert “*and*
4 *advancement program*”.

5 ***b2018/2.9* 937.** Page 604, line 21: delete “\$5,000,000” and substitute
6 “\$7,842,200”.

7 ***b2020/2.2* 938.** Page 605, line 1: delete the material beginning with
8 “under” and ending with “49.157,” on line 2 and substitute “~~under s. 49.157,~~”.

9 ***b2020/2.3* 939.** Page 605, line 2: delete “\$1,000,000” and substitute “for
10 individuals who are eligible to receive temporary assistance for needy families under
11 42 USC 601 et. seq., \$900,000”.

12 ***b2127/3.4* 940.** Page 607, line 6: delete “\$83,200 in each” and substitute
13 “\$93,400 in”.

14 ***b2127/3.5* 941.** Page 607, line 7: after “2000–01” insert “2002–03”.

15 ***b0747/1.4* 942.** Page 607, line 14: after that line insert:

16 ***b0747/1.4*** “SECTION 1714d. 49.175 (1) (zo) of the statutes is created to read:
17 49.175 (1) (zo) *After-school care program.* For the transfer of moneys to the
18 department of public instruction for the after-school care grant program under 2001
19 Wisconsin Act (this act), section 9140 (6w), \$150,000 in fiscal year 2002–03.”.

20 ***b2023/3.6* 943.** Page 609, line 13: delete “(br),”.

21 ***b1994/8.39* 944.** Page 611, line 5: delete the material beginning with “, aid”
22 and ending with “49.19” on line 6 and substitute “~~, aid to families with dependent~~
23 ~~children under s. 49.19~~”.

1 ***b1994/8.40* 945.** Page 611, line 6: delete “2029” and substitute “2029 2036”.

2 ***b1994/8.41* 946.** Page 611, line 10: delete “The” and substitute “The If the
3 department of health and family services contracts with the department under sub.
4 (5), the”.

5 ***b2091/2.4* 947.** Page 611, line 11: delete “appropriations” and substitute
6 “appropriations appropriation”.

7 ***b2091/2.5* 948.** Page 611, line 11: delete the material beginning with “(dz)”
8 and ending with “(nL)” on line 12 and substitute “~~(dz) and (L) and federal matching~~
9 ~~funds from the appropriations under s. 20.445 (3) (n) and (nL) (kx)~~”.

10 ***b1994/8.42* 949.** Page 611, line 14: delete the material beginning with
11 “~~medical~~” and ending with “2036” on line 18 and substitute “medical assistance
12 under subch. IV or the food stamp program under 7 USC 2011 to 2036”.

13 ***b1994/8.43* 950.** Page 615, line 19: after “46.23” insert “, and may contract
14 with tribal governing bodies,”.

15 ***b1994/8.44* 951.** Page 615, line 20: after “departments” insert “and tribal
16 governing bodies”.

17 ***b1402/1.5* 952.** Page 621, line 12: after that line insert:

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

19 49.45 (2) (a) 24. Promulgate rules that require that the written plan of care for
20 persons receiving personal care services under medical assistance be reviewed by a
21 registered nurse at least every 60 days. The rules shall provide that the written plan
22 of care shall designate intervals for visits to the recipient’s home by a registered
23 nurse as part of the review of the plan of care. The designated intervals for visits

1 shall be based on the individual recipient's needs, and each recipient shall be visited
2 in his or her home by a registered nurse at least once in every 12-month period. The
3 rules shall also provide that a visit to the recipient is also required if, in the course
4 of the nurse's review of the plan of care, there is evidence that a change in the
5 recipient's condition has occurred that may warrant a change in the plan of care.”.

6 ***b2027/1.4* 953.** Page 621, line 12: after that line insert:

7 ***b2027/1.4* “SECTION 1750d.** 49.45 (2) (a) 10. of the statutes is renumbered
8 49.45 (2) (a) 10. a. and amended to read:

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

15 ***b2027/1.4* SECTION 1750f.** 49.45 (2) (a) 10. b. of the statutes is created to read:

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

21 ***b2027/1.4* SECTION 1750g.** 49.45 (2) (a) 10. c. of the statutes is created to
22 read:

23 49.45 (2) (a) 10. c. Promulgate rules to implement this subdivision.

1 ***b2027/1.4* SECTION 1750h.** 49.45 (2) (a) 11. of the statutes is renumbered
2 49.45 (2) (a) 11. a. and amended to read:

3 49.45 (2) (a) 11. a. Establish criteria for the certification of eligible providers
4 of ~~services under Title XIX of the social security act~~ medical assistance and, except
5 as provided in par. (b) 6m. and s. 49.48, and subject to par. (b) 7. and 8., certify such
6 eligible providers who meet the criteria.

7 ***b2027/1.4* SECTION 1750i.** 49.45 (2) (a) 11. b. of the statutes is created to read:

8 49.45 (2) (a) 11. b. Promulgate rules to implement this subdivision.

9 ***b2027/1.4* SECTION 1750j.** 49.45 (2) (a) 12. of the statutes is renumbered
10 49.45 (2) (a) 12. a. and amended to read:

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

1 ***b2027/1.4* SECTION 1750k.** 49.45 (2) (a) 12. b. of the statutes is created to
2 read:

3 49.45 (2) (a) 12. b. Promulgate rules to implement this subdivision.

4 ***b2027/1.4* SECTION 1750L.** 49.45 (2) (b) 6m. of the statutes is created to read:

5 49.45 (2) (b) 6m. Limit the number of providers of particular services that may
6 be certified under par. (a) 11. or the amount of resources, including employees and
7 equipment, that a certified provider may use to provide particular services to medical
8 assistance recipients, if the department finds that existing certified providers and
9 resources provide services that are adequate in quality and amount to meet the need
10 of medical assistance recipients for the particular services; and if the department
11 finds that the potential for medical assistance fraud or abuse exists if additional
12 providers are certified or additional resources are used by certified providers. The
13 department shall promulgate rules to implement this subdivision.

14 ***b2027/1.4* SECTION 1750n.** 49.45 (2) (b) 7. of the statutes is created to read:

15 49.45 (2) (b) 7. Require, as a condition of certification under par. (a) 11., all
16 providers of a specific service that is among those enumerated under s. 49.46 (2) or
17 49.47 (6) (a), as specified in this subdivision, to file with the department a surety bond
18 issued by a surety company licensed to do business in this state. Providers subject
19 to this subdivision provide those services specified under s. 49.46 (2) or 49.47 (6) (a)
20 for which providers have demonstrated significant potential to violate s. 49.49 (1) (a),
21 (2) (a) or (b), (3), (3m) (a), (3p), (4) (a), or (4m) (a), to require recovery under par. (a)
22 10., or to need additional sanctions under par. (a) 13. The surety bond shall be
23 payable to the department in an amount that the department determines is
24 reasonable in view of amounts of former recoveries against providers of the specific

1 service and the department's costs to pursue those recoveries. The department shall
2 promulgate rules to implement this subdivision that specify all of the following:

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

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

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

11 ***b2027/1.4* SECTION 1750p.** 49.45 (2) (b) 8. of the statutes is created to read:

12 49.45 (2) (b) 8. Require a person who takes over the operation, as defined in sub.
13 (21) (ag), of a provider, to first obtain certification under par. (a) 11. for the operation
14 of the provider, regardless of whether the person is currently certified. The
15 department may withhold the certification required under this subdivision until any
16 outstanding repayment under sub. (21) is made. The department shall promulgate
17 rules to implement this subdivision.

18 ***b2027/1.4* SECTION 1750r.** 49.45 (2) (b) 9. of the statutes is created to read:

19 49.45 (2) (b) 9. After providing reasonable notice and opportunity for a hearing,
20 charge an assessment to a provider that repeatedly has been subject to recoveries
21 under par. (a) 10. a. because of the provider's failure to follow identical or similar
22 billing procedures or to follow other identical or similar program requirements. The
23 assessment shall be used to defray in part the costs of audits and investigations by
24 the department under sub. (3) (g) and may not exceed \$1,000 or 200% of the amount
25 of any such repeated recovery made, whichever is greater. The provider shall pay the

1 assessment to the department within 10 days after receipt of notice of the assessment
2 or the final decision after administrative hearing, whichever is later. The
3 department may recover any part of an assessment not timely paid by offsetting the
4 assessment against any medical assistance payment owed to the provider and may
5 refer any such unpaid assessments not collected in this manner to the attorney
6 general, who may proceed with collection under this subdivision. Failure to timely
7 pay in any manner an assessment charged under this subdivision, other than an
8 assessment that is offset against any medical assistance payment owed to the
9 provider, is grounds for decertification under subd. 12. A provider's payment of an
10 assessment does not relieve the provider of any other legal liability incurred in
11 connection with the recovery for which the assessment is charged, but is not evidence
12 of violation of a statute or rule. The department shall credit all assessments received
13 under this subdivision to the appropriation account under s. 20.435 (4) (iL). The
14 department shall promulgate rules to implement this subdivision.

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

17 49.45 (3) (g) 1. The secretary may ~~appoint~~ authorize personnel to audit or
18 investigate and report to the department on any matter involving violations or
19 complaints alleging violations of ~~laws~~ statutes, regulations, or rules applicable to
20 ~~Title XIX of the federal social security act~~ or the medical assistance program and to
21 perform such investigations or audits as are required to verify the actual provision
22 of services or items available under the medical assistance program and the
23 appropriateness and accuracy of claims for reimbursement submitted by providers
24 participating in the program. Department employees ~~appointed~~ authorized by the
25 secretary under this paragraph shall be issued, and shall possess at all times ~~during~~

1 which while they are performing their investigatory or audit functions under this
2 section, identification, signed by the secretary ~~which, that~~ specifically designates the
3 bearer as possessing the authorization to conduct medical assistance investigations
4 or audits. Pursuant to Under the request of a designated person and upon
5 presentation of ~~that~~ the person's authorization, providers and medical assistance
6 recipients shall accord ~~such~~ the person access to any provider personnel, records,
7 books, ~~recipient medical records,~~ or documents or other information needed. Under
8 the written request of a designated person and upon presentation of the person's
9 authorization, providers and recipients shall accord the person access to any needed
10 patient health care records of a recipient. Authorized employees ~~shall have authority~~
11 ~~to~~ may hold hearings, administer oaths, take testimony, and perform all other duties
12 necessary to bring ~~such~~ the matter before the department for final adjudication and
13 determination.

14 ***b2027/1.4* SECTION 1750td.** 49.45 (3) (g) 2. of the statutes is created to read:
15 49.45 (3) (g) 2. The department shall promulgate rules to implement this
16 paragraph.

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

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

20 49.45 (3) (h) 1n. The department shall promulgate rules to implement this
21 paragraph.

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

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

1 49.45 (3) (h) 1m. ~~The failure or refusal of a person to purge himself or herself~~
2 ~~of contempt found under s. 885.12 and perform the act as required by law shall~~
3 ~~constitute provider to accord department auditors or investigators access as required~~
4 ~~under par. (g) to any provider personnel, records, books, patient health care records~~
5 ~~of medical assistance recipients, or documents or other information requested~~
6 ~~constitutes grounds for decertification or suspension of that person the provider from~~
7 ~~participation in the medical assistance program and no. No payment may be made~~
8 ~~for services rendered by that person subsequent to the provider following~~
9 ~~decertification or, during the period of suspension, or during any period of provider~~
10 ~~failure or refusal to accord access as required under par. (g).”.~~

11 ***b2144/1.6* 954.** Page 622, line 8: delete “, or (w)” and substitute “, (w), or
12 (wm)”.

13 ***b1413/3.1* 955.** Page 622, line 14: delete lines 14 to 21.

14 ***b2144/1.7* 956.** Page 624, line 21: delete “and (w)” and substitute “, (w), and
15 (wm)”.

16 ***b2052/2.1* 957.** Page 627, line 2: after that line insert:

17 ***b2052/2.1* “SECTION 1778d.** 49.45 (6v) (b) of the statutes is amended to read:
18 49.45 (6v) (b) The Beginning on October 1, 2003, and annually thereafter, the
19 department shall, each year, submit to the joint committee on finance a report for the
20 previous fiscal year, except for the 1997–98 fiscal year, that provides information on
21 the utilization of beds by recipients of medical assistance in facilities and a
22 discussion and detailed projection of the likely balances, expenditures,
23 encumbrances and carry over of currently appropriated amounts in the

1 ~~appropriation accounts under s. 20.435 (4) (b) and (c) for the immediately prior 2~~
2 ~~consecutive fiscal years.~~

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

4 49.45 (6v) (c) If the report specified in par. (b) indicates that utilization of beds
5 by recipients of medical assistance in facilities is less than estimates for that
6 utilization reflected in the intentions of the joint committee on finance, legislature
7 and governor, as expressed by them in the budget determinations, the department
8 shall include a proposal to transfer moneys from the appropriation under s. 20.435
9 (4) (b) to the appropriation under s. 20.435 (7) (bd) for the purpose of increasing
10 funding for the community options program under s. 46.27. The amount proposed
11 for transfer may not reduce the balance in the appropriation account under s. 20.435
12 (4) (b) below an amount necessary to ensure that that appropriation account will end
13 the current fiscal year or the current fiscal biennium with a positive balance. The
14 secretary shall transfer the amount identified under the proposal decreased during
15 the most recently completed fiscal year from the utilization of beds by recipients of
16 medical assistance in facilities in the next most recently completed fiscal year, the
17 department shall multiply the difference between the number of days of care
18 provided to the recipients in the facilities in each of those prior 2 consecutive fiscal
19 years by the average daily costs of care in the facilities for the most recently
20 completed fiscal year. The average daily costs of care shall be calculated by dividing
21 the total of medical assistance expenditures for care in facilities for the most recently
22 completed fiscal year by the total number of days of care provided in facilities in that
23 fiscal year.

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

1 49.45 (6v) (d) If par. (c) applies and if the amount calculated under par. (c) is
2 positive, the department's report under par. (b) shall include a proposal to transfer
3 an amount equal to the portion of the amount calculated under par. (c) that is the
4 state share of medical assistance expenditures from the appropriation account under
5 s. 20.435 (4) (b) to the appropriation account under s. 20.435 (7) (bd) for the purpose
6 of increasing funding for the long-term support community options program under
7 s. 46.27. If the cochairpersons of the joint committee on finance do not notify the
8 secretary within 14 working days after the date on which the department submits
9 the proposal that the committee has scheduled a meeting for the purpose of
10 reviewing the proposal, the secretary shall transfer the amount identified under the
11 proposal. If, within 14 working days after the date on which the department submits
12 the proposal, the cochairpersons of the joint committee on finance notify the
13 secretary that the committee has scheduled a meeting for the purpose of reviewing
14 the proposal, the secretary may transfer moneys from the appropriation account
15 under s. 20.435 (4) (b) to the appropriation account under s. 20.435 (7) (bd) only as
16 approved by the committee.

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

18 49.45 (6v) (e) Of the amount required to be transferred by the secretary under
19 par. (d), 40% shall be expended for services as specified under s. 46.27 (7) and 60%
20 shall be expended for services as specified under s. 46.27 (11).”.

21 ***b2027/1.5* 958.** Page 628, line 21: after that line insert:

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

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

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

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

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

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

- 18 1. Ownership of the provider’s business or all or substantially all of the assets
19 of the business.
- 20 2. Majority control over decisions.
- 21 3. The right to any profits or income.
- 22 4. The right to contact and offer services to patients, clients, or residents served
23 by the provider.

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

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

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

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

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

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

20 49.45 (21) (e) The department shall promulgate rules to implement this
21 subsection.”.

22 ***b2193/1.19* 959.** Page 630, line 7: after that line insert:

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

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

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

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

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

22 49.45 (39) (b) *School medical services.* 1. ‘Payment for school medical services.’
23 If a school district or a cooperative educational service agency elects to provide school
24 medical services and meets all requirements under par. (c), the department shall
25 reimburse the school district or the cooperative educational service agency for 60%

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

1 Wisconsin Center for the Blind and Visually Impaired, the Wisconsin School
2 Educational Services Program for the Deaf and Hard of Hearing, or the cooperative
3 educational service agency shall comply with all requirements of the federal
4 department of health and human services for receiving federal financial
5 participation.

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

16 *b1046/1.3* **960.** Page 630, line 14: after that line insert:

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

18 49.45 (47) (c) The biennial fee for the certification required under par. (b) of an
19 adult day care center is \$89, plus a biennial fee of \$17.80 per client, based on the
20 number of clients that the adult day care center is certified to serve \$100. Fees
21 collected under this paragraph shall be credited to the appropriation account under
22 s. 20.435 (6) (jm).

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

24 *b2042/2.1* **961.** Page 632, line 4: after that line insert:

1 ***b2042/2.1*** “**SECTION 1799f.** 49.46 (1) (a) 5m. of the statutes is created to read:
2 49.46 (1) (a) 5m. Any individual who is at least 19 years of age but under 20
3 years of age and who, on his or her 18th birthday, was in foster care, or treatment
4 foster care placement under ch. 48 or 938, as determined by the department.”.

5 ***b2202/2.7* 962.** Page 646, line 22: after that line insert:

6 ***b2202/2.7*** “**SECTION 1838gb.** 49.688 of the statutes is created to read:
7 **49.688 Prescription drug assistance for elderly persons.** (1) In this
8 section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 b. Five hundred dollars.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (7) (a) Except as provided in par. (b), from the appropriation accounts under
23 s. 20.435 (4) (bv) and (j), beginning on September 1, 2002, the department shall,
24 under a schedule that is identical to that used by the department for payment of
25 pharmacy provider claims under medical assistance, provide to pharmacies and

1 pharmacists payments for prescription drugs sold by the pharmacies or pharmacists
2 to persons eligible under sub. (2) who have paid the deductible specified under sub.
3 (3) (b) 1. or 2. or who, under sub. (3) (b) 1., are not required to pay a deductible. The
4 payment for each prescription drug under this paragraph shall be at the program
5 payment rate, minus any copayment paid by the person under sub. (5) (a) 2. or 4., and
6 plus, if applicable, incentive payments that are similar to those provided under s.
7 49.45 (8v). The department shall devise and distribute a claim form for use by
8 pharmacies and pharmacists under this paragraph and may limit payment under
9 this paragraph to those prescription drugs for which payment claims are submitted
10 by pharmacists or pharmacies directly to the department. The department may
11 apply to the program under this section the same utilization and cost control
12 procedures that apply under rules promulgated by the department to medical
13 assistance under subch. IV of ch. 49.

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

21 (8) The department shall, under methods promulgated by the department by
22 rule, monitor compliance by pharmacies and pharmacists that are certified providers
23 of medical assistance with the requirements of sub. (5) and shall annually report to
24 the legislature under s. 13.172 (2) concerning the compliance. The report shall
25 include information on any pharmacies or pharmacists that discontinue

1 participation as certified providers of medical assistance and the reasons given for
2 the discontinuance.

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

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

9 (c) A person other than a person specified in par. (b) who is convicted of violating
10 a rule promulgated by the department under par. (a) may be fined not more than
11 \$10,000, or imprisoned for not more than one year, or both.

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

18 (11) The department shall request from the federal secretary of health and
19 human services a waiver, under 42 USC 1315 (a), of federal medicaid laws necessary
20 to permit the department of health and family services to conduct a project, under
21 all of the requirements of this section, to expand eligibility for medical assistance,
22 for purposes of receipt of prescription drugs as a benefit, to include individuals who
23 are eligible under sub. (2). The department may implement a waiver requested
24 under this subsection only if the conditions of the waiver are consistent with the
25 requirements of this section. The department shall implement the program under

1 this section regardless of whether a waiver, as specified in this subsection, is
2 received.

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

7 *b2027/1.6* **963.** Page 648, line 12: after that line insert:

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

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

17 *b2027/1.7* **964.** Page 648, line 21: after that line insert:

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

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

23 *b1417/2.1* **965.** Page 653, line 10: after that line insert:

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

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

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

7 50.01 (1g) (h) A respite facility, as defined in s. 50.85 (1) (d).

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

9 50.01 (3) (f) A respite facility, as defined in s. 50.85 (1) (d).”.

10 ***b2027/1.8* 966.** Page 653, line 10: after that line insert:

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

12 50.03 (13) (a) *New license.* Whenever ownership of a facility is transferred from
13 the person or persons named in the license to any other person or persons, the
14 transferee must obtain a new license. The license may be a probationary license.
15 Penalties under sub. (1) shall apply to violations of this subsection. The transferee
16 shall notify the department of the transfer, file an application under sub. (3) (b), and
17 apply for a new license at least 30 days prior to final transfer. Retention of any
18 interest required to be disclosed under sub. (3) (b) after transfer by any person who
19 held such an interest prior to transfer may constitute grounds for denial of a license
20 where violations of this subchapter for which notice had been given to the transferor
21 are outstanding and uncorrected, if the department determines that effective control
22 over operation of the facility has not been transferred. If the transferor was a
23 provider under s. 49.43 (10), the transferee and transferor shall comply with s. 49.45
24 (21).”.

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

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

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

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

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

19 (d) The past record of violations of applicable federal laws or regulations or of
20 state statutes or rules of this or any other state, in the operation of any
21 health-related organization, by an operator, managing employee, or direct or
22 indirect owner of a respite facility or of an interest of a respite facility is relevant to
23 the issue of the fitness of an applicant for a license. The department or the
24 department’s designated representative shall inspect and investigate as necessary

1 to determine the conditions existing in each case under this paragraph and shall
2 prepare and maintain a written report concerning the investigation and inspection.

3 (4) USE OF NAME OR ADVERTISING PROHIBITED. No entity that is not a respite
4 facility licensed under this section or an applicant for a license under this section may
5 designate itself as a “respite facility” or use the word “respite facility” to represent
6 or tend to represent the entity as a respite facility or services provided by the entity
7 as services provided by a respite facility.

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

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

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

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

15 3. Any license granted under special limitations prescribed by the department
16 shall state the limitations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 3. Any previous violations committed by the licensee.

14 4. The financial benefit to the respite facility of committing or continuing the
15 violation.

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

22 (d) A respite facility may contest an assessment of forfeiture, by sending, within
23 10 days after receipt of notice under par. (c), a written request for hearing under s.
24 227.44 to the division of hearings and appeals created under s. 15.103 (1). The
25 administrator of the division may designate a hearing examiner to preside over the

1 case and recommend a decision to the administrator under s. 227.46. The decision
2 of the administrator of the division shall be the final administrative decision. The
3 division shall commence the hearing within 30 days after receipt of the request for
4 hearing and shall issue a final decision within 15 days after the close of the hearing.
5 Proceedings before the division are governed by ch. 227. In any petition for judicial
6 review of a decision by the division, the party, other than the petitioner, who was in
7 the proceeding before the division shall be the named respondent.

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

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

18 *b1417/2.2* SECTION 1900d. 50.90 (intro.) of the statutes is amended to read:
19 **50.90 Definitions.** (intro.) In this subchapter section to s. 50.981:

20 *b1417/2.2* SECTION 1900e. 50.91 of the statutes is amended to read:
21 **50.91 Departmental powers and duties.** The department shall provide
22 uniform, statewide licensing, inspection and regulation of hospices as specified in
23 this subchapter ss. 50.90 to 50.981.

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

1 50.92 (2) The department shall issue a license if the department finds that the
2 applicant is fit and qualified and that the hospice meets the requirements of this
3 ~~subchapter ss. 50.90 to 50.981~~ and the rules promulgated under ~~this subchapter ss.~~
4 50.90 to 50.981.

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

6 50.92 (3) The department or the department's designated representative shall
7 inspect or investigate a hospice prior to issuance of a license for the hospice except
8 as provided in sub. (4) and may inspect or investigate a hospice as the department
9 deems necessary, including conducting home visits or a review of health care records
10 of any individuals with terminal illness served by the hospice, to determine if any
11 person is in violation of ~~this subchapter ss. 50.90 to 50.981~~.

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

13 **50.925 Use of name or advertising prohibited.** No entity that is not a
14 hospice licensed under ~~this subchapter ss. 50.90 to 50.981~~ or an applicant for a
15 license or a provisional license under ~~this subchapter ss. 50.90 to 50.981~~ may
16 designate itself as a "hospice" or use the word "hospice" to represent or tend to
17 represent the entity as a hospice or services provided by the entity as services
18 provided by a hospice.

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

20 50.93 (3) PROVISIONAL LICENSE. If the applicant has not been previously licensed
21 under ~~this subchapter s. 50.92~~ or if the hospice is not in operation at the time that
22 application is made, the department may issue a provisional license. Unless sooner
23 suspended or revoked under sub. (4), a provisional license shall be valid for 24
24 months from the date of issuance. Within 30 days prior to the termination of a
25 provisional license, the department shall fully and completely inspect the hospice

1 and, if the hospice meets the applicable requirements for licensure, shall issue a
2 regular license under sub. (2). If the department finds that the hospice does not meet
3 the requirements for licensure, the department may not issue a regular license under
4 sub. (2).

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

6 50.93 (4) (a) The department, after notice to the applicant or licensee, may
7 suspend or revoke a license in any case in which the department finds that there has
8 been a substantial failure to comply with the requirements of ~~this subchapter ss.~~
9 50.90 to 50.981 or the rules promulgated under ~~this subchapter ss. 50.90 to 50.981.~~
10 No state or federal funds passing through the state treasury may be paid to a hospice
11 not having a valid license issued under this section.

12 ***b1417/2.2* SECTION 1900k.** 50.97 of the statutes is amended to read:

13 **50.97 Right of injunction.** The department may, upon the advice of the
14 attorney general, who shall represent the department in all proceedings under this
15 section, institute an action in the name of the state in the circuit court for Dane
16 County for injunctive relief or other process against any licensee, owner, operator,
17 administrator or representative of any owner of a hospice for the violation of any of
18 the provisions of ~~this subchapter ss. 50.90 to 50.981~~ or rules promulgated under ~~this~~
19 ~~subchapter ss. 50.90 to 50.981~~ if the violation affects the health, safety or welfare of
20 individuals with terminal illness.

21 ***b1417/2.2* SECTION 1900L.** 50.98 (1) of the statutes is amended to read:

22 50.98 (1) Any person who violates ~~this subchapter ss. 50.90 to 50.981~~ or rules
23 promulgated under ~~this subchapter ss. 50.90 to 50.981~~ may be required to forfeit not
24 more than \$100 for the first violation and may be required to forfeit not more than
25 \$200 for the 2nd or any later violation within a year. The period shall be measured

1 using the dates of issuance of citations of the violations. Each day of violation
2 constitutes a separate violation.

3 ***b1417/2.2* SECTION 1900m.** 50.981 of the statutes is amended to read:

4 **50.981 Fees permitted for a workshop or seminar.** If the department
5 develops and provides a workshop or seminar relating to the provision of services by
6 hospices under ~~this subchapter~~ ss. 50.90 to 50.981, the department may establish a
7 fee for each workshop or seminar and impose the fee on registrants for the workshop
8 or seminar. A fee so established and imposed shall be in an amount sufficient to
9 reimburse the department for the costs directly associated with developing and
10 providing the workshop or seminar.”.

11 ***b1409/1.1* 968.** Page 656, line 10: after that line insert:

12 ***b1409/1.1* “SECTION 1965b.** 51.15 (1) (a) (intro.) of the statutes is amended
13 to read:

14 51.15 (1) (a) (intro.) A law enforcement officer or other person authorized to
15 take a child into custody under ch. 48 or to take a juvenile into custody under ch. 938
16 may take an individual into custody if the officer or person has cause to believe that
17 such the individual is mentally ill ~~or, except as provided in subd. 5.,~~ is drug
18 dependent, or is developmentally disabled, and that the individual evidences any of
19 the following:

20 ***b1409/1.1* SECTION 1965c.** 51.15 (1) (a) 5. of the statutes is repealed.

21 ***b1409/1.1* SECTION 1965d.** 51.15 (1) (c) of the statutes is repealed.

22 ***b1409/1.1* SECTION 1965e.** 51.15 (4) (a) of the statutes is amended to read:

23 51.15 (4) (a) In counties having a population of 500,000 or more, the law
24 enforcement officer or other person authorized to take a child into custody under ch.

1 48 or to take a juvenile into custody under ch. 938 shall sign a statement of
2 emergency detention which shall provide detailed specific information concerning
3 the recent overt act, attempt, or threat to act or omission on which the belief under
4 sub. (1) is based and the names of the persons observing or reporting the recent overt
5 act, attempt, or threat to act or omission. The law enforcement officer or other person
6 is not required to designate in the statement whether the subject individual is
7 mentally ill, developmentally disabled, or drug dependent, but shall allege that he
8 or she has cause to believe that the individual evidences one or more of these
9 conditions if sub. (1) (a) 1., 2., 3. or 4. is believed or mental illness, if sub. (1) (a) 5.
10 is believed. The law enforcement officer or other person shall deliver, or cause to be
11 delivered, the statement to the detention facility upon the delivery of the individual
12 to it.

13 ***b1409/1.1* SECTION 1965f.** 51.15 (5) of the statutes is amended to read:

14 51.15 (5) DETENTION PROCEDURE; OTHER COUNTIES. In counties having a
15 population of less than 500,000, the law enforcement officer or other person
16 authorized to take a child into custody under ch. 48 or to take a juvenile into custody
17 under ch. 938 shall sign a statement of emergency detention which that shall provide
18 detailed specific information concerning the recent overt act, attempt, or threat to
19 act or omission on which the belief under sub. (1) is based and the names of persons
20 observing or reporting the recent overt act, attempt, or threat to act or omission. The
21 law enforcement officer or other person is not required to designate in the statement
22 whether the subject individual is mentally ill, developmentally disabled, or drug
23 dependent, but shall allege that he or she has cause to believe that the individual
24 evidences one or more of these conditions if sub. (1) (a) 1., 2., 3. or 4. is believed or
25 mental illness, if sub. (1) (a) 5. is believed. The statement of emergency detention

1 shall be filed by the officer or other person with the detention facility at the time of
2 admission, and with the court immediately thereafter. The filing of the statement
3 has the same effect as a petition for commitment under s. 51.20. When, upon the
4 advice of the treatment staff, the director of a facility specified in sub. (2) determines
5 that the grounds for detention no longer exist, he or she shall discharge the
6 individual detained under this section. Unless a hearing is held under s. 51.20 (7)
7 or 55.06 (11) (b), the subject individual may not be detained by the law enforcement
8 officer or other person and the facility for more than a total of 72 hours, exclusive of
9 Saturdays, Sundays, and legal holidays.

10 ***b1409/1.1* SECTION 1965g.** 51.20 (1) (a) 2. e. of the statutes is amended to
11 read:

12 51.20 (1) (a) 2. e. For an individual, other than an individual who is alleged to
13 be drug dependent or developmentally disabled, after the advantages and
14 disadvantages of and alternatives to accepting a particular medication or treatment
15 have been explained to him or her and because of mental illness, evidences either
16 incapability of expressing an understanding of the advantages and disadvantages of
17 accepting medication or treatment and the alternatives, or substantial incapability
18 of applying an understanding of the advantages, disadvantages, and alternatives to
19 his or her mental illness in order to make an informed choice as to whether to accept
20 or refuse medication or treatment; and evidences a substantial probability, as
21 demonstrated by both the individual's treatment history and his or her recent acts
22 or omissions, that the individual needs care or treatment to prevent further
23 disability or deterioration and a substantial probability that he or she will, if left
24 untreated, lack services necessary for his or her health or safety and suffer severe
25 mental, emotional, or physical harm that will result in the loss of the individual's

1 ability to function independently in the community or the loss of cognitive or
2 volitional control over his or her thoughts or actions. The probability of suffering
3 severe mental, emotional, or physical harm is not substantial under this subd. 2. e.
4 if reasonable provision for the individual's care or treatment is available in the
5 community and there is a reasonable probability that the individual will avail
6 himself or herself of these services or if the individual is appropriate for protective
7 placement under s. 55.06. Food, shelter, or other care that is provided to an
8 individual who is substantially incapable of obtaining food, shelter, or other care for
9 himself or herself by any person other than a treatment facility does not constitute
10 reasonable provision for the individual's care or treatment in the community under
11 this subd. 2. c. The individual's status as a minor does not automatically establish
12 a substantial probability of suffering severe mental, emotional, or physical harm
13 under this subd. 2. e. ~~This subd. 2. e. does not apply after November 30, 2001.~~

14 *b1409/1.1* SECTION 1965h. 51.20 (1) (ad) 1. of the statutes is amended to
15 read:

16 51.20 (1) (ad) 1. If a petition under par. (a) is based on par. (a) 2. e., the petition
17 shall be reviewed and approved by the attorney general or by his or her designee prior
18 to ~~or within 12 hours after~~ the time that it is filed. If the attorney general or his or
19 her designee disapproves or fails to act with respect to the petition, the petition may
20 not be filed. ~~If the attorney general or his or her designee disapproves or fails to act~~
21 ~~with respect to a petition under this subdivision within 12 hours after the time that~~
22 ~~it is filed, the individual, if detained under the petition, shall be released and the~~
23 ~~petition is void.~~

24 *b1409/1.1* SECTION 1965i. 51.20 (1) (ad) 3. of the statutes is repealed.

1 ***b1409/1.1* SECTION 1965j.** 51.20 (10) (cm) 1. of the statutes is renumbered
2 51.20 (10) (cm) and amended to read:

3 51.20 (10) (cm) Prior to or at the final hearing, for individuals for whom a
4 petition is filed under sub. (1) (a) 2. e., the county department under s. 51.42 or 51.437
5 shall furnish to the court and the subject individual an initial recommended written
6 treatment plan that contains the goals of treatment, the type of treatment to be
7 provided, and the expected providers. The treatment plan shall address the
8 individual's needs for inpatient care, residential services, community support
9 services, medication and its monitoring, case management, and other services to
10 enable the person to live in the community upon release from an inpatient facility.
11 The treatment plan shall contain information concerning the availability of the
12 needed services and community treatment providers' acceptance of the individual
13 into their programs. The treatment plan is only a recommendation and is not subject
14 to approval or disapproval by the court. Failure to furnish a treatment plan under
15 this ~~subdivision~~ paragraph does not constitute grounds for dismissal of the petition
16 unless the failure is made in bad faith.

17 ***b1409/1.1* SECTION 1965k.** 51.20 (10) (cm) 2. of the statutes is repealed.

18 ***b1409/1.1* SECTION 1965L.** 51.20 (13) (g) 2d. c. of the statutes is repealed.

19 ***b1409/1.1* SECTION 1965m.** 51.30 (3) (b) of the statutes is amended to read:

20 51.30 (3) (b) An individual's attorney or guardian ad litem and the corporation
21 counsel shall have access to the files and records of the court proceedings under this
22 chapter without the individual's consent and without modification of the records in
23 order to prepare for involuntary commitment or recommitment proceedings,
24 reexaminations, appeals, or other actions relating to detention, admission, or
25 commitment under this chapter or ch. 971 or 975.

1 ***b1409/1.1* SECTION 1965n.** 51.30 (4) (b) 11. of the statutes is amended to read:

2 51.30 (4) (b) 11. To the subject individual's counsel or guardian ad litem and
3 the corporation counsel, without modification, at any time in order to prepare for
4 involuntary commitment or recommitment proceedings, reexaminations, appeals, or
5 other actions relating to detention, admission, commitment, or patients' rights under
6 this chapter or ch. 48, 971, or 975.

7 ***b1409/1.1* SECTION 1965p.** 51.30 (4) (b) 14. of the statutes is repealed.”.

8 ***b1432/1.1* 969.** Page 656, line 10: after that line insert:

9 ***b1432/1.1* “SECTION 1966cb.** 51.13 (1) (a) of the statutes is amended to read:
10 51.13 (1) (a) Except as provided in par. (c) and s. 51.45 (2m), the application for
11 voluntary admission of a minor who is ~~under~~ 14 years of age or older to an approved
12 inpatient treatment facility for the primary purpose of treatment for alcoholism or
13 drug abuse and the application for voluntary admission of a minor who is under 14
14 years of age to an approved inpatient treatment facility for the primary purpose of
15 treatment for mental illness, developmental disability, alcoholism, or drug abuse
16 shall be executed by a parent who has legal custody of the minor or the minor's
17 guardian. Any statement or conduct by a minor ~~under the age of 14~~ who is the subject
18 of an application for voluntary admission under this paragraph indicating that the
19 minor does not agree to admission to the facility shall be noted on the face of the
20 application and shall be noted in the petition required by sub. (4).

21 ***b1432/1.1* SECTION 1966cc.** 51.13 (1) (b) of the statutes is amended to read:
22 51.13 (1) (b) The application for voluntary admission of a minor who is 14 years
23 of age or ~~ever~~ older to an approved inpatient treatment facility for the primary
24 purpose of treatment for mental illness or developmental disability shall be executed

1 by the minor and a parent who has legal custody of the minor or the minor's guardian,
2 except as provided in par. (c) 1.

3 *b1432/1.1* SECTION 1966cd. 51.13 (1) (c) of the statutes is renumbered 51.13
4 (1) (c) 1. and amended to read:

5 51.13 (1) (c) 1. If a minor 14 years of age or older wishes to be admitted to an
6 approved inpatient treatment facility but a parent with legal custody or the guardian
7 refuses to execute the application for admission or cannot be found, or if there is no
8 parent with legal custody, the minor or a person acting on the minor's behalf may
9 petition the court assigned to exercise jurisdiction under chs. 48 and 938 in the
10 county of residence of the parent or guardian for approval of the admission. A copy
11 of the petition and a notice of hearing shall be served upon the parent or guardian
12 at his or her last-known address. If, after a hearing, the court determines that the
13 ~~parent or guardian's consent is~~ of the parent or guardian is being unreasonably
14 withheld ~~or~~, that the parent or guardian cannot be found, or that there is no parent
15 with legal custody, and that the admission is proper under the standards prescribed
16 in sub. (4) (d), ~~the court~~ shall approve the minor's admission without the ~~parent~~
17 ~~or guardian's consent~~ of the parent or guardian.

18 3. The court may, at the minor's request, temporarily approve the admission
19 pending hearing on the petition. If a hearing is held under ~~this subsection~~ subd. 1.
20 or 2., no review or hearing under sub. (4) is required.

21 *b1432/1.1* SECTION 1966ce. 51.13 (1) (c) 2. of the statutes is created to read:

22 51.13 (1) (c) 2. If a minor under 14 years of age wishes to be admitted to an
23 approved inpatient treatment facility but a parent with legal custody or the guardian
24 cannot be found, or if there is no parent with legal custody, the minor or a person
25 acting on the minor's behalf may petition the court assigned to exercise jurisdiction

1 under chs. 48 and 938 in the county of residence of the parent or guardian for
2 approval of the admission. A copy of the petition and a notice of hearing shall be
3 served upon the parent or guardian at his or her last-known address. If, after a
4 hearing, the court determines that the parent or guardian cannot be found or that
5 there is no parent with legal custody, and that the admission is proper under the
6 standards prescribed in sub. (4) (d), the court shall approve the minor's admission
7 without the consent of the parent or guardian.

8 ***b1432/1.1* SECTION 1966cf.** 51.13 (1) (d) of the statutes is amended to read:

9 51.13 (1) (d) A minor against whom a petition or statement has been filed under
10 s. 51.15, 51.20, or 51.45 (12) or (13) may be admitted under this section. The court
11 may permit the minor to become a voluntary patient pursuant to under this section
12 upon approval by the court of an application executed pursuant to under par. (a), (b),
13 or (c), ~~and the judge.~~ The court shall then dismiss the proceedings under s. 51.15,
14 51.20, or 51.45 (12) or (13). If a hearing is held under this subsection, no hearing
15 under sub. (4) is required.

16 ***b1432/1.1* SECTION 1966cg.** 51.13 (1) (e) of the statutes is amended to read:

17 51.13 (1) (e) A minor may be admitted immediately upon the approval of the
18 application executed under par. (a) or (b) by the treatment director of the facility or
19 his or her designee or, in the case of a center for the developmentally disabled, the
20 director of the center or his or her designee, and the director of the appropriate county
21 department under s. 51.42 or 51.437 if ~~such~~ the county department is to be
22 responsible for the cost of the minor's therapy and treatment. Approval shall be
23 based upon an informed professional opinion that the minor is in need of psychiatric
24 services or services for developmental disability, alcoholism, or drug abuse, that the
25 treatment facility offers inpatient therapy or treatment ~~which that~~ is appropriate for

1 the minor's needs, and that inpatient care in the facility is the least restrictive
2 therapy or treatment consistent with the minor's needs. In the case of a minor who
3 is being admitted for the primary purpose of treatment for alcoholism or drug abuse,
4 approval shall also be based on the results of an alcohol or other drug abuse
5 assessment that conforms to the criteria specified in s. 938.547 (4).

6 *b1432/1.1* SECTION 1966ch. 51.13 (2) (a) of the statutes is amended to read:

7 51.13 (2) (a) A minor may be admitted to an inpatient treatment facility
8 without complying with the requirements of this section if the admission does not
9 involve the department or a county department under s. 51.42 or 51.437, or a contract
10 between a treatment facility and the department or ~~between a treatment facility and~~
11 ~~a county department.~~ The application for voluntary admission of a minor who is 14
12 years of age or older to an inpatient treatment facility for the primary purpose of
13 treatment for alcoholism or drug abuse and the application for voluntary admission
14 of a minor who is under 14 years of age to an inpatient treatment facility for the
15 primary purpose of treatment for mental illness, developmental disability,
16 alcoholism, or drug abuse shall be executed by a parent who has legal custody of the
17 minor or by the minor's guardian. The application for voluntary admission of a minor
18 who is 14 years of age or ~~over~~ older to an inpatient treatment facility for the primary
19 purpose of treatment for mental illness or developmental disability shall be executed
20 by the minor and a parent who has legal custody of the minor or the minor's guardian.

21 *b1432/1.1* SECTION 1966ci. 51.13 (2) (b) of the statutes is amended to read:

22 51.13 (2) (b) Notwithstanding par. (a), any minor who is 14 years of age or older
23 and who is admitted to an inpatient treatment facility for the primary purpose of
24 treatment of mental illness, or developmental disability, ~~alcoholism or drug abuse~~
25 has the right to be discharged within 48 hours ~~of~~ after his or her request, as provided

1 in sub. (7) (b). At the time of admission, any minor who is 14 years of age or older and
2 who is admitted to an inpatient treatment facility for the primary purpose of
3 treatment for mental illness or developmental disability, and the minor's parent or
4 guardian, shall be informed of this right orally and in writing by the director of the
5 hospital or such person's designee. This paragraph does not apply to individuals who
6 receive services in hospital emergency rooms.

7 ***b1432/1.1* SECTION 1966ck.** 51.13 (2) (d) of the statutes is amended to read:

8 51.13 (2) (d) Writing materials for use in requesting a discharge shall be made
9 available at all times to all minors who are 14 years of age or older and who are
10 admitted under this subsection for the primary purpose of treatment for mental
11 illness or developmental disability. The staff of the facility shall assist such minors
12 in preparing or submitting requests for discharge.

13 ***b1432/1.1* SECTION 1966cm.** 51.13 (3) (b) of the statutes is amended to read:

14 51.13 (3) (b) A minor 14 years of age or older who has been admitted to an
15 inpatient treatment facility for the primary purpose of treatment for mental illness
16 or developmental disability, a minor who is voluntarily admitted under sub. (1) (c)
17 1. or 2., and his or her the minor's parent or guardian shall also be informed by the
18 director or his or her designee, both orally and in writing, in easily understandable
19 language, of the minor's right to request discharge and to be discharged within 48
20 hours of the request if no petition or statement is filed for emergency detention,
21 emergency commitment, involuntary commitment, or protective placement, and the
22 minor's right to consent to or refuse treatment as provided in s. 51.61 (6).

23 ***b1432/1.1* SECTION 1966cn.** 51.13 (3) (c) of the statutes is amended to read:

24 51.13 (3) (c) A minor 14 years of age or older who has been admitted to an
25 inpatient facility for the primary purpose of treatment for alcoholism or drug abuse.

1 a minor under 14 years of age who has been admitted to an inpatient treatment
2 facility for the primary purpose of treatment for mental illness, developmental
3 disability, alcoholism, or drug abuse, and his or her the minor's parent or guardian
4 shall also be informed by the director or his or her designee, both orally and in
5 writing, in easily understandable language, of the right of the parent or guardian to
6 request the minor's discharge as provided in sub. (7) (b) and of the minor's right to
7 a hearing to determine continued appropriateness of the admission as provided in
8 sub. (7) (c).

9 ***b1432/1.1* SECTION 1966cp.** 51.13 (4) (a) (intro.) of the statutes is amended
10 to read:

11 51.13 (4) (a) (intro.) Within 3 days of after the admission of a minor under sub.
12 (1), or within 3 days of after application for admission of the minor, whichever occurs
13 first, the treatment director of the facility to which the minor is admitted or, in the
14 case of a center for the developmentally disabled, the director of the center, shall file
15 a verified petition for review of the admission in the court assigned to exercise
16 jurisdiction under chs. 48 and 938 in the county in which the facility is located. A
17 copy of the application for admission and of any relevant professional evaluations
18 shall be attached to the petition. The petition shall contain all of the following:

19 ***b1432/1.1* SECTION 1966cr.** 51.13 (4) (c) of the statutes is amended to read:

20 51.13 (4) (c) A copy of the petition shall be provided by the petitioner to the
21 minor and his or her parents or guardian within 5 days of after admission.

22 ***b1432/1.1* SECTION 1966ct.** 51.13 (4) (d) of the statutes is amended to read:

23 51.13 (4) (d) Within 5 days of after the filing of the petition, the court assigned
24 to exercise jurisdiction under chs. 48 and 938 shall determine, based on the
25 allegations of the petition and accompanying documents, ~~whether the admission is~~