49.1471 (3m) *-0229/2.2* Section 1192. 49 May of the statutes is created to read: (9) (3m) (25) (a) 49.147 (4) (Collection of delinquent repayments. 4. The department of workforce development may, in the manner provided in s. 49.85, collect job access loan repayments that are delinquent under the terms of a repayment agreement. The department of workforce development shall credit all delinquent repayments collected by the department of revenue as a setoff under s. 71.93 to the appropriation account under s. 20.445 (3) (jL). Use of the process under s. 49.85 does not preclude the department of workforce development from collecting delinquent repayments through other legal means. 10 2. Subdivision 1. applies to delinquent repayments existing on or after the effective date of this subdivision [revisor inserts date], regardless of when the loan 11 12 was made or when the delinquency accrued. x_{4} **1256/4.1* Section 1193. 49.148 (1m) (a) of the statutes is amended to read 14 49.148 (1m) (a) A person who meets the eligibility requirements under s. 15 49.145 (2) and (3) and who is a custodial parent of a child who is 12 weeks 6 months old or less and who meets the eligibility requirements under s. 49.145(2) and (3) may 16 receive a monthly grant of \$673 unless another adult member of the custodial 17 parent's Wisconsin works Works group is participating in, or is eligible to participate 18 in, a Wisconsin works Works employment position or is employed in unsubsidized 19 20 employment, as defined in s. 49.147 (1) (c). A Wisconsin works Works agency may not require a participant under this subsection to participate in any Wisconsin Works 2122 employment positions. 23 (b) 1. Receipt of a grant under this subsection does not constitute participation in a Wisconsin works Works employment position for purposes of the time limits 24

under s. 49.145 (2) (n) or 49.147 (3) (c), (4) (b), or (5) (b) 2. if the child is born to the

participant not more than 10 months after the date that the participant was first determined to be eligible for assistance under s. 49.19 or for a Wisconsin works Works employment position.

-1256/4.2 SECTION 1194. 49.148 (1m) (b) of the statutes is renumbered 49.148 (1m) (b) 2. and amended to read:

49.148 (1m) (b) 2. Receipt of a grant under this subsection constitutes participation in a Wisconsin works Works employment position for purposes of the time limits under ss. 49.145 (2) (n) and 49.147 (3) (c), (4) (b), or (5) (b) 2. if the child is born to the participant more than 10 months after the date that the participant was first determined to be eligible for assistance under s. 49.19 or for a Wisconsin works Works employment position unless the child was conceived as a result of a sexual assault in violation of s. 940.225 (1), (2), or (3) in which the mother did not indicate a freely given agreement to have sexual intercourse or of incest in violation of s. 944.06 or 948.06 and that incest or sexual assault has been reported to a physician and to law enforcement authorities.

-1751/P2.1 Section 1195. 49.155 (1g) (b) of the statutes is amended to read: 49.155 (1g) (b) From the appropriation under s. 20.445 (3) (mc), distribute \$44,955,200 in fiscal year 2001-02 and \$27,977,500 \$6,679,100 in each fiscal year 2002-03 for the purposes of providing technical assistance for child care providers, for administering the child care program under this section and for grants under s. 49.136 (2) for the start-up and expansion of child day care services, for child day care start-up and expansion planning, for grants under s. 49.134 (2) for child day care resource and referral services, for grants under s. 49.137 (3) to assist child care providers in meeting the quality of care standards established under sub. (1d), for a system of rates or a program of grants, as provided under sub. (1d), for

re	imbursement of child care providers that meet those quality of care standards, for
gı	ants under s. 49.137 (2) and (4m), for a child care scholarship and bonus program,
fo	r safe child care activities, and for administration of the department's office of child
ca	re, and for contracts under s. 49.137 (4) to improve the quality of child day care
80	ervices in this state.
	-1751/P2.2 Section 1196. 49.155 (1g) (c) of the statutes is amended to read:
	49.155 (1g) (c) From the appropriation account under s. 20.445 (3) (mc),
tr	ansfer \$4,549,500 <u>\$4,440,600</u> in fiscal year 2001-02 <u>2003-04</u> and <u>\$4,733,700</u>
<u>\$4</u>	4,507,900 in fiscal year $2002-03$ $2004-05$ to the appropriation account under s.
20	0.435 (3) (kx).
	-1751/P2.3 Section 1197. 49.155 (1g) (d) of the statutes is repealed.
	-1256/4.3 SECTION 1198. 49.1635 (1) of the statutes is amended to read:
	49.1635 (1) To the extent permitted under federal law and subject to sub. (2),
fr	om the appropriation under s. 20.445 (3) (md) the department shall may distribute
fu	nds to the Wisconsin Trust Account Foundation in an amount equal up to the
aı	nount received by the foundation from private donations, but not to exceed
\$	100,000 in each a fiscal year. Except as provided in sub. (4), funds distributed under
th	is subsection may be used only for the provision of legal services to individuals who
ar	re eligible for temporary assistance for needy families under 42 USC 601 et seq. and
w	hose incomes are at or below 200% of the poverty line.
	-1752/3.9 SECTION 1199. 49.167 (1) (intro.) of the statutes is amended to
re	ead:
	49.167 (1) (intro.) The department shall may award grants to counties, tribal
go	overning bodies, and private entities to provide community-based alcohol and

other drug abuse treatment programs that are targeted at individuals who have a

<u>1</u>	family income of not more than 200% of the poverty line and who are eligible for
2	temporary assistance for needy families under 42 USC 601 et seq. and that do all of
3	the following:
4	*-1752/3.10* SECTION 1200. 49.167 (2) (intro.) of the statutes is amended to
5	read:
6	49.167 (2) (intro.) The department shall do all of the following with respect to
7	the any grants awarded under par. (a):
8	*-1752/3.11* SECTION 1201. 49.169 (2) of the statutes is amended to read:
9	49.169 (2) The department shall may award not more than \$1,404,100 in
10	grants to qualified applicants for the provision of literacy training to individuals who
11	are eligible for temporary assistance for needy families under 42 USC 601 et. et seq.
12	*-1752/3.12* Section 1202. 49.169 (4) of the statutes is amended to read: $\sqrt{3}$
3	49.169 (4) The department, in consultation with the technical college system
14	49.169 (4) The department, in consultation with the technical college system board, the department of public instruction, and the governor's office, shall develop written criteria to be used to evaluate the any grant proposals and to allocate the any grants under this section among the successful grant applicants.
15	written criteria to be used to evaluate the any grant proposals and to allocate the any
16	grants under this section among the successful grant applicants.
17	*-1243/1.30* Section 1203. 49.175 (1) (intro.) of the statutes is amended to
18	read:
19	49.175 (1) Allocation of Funds. (intro.) Except as provided in sub. (2), within
20	the limits of the appropriations under s. 20.445 (3) (a), (cm), (de), (dz), (e), (jL), (k),
21	(kx), (L), (mc), (md), and (nL), (pm), and (ps), the department shall allocate the
22	following amounts for the following purposes:
23	*-1752/3.13* SECTION 1204. 49.175 (1) (a) of the statutes is amended to read:
	49.175 (1) (a) Wisconsin works Works benefits For Wisconsin works Works
25	benefits provided under contracts having a term that begins on January 1, 2000
a k	VOLUME OF STET OF

LRB-1922/P3 2003 - 2004 Legislature ALL:all:all **SECTION 1204** 165T ET 2002, and ends on December 31, 2001 2003, \$24,654,800 \$35,713,700 in fiscal year 2001 02 2003-04; and for Wisconsin works Works benefits provided under contracts having a term that begins on January 1, 2002 2004, and ends on December 31, 2003 2005, \$24,654,800 \$35,713,800 in fiscal year 2001-02 2003-04 and \$49,309,600 4 \$78,410,800 in fiscal year 2002-03 2004-05. 5 6 *-1752/3.14* Section 1205. 49.175 (1) (b) of the statutes is amended to read: 7 49.175 (1) (b) Wisconsin works Works administration and ancillary services. 8 For administration of Wisconsin works and program services under Wisconsin works 9 Works performed under contracts under s. 49.143 having a term that begins on 10 January 1, 2000 2002, and ends on December 31, 2001, \$63,269,900 2003, \$11,139,800 in fiscal year 2001-02 2003-04; and for administration of Wisconsin 11 12 works and program services under Wisconsin works Works performed under 13 contracts under s. 49.143 having a term that begins on January 1, 2002 2004, and ends on December 31, 2003, \$49,610,800 2005, \$11,139,900 in fiscal year 2001-0214 2003-04 and 99,221,600 22,279,700 in fiscal year 2002-03 2004-05. 15 *-1752/3.15* Section 1206. 49.175 (1) (c) of the statutes is amended to read: 16 17 49.175 (1) (c) Performance bonuses. For the payment of performance bonuses to Wisconsin works Works agencies that have entered into contracts under s. 49.143 18 having a term that begins on January 1, 2000 2002, and that ends on 19 20 December 31, 2001, \$12,820,800 2003, \$0 in fiscal year 2001-02 2003-04. *-1752/3.16* Section 1207. 49.175 (1) (d) of the statutes is repealed. 21 22 *-1752/3.17* Section 1208. 49.175 (1) (e) of the statutes is repealed. *-1752/3.18* Section 1209. 49.175 (1) (f) of the statutes is created to read: 23 49.175 (1) (f) Wisconsin Works ancillary services. For program services under 2425Works, including transportation assistance for individuals who are Wisconsin leep

		(Plain)
<u>)</u> [1]	eligible to receive temporary assistance for needy families under 42 USC 601 et seq.,	9
2	provided under contracts under s. 49.143 having a term that begins on January 1,	educ
3	2002, and ends on December 31, 2003, \$27,803,300 in fiscal year 2003-04; and for	ξ,
4	program services under Wisconsin Works, including transportation assistance for	
5	individuals who are eligible to receive temporary assistance for needy families under	
6	42 USC 601 et seq., provided under contracts under s. 49.143 having a term that	9, 8
7	begins on January 1, 2004, and ends on December 31, 2005, \$27,803,300 in fiscal year	£ %
8	2003–04 and \$55,606,600 in fiscal year 2004–05.	کر کو د
9	*-1752/3.19* Section 1210. 49.175 (1) (g) of the statutes is amended to read:	367
10	49.175 (1) (g) State administration of public assistance programs. For state	4.3
11	administration of public assistance programs, \$24,680,700 in fiscal year 2001-02	k - 3
12	and \$24,693,200 <u>\$18,552,100</u> in <u>each</u> fiscal year 2002 03.	·
	-1752/3.20 Section 1211. 49.175 (1) (h) of the statutes is repealed.	٩
14	*-1752/3.21* Section 1212. 49.175 (1) (i) of the statutes is amended to read:	}
15	49.175 (1) (i) Emergency assistance. For emergency assistance under s. 49.138,	
16	\$3,300,000 <u>\$4,500,000</u> in each fiscal year.	
17	*-1752/3.22* Section 1213. 49.175 (1) (j) of the statutes is repealed.	
18	*-1752/3.23* Section 1214. 49.175 (1) (n) of the statutes is amended to read:	
19	49.175 (1) (n) Job access loans. For job access loans under s. 49.147 (6),	
20	\$600,000 \$200,000 in each fiscal year.	ح. مح
21	*-1752/3.24* SECTION 1215. 49.175 (1) (p) of the statutes is amended to read:	350-7 350-7
(22)	19.175 (1) (p) Direct child While care services full boling. For direct	سم
23	reimitars chief child care services provided under s. 49.155, \$274,500,000	
24	150 1700 in fiscal year 2001-02 2003-04 and \$305,550,000 1750 in	_
_25·	fiscal year 2002–03 2004–05.	
	fiscal year $\frac{2002-03}{3004-05}$.	•

do delete

-1752/3.25 Section 1216. 49.175 (1) (pm) of the statutes is created to read:

49.175 (1) (pm) Child care local administration and contract care costs. For reimbursement to counties for the cost of administration under s. 49.155 (3), to private nonprofit agencies for child care provided for children of migrant workers under s. 49.155 (3m), and to Wisconsin Works agencies for child care provided to Wisconsin Works participants and applicants under s. 49.155 (3m), \$16,240,600 in each fiscal year.

-1752/3.26 Section 1217. 49.175 (1) (q) of the statutes is amended to read:

49.175 (1) (q) Indirect child care services. For indirect child care services under

-1752/3.26 SECTION 1217. 49.175 (1) (q) of the statutes is amended to read: 49.175 (1) (q) *Indirect child care services*. For indirect child care services under s. 49.155 (1g), \$24,293,900 \$6,859,400 in fiscal year 2001-02 2003-04 and \$15,458,000 \$6,926,700 in fiscal year 2002-03 2004-05.

-1752/3.27 SECTION 1218. 49.175 (1) (qm) of the statutes is amended to read: 49.175 (1) (qm) Local pass-through grant program. For the local pass-through grant program under s. 49.137 (4m), \$25,210,800 in fiscal year 2001-02 and \$17,253,200 \$4,395,500 in each fiscal year 2002-03.

-1752/3.28 SECTION 1219. 49.175 (1) (r) of the statutes is amended to read: 49.175 (1) (r) Early childhood excellence initiative. For grants under s. 49.1375, \$11,395,900 in fiscal year 2001-02 and \$2,750,000 \$2,500,000 in each fiscal year 2002-03.

-1752/3.29 SECTION 1220. 49.175 (1) (u) of the statutes is amended to read: 49.175 (1) (u) Workforce attachment and advancement program. For services specified under s. 49.173, \$9,641,000 in fiscal year 2001-02 and \$7,842,200 \$2,000,000 in each fiscal year 2002-03.

-1752/3.30 Section 1221. 49.175 (1) (v) of the statutes is repealed.

-1752/3.31 Section 1222. 49.175 (1) (y) of the statutes is repealed.

1	*-1752/3.32* Section 1223. 49.175 (1) (z) of the statutes is amended to read:
2	49.175 (1) (z) Community youth grant Grants to the Boys and Girls Clubs of
3	America. For a competitive grant program administered by the department grants
4	to the Wisconsin Chapter of the Boys and Girls Clubs of America to fund programs
5	that improve social, academic, and employment skills of youth who are eligible to
6	receive temporary assistance for needy families under 42 USC 601 et seq.,
7	\$7,829,700 in fiscal year 2001–02 and \$300,000 in each fiscal year 2002–03.
8	*-1752/3.33* Section 1224. 49.175 (1) (zd) of the statutes is repealed.
9	*-1752/3.34* Section 1225. 49.175 (1) (ze) 1. of the statutes is amended to
10	read:
11	49.175 (1) (ze) 1. 'Kinship care and long-term kinship care assistance.' For the
12	kinship care and long-term kinship care programs under s. 48.57 (3m), (3n), and
3	(3p), \$24,852,600 \$24,155,700 in each fiscal year.
14	*-1752/3.35* Section 1226. 49.175 (1) (ze) 2. of the statutes is amended to
15	read:
16	49.175 (1) (ze) 2. 'Children of recipients of supplemental security income.' For
17	payments made under s. 49.775 for the support of the dependent children of
18	recipients of supplemental security income, \$20,145,000 \$20,883,700 in fiscal year
19	$\frac{2001-02}{2003-04}$ and $\frac{$19,796,000}{19,969,800}$ in fiscal year $\frac{2002-03}{2004-05}$.
20	*-1752/3.36* Section 1227. 49.175 (1) (ze) 6. of the statutes is repealed.
21	*-1752/3.37* Section 1228. 49.175 (1) (ze) 7. of the statutes is repealed.
22	*-1752/3.38* Section 1229. 49.175 (1) (ze) 8. of the statutes is amended to
23	read:
24	49.175 (1) (ze) 8. 'Domestic abuse services grants.' For the domestic abuse
-25	services grants under s. 46.95 (2), \$1,000,000 \$750,000 in each fiscal year.

1	* 1759/2 20* Sporton 1990 40 175 (1) (ma) 0 aftle at the contact of the second of the
	-1752/3.39 Section 1230. 49.175 (1) (ze) 9. of the statutes is repealed.
2	*-1752/3.40* Section 1231. 49.175 (1) (ze) 12. of the statutes is created to read:
3	49.175 (1) (ze) 12. 'Milwaukee and statewide child welfare administration.' For
4	the costs associated with the Milwaukee child welfare information system and the
5	Wisconsin statewide automated child welfare information system, \$1,695,700 in
6	fiscal year 2003–04 and \$1,741,300 in fiscal year 2004–05.
7	*-1752/3.41* Section 1232. 49.175 (1) (zf) of the statutes is repealed.
8	*-1752/3.42* Section 1233. 49.175 (1) (zg) of the statutes is repealed.
9	*-1752/3.43* Section 1234. 49.175 (1) (zh) of the statutes is amended to read:
10	49.175 (1) (zh) Taxable years 1999 and thereafter. For the transfer of moneys
11	from the appropriation account under s. 20.445 (3) (md) to the appropriation account
12	under s. 20.835 (2) (kf) for the earned income tax credit, $\$51,244,500$ $\$57,892,000$ in
13	fiscal year $\frac{2001-02}{2003-04}$ and $\frac{55,160,000}{50,300,000}$ in fiscal year $\frac{2002-03}{50,300,000}$
14	2004-05.
15	*-1752/3.44* Section 1235. 49.175 (1) (zj) of the statutes is amended to read:
16	49.175 (1) (zj) Head start Start. For the transfer of moneys to the department
17	of public instruction for head start Head Start agencies, \$3,712,500 \$3,500,000 in
18	each fiscal year.
19	*-1752/3.45* Section 1236. 49.175 (1) (zk) of the statutes is repealed.
20	*-1752/3.46* Section 1237. 49.179 of the statutes is repealed.
21	*-0529/4.99* Section 1238. 49.19 (3) (b) of the statutes is amended to read:
22	49.19 (3) (b) If the county department under s. 46.215 or 46.22 finds a person
23	eligible for aid under this section, that county department shall, on a form to be
24	prescribed by the department, direct the payment of such aid by order upon the state
25	treasurer secretary of administration. Payment of aid shall be made monthly, based

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on a calendar month or fiscal month as defined by the department; except that the
director of the county department may, in his or her discretion for the purpose of
protecting the public, direct that the monthly allowance be paid in accordance with
sub. (5) (c).

-0190/7.9 SECTION 1239. 49.19 (5) (d) of the statutes is amended to read:

49.19 (5) (d) The department shall reimburse the county for the funeral, burial, and cemetery expenses of a dependent child or the child's parents as provided in s. 49.30 49.785.

-0529/4.100 SECTION 1240. 49.19 (14) (b) of the statutes is amended to read: 49.19 (14) (b) If the state treasurer secretary of administration is unable to issue a replacement check or draft requested under par. (a) because the original has been paid, the department shall promptly authorize the issuance of a replacement check or draft. If the state treasurer secretary of administration recovers the amount of the original check or draft that amount shall be returned to the department. If the state treasurer secretary of administration is unable to obtain recovery, the department may pursue recovery.

-0279/1.2 Section 1241. 49.22 (7m) of the statutes is amended to read:

49.22 (7m) The department may contract with or employ a collection agency or other person to enforce a support obligation of a parent who is delinquent in making support payments and may contract with or employ an attorney to appear in an action in state or federal court to enforce such an obligation. To pay for the department's administrative costs of implementing this subsection, the department may charge a fee to counties, retain up to 50% of any incentive payment made to this state under 42 USC 658 for a collection under this subsection, and retain use federal matching funds or funds retained by the department under s. 49.24 (2) (c), or use up

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$\underline{\text{to}}$ 30% of this state's share of a collection made under this subsection on behalf of a
recipient of aid to families with dependent children or a recipient of kinship care
payments under s. 48.57 (3m) or long-term kinship care payments under s. 48.57
(3n).

-1824/6.14 Section 1242. 49.22 (7m) of the statutes, as affected by 2003 Wisconsin Act (this act), is amended to read:

49.22 (7m) The department may contract with or employ a collection agency or other person to enforce a support obligation of a parent who is delinquent in making support payments and, with the advice and consent of the attorney general, may contract with or employ retain an attorney to appear in an action in state or federal court to enforce such an obligation. To pay for the department's administrative costs of implementing this subsection, the department may charge a fee to counties, use federal matching funds or funds retained by the department under s. 49.24 (2) (c), or use up to 30% of this state's share of a collection made under this subsection on behalf of a recipient of aid to families with dependent children or a recipient of kinship care payments under s. 48.57 (3m) or long-term kinship care payments under s. 48.57 (3n).

****Note: This is reconciled s. 49.22 (7m), affected by LRB-1824 and LRB-0279. It incorporates the changes made by LRB-0279.

-0279/1.3 Section 1243. 49.24 (2) (b) of the statutes is amended to read:

49.24 (2) (b) The Except as provided in par. (c), the total of payments made to counties under sub. (1) and in federal child support incentive payments may not exceed \$12,340,000 per year.

-0279/1.4 Section 1244. 49.24 (2) (c) of the statutes is created to read:

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49.24 (2) (c) If federal child support incentive payments that are received for
a year exceed the maximum specified in par. (b), 50% of the amount that exceeds the
maximum specified in par. (b) shall be distributed to counties according to the
formula under par. (a), subject to the incentive payments limit specified in par. (a),
and the remainder shall be retained by the department to pay the costs of the
department's activities under ss. 49.22 and 49.227 and costs related to receiving and
disbursing support and support-related payments.

-0279/1.5 Section 1245. 49.24 (3) of the statutes is amended to read:

49.24 (3) A county that receives any state child support incentive payment under sub. (1) or any federal child support incentive payment <u>under sub. (2) (a) or</u> (c) may use the funds only to pay costs under its child support program under s. 49.22.

-0190/7.10 SECTION 1246. 49.30 of the statutes is renumbered 49.785, and 49.785 (2), as renumbered, is amended to read:

49.785 (2) From the appropriations under s. 20.445 (3) (dz) and (md) appropriation under s. 20.435 (4) (bn), the department shall reimburse a county or applicable tribal governing body or organization for any amount that the county or applicable tribal governing body or organization is required to pay under sub. (1). From the appropriations under s. 20.445 (3) (dz) and (md) appropriation under s. 20.435 (4) (bn), the department shall reimburse a county or applicable tribal governing body or organization for cemetery expenses or for funeral and burial expenses for persons described under sub. (1) that the county or applicable tribal governing body or organization is not required to pay under subs. (1) and (1m) only if the department approves the reimbursement due to unusual circumstances.

-0190/7.11 Section 1247. 49.32 (2) (d) of the statutes is repealed.

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	1	*-0190/7.12* Section 1248. 49.33 of the statutes is renumbered 49.78, and
	2	49.78 (1) (b), (2), (4), (7), (8) (a) and (10), as renumbered, are amended to read:
	3	49.78 (1) (b) "Income maintenance program" means the medical assistance
	4	Medical Assistance program under subch. IV of ch. 49, the badger care Badger Care
	5	health care program under s. 49.665, or the food stamp program under 7 USC 2011
	6	to 2036, or the cemetery, funeral, and burial expenses program under s. 49.785.
	7	(2) CONTRACTS. Annually, the department of health and family services shall
	8	contract with county departments under ss. 46.215, 46.22, and 46.23, and may
	9	contract with tribal governing bodies, to reimburse the county departments and
	10	tribal governing bodies for the reasonable cost of administering income maintenance
	11	programs.
	12	(4) Rules; Merit system. The department of workforce development shall
	13	promulgate rules for the efficient administration of aid to families with dependent
	14	children in agreement with the requirement for federal aid, including the
	15	establishment and maintenance of personnel standards on a merit basis. The
	16	provisions of this section relating to personnel standards on a merit basis supersede
	17	any inconsistent provisions of any law relating to county personnel. This subsection
	18	shall not be construed to invalidate the provisions of s. $46.22(1)(d)$.
	19	(7) COUNTY PERSONNEL SYSTEMS. Pursuant to rules promulgated under sub. (4),
	20	the department of workforce development where requested by the county shall
	21	delegate to that county, without restriction because of enumeration, any or all of the
	22	department's department of workforce development's authority under sub. (4) to
	23	establish and maintain personnel standards including salary levels.
	24	(8) (a) From the appropriation accounts under s. 20.435 (4) (bn) and (nn) and
1	25	subject to par. (b), the department of health and family services shall reimburse each

county and tribal governing body that contracts with the department under sub. (2) for reasonable costs of administering the income maintenance programs. The amount of each reimbursement paid under this paragraph shall be calculated using a formula based on workload within the limits of available state and federal funds under s. 20.435 (4) (bn) and (nn) by contract under s. 49.33 sub. (2). The amount of reimbursement calculated under this paragraph and par. (b) is in addition to any reimbursement provided to a county or tribal governing body for fraud and error reduction under s. 49.197 (1m) and (4).

- (10) County Certification. (a) Each county treasurer and director of a county department under s. 46.215, 46.22, or 46.23 and each tribal governing body shall certify monthly under oath to the department of health and family services in such manner as the department of health and family services prescribes the claim of the county for state reimbursement under sub. (8) (a). The department of health and family services shall review each claim of reimbursement and, if the department of health and family services approves the claim, the department of health and family services shall certify to the department of administration for reimbursement to the county for amounts due under sub. (8) (a) and payment claimed to be made to the counties monthly. The department of health and family services may make advance payments prior to the beginning of each month equal to one—twelfth of the contracted amount.
- (b) To facilitate prompt reimbursement the certificate of the department of health and family services may be based on the certified statements of the county officers or tribal governing body executives filed under par. (a). Funds recovered from audit adjustments from a prior fiscal year may be included in subsequent certifications only to pay counties owed funds as a result of any audit adjustment.

recovered and paid out during the previous calendar year as a result of audit			
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49.45 (2) (a) 3. Determine the eligibility of persons for medical assistance, rehabilitative, and social services under ss. 49.46, 49.468, and 49.47 and rules and policies adopted by the department and shall may, under a contract under s. 49.33 49.78 (2), designate delegate all, or any portion, of this function to the county department under s. 46.215, 46.22, or 46.23 or a tribal governing body.

-1760/2.7 Section 1250. 49.45 (2) (a) 17. of the statutes is amended to read: 49.45 (2) (a) 17. Notify the governor, the joint committee on legislative organization, the joint committee on finance and appropriate standing committees, as determined by the presiding officer of each house, if the appropriation accounts under s. 20.435 (4) (b) is , (gp), and (r) are insufficient to provide the state share of medical assistance.

****NOTE: This is reconciled s. 49.45(2)(a) 17. This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

-1486/2.3 Section 1251. 49.45 (2) (a) 25. of the statutes is created to read: 49.45 (2) (a) 25. a. For the privilege of doing business in this state, there is imposed on each health maintenance organization, as defined in s. 609.01 (2), an annual assessment of 1% of the health maintenance organization's gross revenues for the immediately preceding calendar year. The assessment shall be deposited into the Medical Assistance trust fund. The department shall determine the amount of each health maintenance organization's assessment, based on a statement that the

1	health maintenance organization shall file annually, by March 1, with the office of
2	the commissioner of insurance. Each health maintenance organization shall pay
3	one-fourth of the total assessment quarterly, by March 31, June 30, September 30,
4	and December 31 of each year.
5	b. Sections 77.59 (1) to (5), (6) (intro.), (a), and (c), and (7) to (10), 77.60 (1) to
6	(7), (9), and (10), 77.61 (9) and (12) to (14), and 77.62, as they apply to the taxes under
7	subch. III of ch. 77, apply to the assessment under this section, except that the
8	amount of any assessment collected under subd. 25. a. shall be deposited into the
9	Medical Assistance trust fund.
10	c. The department shall levy, enforce, and collect the assessment under this
11	subdivision and shall develop and distribute forms necessary for levying and
12	collection.
13	d. The department shall promulgate rules that establish procedures and
14	requirements for levying the assessment under this subdivision.
15	e. An affected health maintenance organization may contest an action by the
16	department under this subdivision by submitting a written request for a hearing to
17	the department within 3 days after the date of the department's action.
18	f. Any order or determination made by the department under a hearing as
19	specified in subd. 25. e. is subject to judicial review as prescribed under ch. 227.
20	*-0190/7.14* Section 1252. 49.45 (3) (a) of the statutes is amended to read:
21	49.45 (3) (a) Reimbursement shall be made to each county department under
22	ss. 46.215, 46.22, and 46.23 for the any administrative services performed in the
23	medical assistance Medical Assistance program on the basis of s. 49.33 49.78 (8). For
	purposes of reimbursement under this paragraph, assessments completed under s.

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46.27 (6) (a) are administrative services performed in the medical assistance Medical
 Assistance program.

-0094/P1.1 Section 1253. 49.45 (3) (am) of the statutes is repealed.

-0190/7.15 SECTION 1254. 49.45 (5) (b) 1. (intro.) of the statutes is amended to read:

49.45 (5) (b) 1. (intro.) Upon receipt of a timely petition under par. (a) the department shall give the applicant or recipient reasonable notice and opportunity for a fair hearing. The department may make such additional investigation as it considers necessary. Notice of the hearing shall be given to the applicant or recipient and to the county clerk or, if a Wisconsin works agency, if a county department under s. 46.215, 46.22, or 46.23 is responsible for making the medical assistance determination, the Wisconsin works agency to the county clerk of the county. The county or the Wisconsin works agency may be represented at such hearing. The department shall render its decision as soon as possible after the hearing and shall send a certified copy of its decision to the applicant or recipient, to the county clerk, and to the any county officer or the Wisconsin works agency charged with administration of the medical assistance Medical Assistance program. The decision of the department shall have the same effect as an order of the a county officer or the Wisconsin works agency charged with the administration of the medical assistance Medical Assistance program. The decision shall be final, but may be revoked or modified as altered conditions may require. The department shall deny a petition for a hearing or shall refuse to grant relief if:

-0190/7.16 SECTION 1255. 49.45 (5) (b) 2. (intro.) of the statutes is amended to read:

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49.45 (5) (b) 2. (intro.) If a recipient requests a hearing within the timely notice period specified in 42 CFR 431.231 (c), medical assistance coverage shall not be suspended, reduced, or discontinued until a decision is rendered after the hearing but medical assistance payments made pending the hearing decision may be recovered by the department if the contested decision or failure to act is upheld. The department shall promptly notify the county department or, if a Wisconsin works agency If a county department is responsible for making the medical assistance determination, the Wisconsin works agency department shall notify the county department of the county in which the recipient resides that the recipient has requested a hearing. Medical assistance coverage shall be suspended, reduced, or discontinued if:

-1253/8.1 Section 1256. 49.45 (5m) (title) of the statutes is amended to read:
49.45 (5m) (title) Supplemental funding for Rural Critical access Hospitals.
-1253/8.2 Section 1257. 49.45 (5m) (am) of the statutes is amended to read:
49.45 (5m) (am) Notwithstanding sub. (3) (e), from the appropriations
appropriation accounts under s. 20.435 (4) (b), (gp), (o), (r), and (w), the department shall distribute not more than \$2,256,000 in each fiscal year, to provide supplemental funds to rural hospitals that, as determined by the department, have high utilization of inpatient services by patients whose care is provided from governmental sources, and to provide supplemental funds to critical access hospitals, except that the department may not distribute funds to a rural hospital or to a critical access hospital to the extent that the distribution would exceed any limitation under 42 USC 1396b (i) (3).

****NOTE: This is reconciled s. 49.45 (5m) (am). This Section has been affected by drafts with the following LRB numbers: LRB-1253/7, LRB-1755/P2, and LRB-1760/1.

-1253/8.3 Section 1258	49.45 (5m) (b) of the statutes is repealed.
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-0206/1.1 Section 1259. 49.45 (6b) of the statutes is amended to read:

49.45 (6b) Centers for the developmentally disabled. From the appropriation under s. 20.435 (2) (gk), the department may reimburse the cost of services provided by the centers for the developmentally disabled. Reimbursement to the centers for the developmentally disabled shall be reduced following each placement made under s. 46.275 that involves a relocation from a center for the developmentally disabled, by \$200 per day, beginning in fiscal year 2001–02, and by \$225 per day, beginning in fiscal year 2002–03, and by \$325 per day, beginning in fiscal year 2004–05.

-0209/2.2 Section 1260. 49.45 (6c) (a) 6m. of the statutes is created to read: 49.45 (6c) (a) 6m. "Intermediate facility" has the meaning given in s. 46.279 (1) (a).

-0209/2.3 Section 1261. 49.45 (6c) (b) of the statutes is amended to read:

49.45 (6c) (b) Preadmission screening. Except as provided in par. (e), beginning on August 9, 1989, every individual who applies for admission to a facility or to an institution for mental diseases shall be screened to determine if the individual has developmental disability or mental illness. Beginning on August 9, 1989, the The department or an entity to which the department has delegated authority shall screen every individual who has been identified as having a developmental disability or mental illness to determine if the individual needs facility care. If the individual is determined to need facility care, the department or an entity to which the department has delegated authority shall also assess the individual to determine if he or she requires active treatment for developmental disability or active treatment for mental illness. If the department or entity determines that the individual

1	requires active treatment for developmental disability, the department or entity
2	shall determine whether the level of care required by the individual that is provided
3	by a facility could be provided safely in an intermediate facility or under a plan that
4	is developed under s. 46.279 (4).
5	*-0209/2.4* Section 1262. 49.45 (6c) (c) (intro.) of the statutes is amended to
6	read:
7	49.45 (6c) (c) Resident review. (intro.) Except as provided in par. (e), the
8	department or an entity to which the department has delegated authority shall
9	review every resident of a facility or institution for mental diseases who has a
10	developmental disability or mental illness and who has experienced a significant
11	change in his or her physical or mental condition to determine if any all of the
12	following applies:
13	*-0209/2.5* Section 1263. 49.45 (6c) (c) 1. of the statutes is amended to read:
14	49.45 (6c) (c) 1. The Whether the resident needs facility care.
15	*-0209/2.6* SECTION 1264. 49.45 (6c) (c) 2. of the statutes is amended to read:
16	49.45 (6c) (c) 2. The Whether the resident requires active treatment for
17	developmental disability or active treatment for mental illness.
18	*-0209/2.7* Section 1265. 49.45 (6c) (c) 3. of the statutes is created to read:
19	49.45 (6c) (c) 3. If the department or entity determines under subd. 1. that the
20	resident needs facility care and under subd. 2. that the resident requires active
21	treatment for developmental disability, whether the level of care required by the
22	resident that is provided by a facility could be provided safely in an intermediate
. 23	facility or under a plan that is developed under s. 46.279 (4).
-24	*-0210/4.1* Section 1266. 49.45 (6m) (a) 4. of the statutes is repealed.

1	*-1760/2.8* Section 1267. 49.45 (6m) (ag) (intro.) of the statutes is amended
2	to read:
3	49.45 (6m) (ag) (intro.) Payment for care provided in a facility under this
4	subsection made under s. $20.435(4)(b)$, (gp) , (pa) , (o) , (r) , (w) , or (wm) shall, except
5	as provided in pars. (bg), (bm), and (br), be determined according to a prospective
6	payment system updated annually by the department. The payment system shall
7	implement standards that are necessary and proper for providing patient care and
8	that meet quality and safety standards established under subch. II of ch. 50 and ch.
9	150. The payment system shall reflect all of the following:
	****Note: This is reconciled s. 49.45 (6m) (ag) (intro.). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.
10	*-0210/4.2* Section 1268. 49.45 (6m) (ag) 2. of the statutes is amended to
11	read:
12	49.45 (6m) (ag) 2. Standards Except as provided in subd. 3r., standards
13	established by the department that shall be based upon allowable costs incurred by
14	facilities in the state as available from information submitted under par. (c) 3. and
15	compiled by the department.
16	*-0210/4.3* SECTION 1269. 49.45 (6m) (ag) 3m. of the statutes is amended to
17	read:
18	49.45 (6m) (ag) 3m. For each state fiscal year 1999–2000, rates that shall be
19	set by the department based on information from cost reports for the 1998 most
20	recently completed fiscal year of the facility and for state fiscal year 2000-01, rates
21	that shall be set by the department based on information from cost reports for the
22	1999 fiscal year of the facility.

)1	*-0210/4.4* Section 1270. 49.45 (6m) (ag) 3m. of the statutes, as affected by
2	2003 Wisconsin Act (this act), is amended to read:
3	49.45 (6m) (ag) 3m. For each state fiscal year, rates that shall be set by the
4	department based on information from cost reports for costs specified under par. (am)
5	1. bm., 4., 5m., and 6. for the most recently completed fiscal year of the facility.
6	*-0210/4.5* Section 1271. 49.45 (6m) (ag) 3r. of the statutes is created to read:
7	49.45 (6m) (ag) 3r. Flat-rate payment, as determined by the department, for
8	costs specified under par. (am) 1. a. and 2.
9 ,	*-0210/4.6* Section 1272. 49.45 (6m) (ag) 3r. of the statutes, as created by
10	2003 Wisconsin Act (this act), is amended to read:
11	49.45 (6m) (ag) 3r. Flat-rate payment, as determined by the department, for
12	all costs specified under par. (am) 1. a. and 2.
3	*-0210/4.7* Section 1273. 49.45 (6m) (am) 1. a. of the statutes is amended to
14	read:
15	49.45 (6m) (am) 1. a. Personal comfort supplies; medical supplies;
16	over-the-counter drugs; and nonbillable services of a ward clerk, activity person,
17	recreation person, social worker, volunteer coordinator, teacher for residents aged 22
18	and older, vocational counselor for residents aged 22 and older, religious person,
19	therapy aide, therapy assistant, and counselor on resident living.
20	*-0210/4.8* Section 1274. 49.45 (6m) (am) 1. b. of the statutes is repealed.
21	*-0210/4.9* Section 1275. 49.45 (6m) (am) 1. bm. of the statutes is created to
22	read:
23	49.45 (6m) (am) 1. bm. Nonbillable services of a registered nurse, licensed
24	practical nurse and nurse's assistant.
2 5	*-0210/4.10* Section 1276. 49.45 (6m) (am) 1. d. of the statutes is repealed.

1	*-0210/4.11* SECTION 1277. 49.45 (6m) (am) 1. e. of the statutes is repealed.
2	*-0210/4.12* Section 1278. 49.45 (6m) (am) 3. (intro.) of the statutes is
3	renumbered 49.45 (6m) (am) 2. c. and amended to read:
4	49.45 (6m) (am) 2. c. Allowable fuel and utility costs, including the facility
5	expenses that the department determines are allowable for the provision of
6	electrical service, water and sewer services, and heat.
7	*-0210/4.13* Section 1279. 49.45 (6m) (am) 3. a. of the statutes is repealed.
8	*-0210/4.14* SECTION 1280. 49.45 (6m) (am) 3. b. of the statutes is repealed.
9	*-0210/4.15* Section 1281. 49.45 (6m) (am) 3. c. of the statutes is repealed.
10	*-0210/4.16* SECTION 1282. 49.45 (6m) (am) 4. of the statutes is amended to
11	read:
12	49.45 (6m) (am) 4. Net property Property tax or allowable municipal service
13	costs incurred paid by the owner of the facility for the facility.
14	*-0210/4.17* Section 1283. 49.45 (6m) (am) 5. of the statutes is renumbered
15	49.45 (6m) (am) 2. d.
16	*-1252/3.1* Section 1284. 49.45 (6m) (ar) 1. a. of the statutes is amended to
17	read:
18	49.45 (6m) (ar) 1. a. The department shall establish standards for payment of
19	allowable direct care costs, for facilities that do not primarily serve the
20	developmentally disabled, that take into account direct care costs for a sample of all
21	of those facilities in this state and separate standards for payment of allowable direct
22	care costs, for facilities that primarily serve the developmentally disabled, that take
23	into account direct care costs for a sample of all of those facilities in this state. The
24	standards shall be adjusted by the department for regional labor cost variations. For
25	facilities in Douglas, Pierce, and St. Croix counties, the department shall perform the

<u>)</u> 1	adjustment by use of the wage index that is used by the federal department of health
2	and human services for hospital reimbursement under 42 USC 1395 to 1395ggg.
3	*-0210/4.18* SECTION 1285. 49.45 (6m) (ar) 1. a. of the statutes, as affected by
4	2003 Wisconsin Act (this act), is amended to read:
5	49.45 (6m) (ar) 1. a. The department shall establish standards for payment of
6	allowable direct care costs under par. (am) 1. bm., for facilities that do not primarily
7	serve the developmentally disabled, that take into account direct care costs for a
8	sample of all of those facilities in this state and separate standards for payment of
9	allowable direct care costs, for facilities that primarily serve the developmentally
10	disabled, that take into account direct care costs for a sample of all of those facilities
11	in this state. The standards shall be adjusted by the department for regional labor
12	cost variations.
^{ر ف} رسمب	****NOTE: This is reconciled s. 49.45 (6m) (ar) 1. a. This Section has been affected by drafts with the following LRB numbers: LRB-0210/3 and LRB-1252/2.
13	*-0210/4.19* SECTION 1286. 49.45 (6m) (ar) 2. (intro.) and 2. a. of the statutes
14	are consolidated, renumbered 49.45 (6m) (ar) 2. and amended to read:
15	49.45 (6m) (ar) 2. For support service costs: 2. a. The , the department shall
16	establish one or more standards for the payment of support service costs that take
17	into account support service costs for a sample of all facilities within the state.
18	*-0210/4.20* Section 1287. 49.45 (6m) (ar) 2. b. of the statutes is repealed.
19	*-0210/4.21* Section 1288. 49.45 (6m) (ar) 2. d. of the statutes is repealed.
20	*-0210/4.22* Section 1289. 49.45 (6m) (ar) 3. of the statutes is repealed.
21	*-0210/4.23* Section 1290. 49.45 (6m) (ar) 5. of the statutes is repealed.
22	*-0210/4.24* Section 1291. 49.45 (6m) (av) 1. of the statutes is renumbered
23	49.45 (6m) (av) and amended to read:

1	49.45 (6m) (av) The department shall calculate a payment rate for a facility by
2	applying the criteria set forth under pars. (ag) 1. to 5. and 7., (am) 1. to 5. bm., 4., 5m.
3	and 6., and (ar) 1. to 5., 4., and 6. to information from cost reports submitted by the
4	facility, as affected by any adjustment for ancillary services and materials under par.
5	<u>(b)</u> .
6	*-0210/4.25* Section 1292. 49.45 (6m) (av) 2. of the statutes is repealed.
7	*-0210/4.26* Section 1293. 49.45 (6m) (av) 3. of the statutes is repealed.
8	*-0210/4.27* Section 1294. 49.45 (6m) (av) 4. of the statutes is repealed.
9	*-0210/4.28* Section 1295. 49.45 (6m) (av) 5. of the statutes is repealed.
10	*-0210/4.29* Section 1296. 49.45 (6m) (av) 5m. of the statutes is repealed.
11	*-0210/4.30* Section 1297. 49.45 (6m) (av) 6. of the statutes is repealed.
12	*-0210/4.31* Section 1298. 49.45 (6m) (bc) of the statutes is repealed.
13	*-1611/4.1* Section 1299. 49.45 (6t) of the statutes, as affected by 2001
14	Wisconsin Act 16, is renumbered 49.45 (6t) (a), and 49.45 (6t) (a) (intro.), 1., 2. (intro.),
15	3. and 4., as renumbered, are amended to read:
16	49.45 (6t) (a) (intro.) From the appropriation under s. 20.435 (4) (o), for
17	reduction of operating deficits, as defined under criteria developed by the
18	department, incurred by a county department under s. 46.215, 46.22, 46.23, or 51.42
19	or by a local health department, as defined in s. 250.01 (4), for services provided
20	under s. 49.46 (2) (a) 4. d. and (b) 6. f., fm., j., k., and L., and Lm., 9., and 15., for case
21	management services under s. 49.46 (2) (b) 12. and for mental health day treatment
22	services for minors provided under the authorization under 42 USC 1396d (r) (5), the
23	department shall allocate moneys in each fiscal year to these county departments,
24	or local health departments as determined by the department, and shall perform all
25	of the following:

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)1	1. For the reduction of operating deficits incurred by the county departments
2	or local health departments, estimate the availability of federal medicaid funds that
3	may be matched to county, city, town, or village funds that are expended for costs in
4	excess of reimbursement for services provided under s. 49.46 (2) (a) 4. d. and (b) 6.
5	f., fm., j., k., and L., and Lm., 9., and 15., for case management services under s. 49.46
6	(2) (b) 12. and for mental health day treatment services for minors provided under
7	the authorization under 42 USC 1396d (r) (5) .
8	2. (intro.) Based on the amount estimated to be available under par. (a) subd.
9	1., develop a method, which need not be promulgated as rules under ch. 227, to
10	distribute this allocation to the individual county departments under s. 46.215

3. Except as provided in par. (d) subd. 4., distribute the allocation under the distribution method that is developed.

46.22, 46.23 or 51.42 or to local health departments that have incurred operating

deficits that shall include all of the following:

4. If the federal department of health and human services approves for state expenditure in a fiscal year amounts under s. 20.435 (4) (o) that result in a lesser allocation amount than that allocated under this subsection or disallows use of the allocation of federal medicaid funds under par. (c) subd. 3., reduce allocations under this subsection and distribute on a prorated basis, as determined by the department.

****Note: This is reconciled s. 49.45 (6t) (intro.). It was removed and its treatment added to LRB-1611. This section is affected by LRB-0030 and LRB-1611.

****NOTE: This is reconciled s. 49.45 (6t). This Section has been affected by drafts with the following LRB numbers: LRB-0030/P1 and LRB-1611/3.

****Note: This is reconciled s. 49.45 (6t) (a). It was removed and its treatment added to LRB-1611. This section is affected by LRB-0030 and LRB-1611.

-1611/4.2 Section 1300. 49.45 (6t) (b) of the statutes is created to read:

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49.45 (6t) (b) If 2003 Wisconsin Act (this act), section 9124 (1) (a) applies, this subsection does not apply.

-0194/9.10 Section 1301. 49.45 (6tt) of the statutes is created to read:

49.45 (6tt) DISTRIBUTIONS TO COUNTY DEPARTMENTS AND LOCAL HEALTH DEPARTMENTS. From the appropriation under s. 20.435 (4) (w), the department may in each fiscal year distribute moneys to county departments under s. 46.215, 46.22, 46.23, or 51.42 or to local health departments, as defined in s. 250.01 (4), in amounts that are equal to the moneys received by these county departments or local health departments in calendar year 2002 under s. 49.45 (6t), 2001 stats.

-1252/3.2 SECTION 1302. 49.45 (6u) (am) (intro.) of the statutes is amended to read:

49.45 (6u) (am) (intro.) Notwithstanding sub. (6m), in state fiscal years in which less than \$1 in federal financial participation relating to facilities is received under 42 CFR 433.51, from the appropriations under s. 20.435 (4) (0), (w), and (wm), for reduction of operating deficits, as defined under the methodology used by the department in December, 2000, incurred by a facility that is established under s. 49.70 (1) or that is owned and operated by a city, village, or town, and as payment to care management organizations, the department may not distribute to these facilities and to care management organizations more than \$37,100,000 in each fiscal year, as determined by the department. The total amount that a county certifies under this subsection may not exceed 100% of otherwise—unreimbursed care. In distributing funds under this subsection, the department shall perform all of the following:

^{*-1252/3.3*} Section 1303. 49.45 (6u) (bm) of the statutes is repealed.

^{*-1760/2.9*} Section 1304. 49.45 (6v) (b) of the statutes is amended to read:

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49.45 (6v) (b) The department shall, each year, submit to the joint committee on finance a report for the previous fiscal year, except for the 1997–98 fiscal year, that provides information on the utilization of beds by recipients of medical assistance in facilities and a discussion and detailed projection of the likely balances, expenditures, encumbrances and carry over of currently appropriated amounts in the appropriation accounts under s. 20.435 (4) (b) and, (gp), (o), and (r).

****Note: This is reconciled s. 49.45 (6v) (b). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

-1760/2.10 SECTION 1305. 49.45 (6x) (a) of the statutes is amended to read: 49.45 (6x) (a) Notwithstanding sub. (3) (e), from the appropriations appropriation accounts under s. 20.435 (4) (b), (gp), (o), (r), and (w), the department shall distribute not more than \$4,748,000 in each fiscal year, to provide funds to an essential access city hospital, except that the department may not allocate funds to an essential access city hospital to the extent that the allocation would exceed any limitation under 42 USC 1396b (i) (3).

****NOTE: This is reconciled s. 49.45 (6x) (a). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

-1760/2.11 SECTION 1306. 49.45 (6y) (a) of the statutes is amended to read: 49.45 (6y) (a) Notwithstanding sub. (3) (e), from the appropriations appropriation accounts under s. 20.435 (4) (b), (gp), (o), (r), and (w), the department shall distribute funding in each fiscal year to provide supplemental payment to hospitals that enter into a contract under s. 49.02 (2) to provide health care services funded by a relief block grant, as determined by the department, for hospital services that are not in excess of the hospitals' customary charges for the services, as limited under 42 USC 1396b (i) (3). If no relief block grant is awarded under this chapter or if the allocation of funds to such hospitals would exceed any limitation under 42

USC 1396b (i) (3), the department may distribute funds to hospitals that have not entered into a contract under s. 49.02 (2).

****Note: This is reconciled s. 49.45 (6y) (a). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

-1760/2.12 Section 1307. 49.45 (6y) (am) of the statutes is amended to read: 49.45 (6y) (am) Notwithstanding sub. (3) (e), from the appropriations appropriation accounts under s. 20.435 (4) (b), (h), (gp), (o), (r), and (w), the department shall distribute funding in each fiscal year to provide supplemental payments to hospitals that enter into contracts under s. 49.02 (2) with a county having a population of 500,000 or more to provide health care services funded by a relief block grant, as determined by the department, for hospital services that are not in excess of the hospitals' customary charges for the services, as limited under 42 USC 1396b (i) (3).

****Note: This is reconciled s. 49.45 (6y) (am). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

-1760/2.13 SECTION 1308. 49.45 (6z) (a) (intro.) of the statutes is amended to read:

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

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into a contract under s. 49.02 (2). The department may not distribute funds under this subsection to the extent that the distribution would do any of the following:

****Note: This is reconciled s. 49.45 (6z) (a) (intro.). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

-1486/2.4 Section 1309. 49.45 (6zb) of the statutes is created to read:

49.45 (6zb) Supplemental payments to health maintenance organizations. From the appropriation under s. 20.435 (4) (wr), the department shall distribute funding in each fiscal year to a health maintenance organization, as defined under s. 609.01 (2), to supplement payment to the health maintenance organization under this section. The funding shall be to assist in meeting increasing costs, more intense use of services by Medical Assistance recipients, and other reimbursement needs that the department identifies.

-1613/P1.1 Section 1310. 49.45 (7) (a) of the statutes is amended to read: 49.45 (7) (a) A recipient who is a patient in a public medical institution or an accommodated person and has a monthly income exceeding the payment rates established under 42 USC 1382 (c) may retain \$45 \$30 unearned income or the amount of any pension paid under 38 USC 3203 (f) 38 USC 5503 (d), whichever is greater, per month for personal needs. Except as provided in s. 49.455 (4) (a), the recipient shall apply income in excess of \$45 \$30 or the amount of any pension paid under 38 USC 3203 (f) 38 USC 5503 (d), whichever is greater, less any amount deducted under rules promulgated by the department, toward the cost of care in the facility.

-1760/2.14 Section 1311. 49.45 (8) (b) of the statutes is amended to read: 49.45 (8) (b) Reimbursement under s. 20.435 (4) (b), (gp), (o), (r), and (w) for home health services provided by a certified home health agency or independent

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nurse shall be made at the home health agency's or nurse's usual and customary fee per patient care visit, subject to a maximum allowable fee per patient care visit that is established under par. (c).

****Note: This is reconciled s. 49.45 (8) (b). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

-1489/P2.2 SECTION 1312. 49.45 (18) (intro.) of the statutes is renumbered 49.45 (18) (ac) and amended to read:

49.45 (18) (ac) Except as provided in pars. (a) (am) to (d), and subject to par. (ag), any person eligible for medical assistance under s. 49.46, 49.468, or 49.47 shall pay up to the maximum amounts allowable under 42 CFR 447.53 to 447.58 for purchases of services provided under s. 49.46 (2). The service provider shall collect the specified or allowable copayment, coinsurance, or deductible, unless the service provider determines that the cost of collecting the copayment, coinsurance, or deductible exceeds the amount to be collected. The department shall reduce payments to each provider by the amount of the specified or allowable copayment, coinsurance, or deductible. No provider may deny care or services because the recipient is unable to share costs, but an inability to share costs specified in this subsection does not relieve the recipient of liability for these costs. Liability under this subsection is limited by the following provisions:

-1489/P2.3 SECTION 1313. 49.45 (18) (a) of the statutes is renumbered 49.45 (18) (am).

-1489/P2.4 SECTION 1314. 49.45 (18) (ag) of the statutes is created to read: 49.45 (18) (ag) Except as provided in pars. (am), (b), and (c), and subject to par. (d), a recipient specified in par. (ac) shall pay all of the following:

)1	1. A copayment of \$1 for each prescription of a drug that bears only a generic
2	name, as defined in s. 450.12 (1) (b).
3	2. A copayment of \$3 for each prescription of a drug that bears a brand name,
4	as defined in s. 450.12 (1) (a).
5	*-1489/P2.5* Section 1315. 49.45 (18) (d) of the statutes is amended to read:
6	49.45 (18) (d) No person who designates a pharmacy or pharmacist as his or
7	her sole provider of prescription drugs and who so uses that pharmacy or pharmacist
8	is liable under this subsection for more than $\$5 \ \12 per month for prescription drugs
9	received.
10	*-0190/7.17* Section 1316. 49.45 (19) (bm) of the statutes is amended to read:
11	49.45 (19) (bm) The department or the county department under s. 46.215 or
2	46.22 shall notify applicants of the requirements of this subsection at the time of
13	application.
14	*-1760/2.15* Section 1317. 49.45 (24m) (intro.) of the statutes is amended to
15	read:
16	49.45 (24m) Home health care and personal care pilot program. (intro.)
17	From the appropriations appropriation accounts under s. 20.435 (4) (b), (gp), (o), (r),
18	and (w), in order to test the feasibility of instituting a system of reimbursement for
19	providers of home health care and personal care services for medical assistance
20	recipients that is based on competitive bidding, the department shall:
	****Note: This is reconciled s. 49.45 (24m) (intro.). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.
21	*-0360/2.1* Section 1318. 49.45 (25) (am) (intro.) of the statutes is amended
2_{2}	to read:

49.45 (25) (am) (intro.) Except as provided under pars. (be) and, (bg), and (bj) and sub. (24), case management services under s. 49.46 (2) (b) 9. and (bm) are reimbursable under medical assistance Medical Assistance only if provided to a medical assistance Medical Assistance beneficiary who receives case management services from or through a certified case management provider in a county, city, village, or town that elects, under par. (b), to make the services available and who meets at least one of the following conditions:

-0360/2.2 Section 1319. 49.45 (25) (bj) of the statutes is created to read:

49.45 (25) (bj) The department of corrections may elect to provide case management services under this subsection to persons who are under the supervision of that department under s. 938.183, 938.34 (4h), (4m), or (4n), or 938.357 (4), who are Medical Assistance beneficiaries, and who meet one or more of the conditions specified in par. (am). The amount of the allowable charges for those services under the Medical Assistance program that is not provided by the federal government shall be paid from the appropriation account under s. 20.410 (3) (hm), (ho), or (hr).

-0360/2.3 Section 1320. 49.45 (25) (c) of the statutes is amended to read:

49.45 (25) (c) Except as provided in pars. (b), (be) and, (bg), and (bj), the department shall reimburse a provider of case management services under this subsection only for the amount of the allowable charges for those services under the medical assistance Medical Assistance program that is provided by the federal government.

-0030/1.1 Section 1321. 49.45 (30e) of the statutes is repealed.

-0209/2.8 Section 1322. 49.45 (30m) of the statutes is renumbered 49.45 (30m) (a) (intro.) and amended to read:

1	49.45 (30m) (a) (intro.) A county shall provide the portion of the payment that
2	is not provided by the federal government for all of the following services under s.
3	51.06 (1m) (d) to individuals with developmental disability who are eligible for
4	medical assistance that is not provided by the federal government.:
5	*-0209/2.9* Section 1323. 49.45 (30m) (a) 1. of the statutes is created to read:
6	49.45 (30m) (a) 1. Services under s. 51.06 (1m) (d).
7	*-0209/2.10* Section 1324. 49.45 (30m) (a) 2. of the statutes is created to read:
8	49.45 (30m) (a) 2. Services in an intermediate care facility for the mentally
9	retarded, as defined in s. 46.278 (1m) (am), other than a state center for the
10	developmentally disabled.
11	*-0209/2.11* Section 1325. 49.45 (30m) (a) 3. of the statutes is created to read:
12	49.45 (30m) (a) 3. Services for which payment is permitted under sub. (6c) (d)
3	2. that are provided in a nursing facility, as defined in s. 46.279 (1) (c).
14	*-0209/2.12* Section 1326. 49.45 (30m) (b) of the statutes is created to read:
15	49.45 (30m) (b) No payment under this section may be made for services
16	specified under par. (a) unless the individual who receives the services is protectively
17	placed under s. 55.06 (9) (a) or is placed under an emergency placement under s.
18	55.06(11)(a) or a temporary placement under s. $55.06(11)(c)$.
19	*-0209/2.13* Section 1327. 49.45 (30m) (c) of the statutes is created to read:
20	49.45 (30m) (c) No payment under this section may be made for services
21	specified under par. (a) 2. or 3. that are provided to an individual who was placed in
22	or admitted to an intermediate facility, as defined in s. 46.279 (1) (b), or nursing
23	facility, as defined in s. 46.279 (1) (c), unless one of the following applies:
24	1. Any placement or admission that is made after March 31, 2004, complied
- ⊿5	with the requirements of s. 46.279.

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2. For an individual who was protectively placed under ch. 55 at any time, any annual review that is conducted under s. 55.06 (10) (a) 1. after March 31, 2004, complies with the requirements of s. 55.06 (10) (a) 2.

-0190/7.18 Section 1328. 49.45 (36) of the statutes is amended to read:

49.45 (36) Homeless beneficiaries. A The department or a county department under s. 46.215, 46.22, or 46.23 may not place the word "homeless" on the medical assistance identification card of any person who is determined to be eligible for medical assistance benefits and who is homeless.

-0194/9.11 Section 1329. 49.45 (39) (b) 1. of the statutes is amended to read: 49.45 (39) (b) 1. 'Payment for school medical services.' If a school district or a cooperative educational service agency elects to provide school medical services and meets all requirements under par. (c), the department shall reimburse the school district or the cooperative educational service agency for 60% of the federal share of allowable charges for the school medical services that it provides and, as specified in subd. 2., for allowable administrative costs. If the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing elects to provide school medical services and meets all requirements under par. (c), the department shall reimburse the department of public instruction for 60% of the federal share of allowable charges for the school medical services that the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing provides and, as specified in subd. 2., for allowable administrative costs. A school district, cooperative educational service agency, the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing may submit, and the department shall allow, claims for common

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carrier transportation costs as a school medical service unless the department receives notice from the federal health care financing administration that, under a change in federal policy, the claims are not allowed. If the department receives the notice, a school district, cooperative educational service agency, the Wisconsin Center for the Blind and Visually Impaired, or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing may submit, and the department shall allow, unreimbursed claims for common carrier transportation costs incurred before the date of the change in federal policy. The department shall promulgate rules establishing a methodology for making reimbursements under this paragraph. All Except as provided in subd. 1m., all other expenses for the school medical services provided by a school district or a cooperative educational service agency shall be paid for by the school district or the cooperative educational service agency with funds received from state or local taxes. The school district, the Wisconsin Center for the Blind and Visually Impaired, the Wisconsin Educational Services Program for the Deaf and Hard of Hearing, or the cooperative educational service agency shall comply with all requirements of the federal department of health and human services for receiving federal financial participation.

-0194/9.12 Section 1330. 49.45 (39) (b) 1m. of the statutes is created to read: 49.45 (39) (b) 1m. 'Supplementary payment for school medical services.' In addition to the reimbursement the department provides under subd. 1. to a school district or cooperative educational service agency for school medical services, the department may make supplementary payments from the appropriation accounts under s. 20.435 (4) (b) and (o). The total of the supplementary payments and allowable charges paid under subd. 1. may not exceed applicable limitations on payments under 42 USC 1396a (a) (30) (A).

1	*-0194/9.13* Section 1331. 49.45 (39) (b) 2. of the statutes is amended to read:
2	49.45 (39) (b) 2. Payment for school medical services administrative costs.' The
3	department shall reimburse a school district or a cooperative educational service
4	agency specified under subd. 1. subds. 1. and 1m. and shall reimburse the
5	department of public instruction on behalf of the Wisconsin Center for the Blind and
6	Visually Impaired or the Wisconsin Educational Services Program for the Deaf and
7	Hard of Hearing for 90% of the federal share of allowable administrative costs, using
8	time studies, beginning in fiscal year 1999–2000. A school district or a cooperative
9	educational service agency may submit, and the department of health and family
10	services shall allow, claims for administrative costs incurred during the period that
11	is up to 24 months before the date of the claim, if allowable under federal law.
12	*-1762/P2.1* Section 1332. 49.45 (49m) of the statutes is created to read:
13	49.45 (49m) Prescription drug cost controls; purchasing agreements. (a)
14	In this section:
15	1. "Brand name" has the meaning given in s. 450.12 (1) (a).
16	2. "Generic name" has the meaning given in s. 450.12 (1) (b).
17	3. "Prescription drug" has the meaning given in s. 450.01 (20).
18	(b) The department may enter into a multi-state purchasing agreement with
19	another state or a purchasing agreement with a purchaser of prescription drugs if
20	the other state or purchaser agrees to participate in one or more of the activities
21	specified in par. (c) 1. to 5.
22	(c) The department may design and implement a program to reduce the cost
23	of prescription drugs and to maintain high quality in prescription drug therapies,
24	which shall include all of the following:

1. A list of the prescription drugs that are included as a benefit under s. 49.46 2 (2) (b) 6. h. that identifies preferred choices within therapeutic classes and includes 3 prescription drugs that bear only generic names. 4 2. Establishing supplemental rebates under agreements with prescription 5 drug manufacturers for prescription drugs provided to recipients under Medical Assistance and Badger Care and to eligible persons under s. 49.688 and, if it is 6 7 possible to implement the program without adversely affecting supplemental 8 rebates for Medical Assistance, Badger Care, and prescription drug assistance under 9 s. 49.688, to beneficiaries of participants under par. (b). 10 3. Utilization management and fraud and abuse controls. 11 4. Any other activity to reduce the cost of or expenditures for prescription drugs 12 and maintain high quality in prescription drug therapies. (d) The department may enter into a contract with an entity to perform any of 14 the duties and exercise any of the powers of the department under this subsection. 15 *-0781/P3.1* Section 1333. 49.453 (1) (ak) of the statutes is created to read: 49.453 (1) (ak) "Consumer price index" has the meaning given in s. 49.455 (1) 16 (b). 17 18 *-0781/P3.2* Section 1334. 49.453 (5) of the statutes is amended to read: 19 49.453 (5) CARE OR PERSONAL SERVICES. For the purposes of sub. (2), whenever 20 a covered individual or his or her spouse, or another person acting on behalf of the covered individual or his or her spouse, transfers assets to a relative as payment for 21 22 care or personal services that the relative provides to the covered individual, the covered individual or his or her spouse transfers assets for less than fair market 23 24value unless the care or services directly benefit the covered individual, the amount

of the payment does not exceed reasonable compensation for the care or services that

the relative performs and, if the amount of the payment in any year exceeds 10% of the community spouse resource allowance limit specified in s. 49.455 (6) (b) 1. \$12,000 increased by the same percentage increase as the percentage increase in the consumer price index between September 1988 and September of the year before the calendar year in which the care or services for which the payment was made were performed, the agreement to pay the relative is specified in a notarized written agreement that exists at the time that the relative performs the care or services.

-0781/P3.3 Section 1335. 49.455 (5) (b) of the statutes is amended to read:

49.455 (5) (b) Notwithstanding ch. 766, in determining the resources of an institutionalized spouse at the time of application for medical assistance, the amount of resources considered to be available to the institutionalized spouse equals the value of all of the resources held by either or both spouses minus the greatest of the amounts determined under sub. (6) (b) 1. 1m. to 4.

-0781/P3.4 Section 1336. 49.455 (6) (a) of the statutes is amended to read: 49.455 (6) (a) Notwithstanding s. 49.453 (2), an institutionalized spouse may transfer an amount of resources equal to not exceeding the community spouse resource allowance determined under par. (b) to, or for the sole benefit of, the community spouse without becoming ineligible for medical assistance for the period of ineligibility under s. 49.453 (3) as a result of the transfer. The institutionalized spouse shall make the transfer as soon as practicable after the initial determination of eligibility for medical assistance, taking into account the amount of time that is necessary to obtain a court order under par. (c).

-0781/P3.5 Section 1337. 49.455 (6) (b) (intro.) of the statutes is amended to read:

1	49.455 (6) (b) (intro.) The community spouse resource allowance equals the
2	amount by which the amount of resources otherwise available to the community
3	spouse is exceeded by the greatest of the following:
4	*-0781/P3.6* Section 1338. 49.455 (6) (b) 1. of the statutes is repealed.
5	*-0781/P3.7* Section 1339. 49.455 (6) (b) 2. of the statutes is repealed.
6	*-0209/2.14* Section 1340. 49.46 (2) (a) 4. c. of the statutes is amended to
7	read:
8	49.46 (2) (a) 4. c. Skilled nursing home services other than in an institution for
9	mental diseases, except as limited under s. 49.45 (6c) and (30m) (b) and (c).
10	*-0209/2.15* Section 1341. 49.46 (2) (b) 6. a. of the statutes is amended to
11	read:
2	49.46 (2) (b) 6. a. Intermediate care facility services other than in an institution
13	for mental diseases, except as limited under s. 49.45 (30m) (b) and (c).
14	*-0030/1.2* Section 1342. 49.46 (2) (b) 6. Lm. of the statutes is repealed.
15	*-1760/2.16* SECTION 1343. 49.472 (6) (a) of the statutes is amended to read:
16	49.472 (6) (a) Notwithstanding sub. (4) (a) 3., from the appropriation account
17	under s. 20.435 (4) (b), (gp), (r), or (w), the department shall, on the part of an
18	individual who is eligible for medical assistance under sub. (3), pay premiums for or
19	purchase individual coverage offered by the individual's employer if the department
20	determines that paying the premiums for or purchasing the coverage will not be more
21	costly than providing medical assistance.
	****Note: This is reconciled s. 49.472 (6) (a). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

-1760/2.17 Section 1344. 49.472 (6) (b) of the statutes is amended to read:

)	1	49.472 (6) (b) If federal financial participation is available, from the
	2	appropriation account under s. 20.435 (4) (b), (gp), (r), or (w), the department may
	3	pay medicare Part A and Part B premiums for individuals who are eligible for
	4	medicare and for medical assistance under sub. (3).
		****Note: This is reconciled s. 49.472 (6) (b). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.
	5	*-0033/P2.1* Section 1345. 49.473 (title) of the statutes is amended to read:
	6	49.473 (title) Medical assistance; women diagnosed with breast or
	7	cervical cancer <u>or precancerous conditions</u> .
	8	*-0033/P2.2* Section 1346. 49.473 (2) (c) of the statutes is amended to read:
	9	49.473 (2) (c) The woman is not eligible for health care coverage that qualifies
	10	as creditable coverage in 42 USC 300gg (c), excluding the coverage specified in 42
)	11	<u>USC 300gg (c) (1) (F)</u> .
	12	*-0033/P2.3* Section 1347. 49.473 (2) (e) of the statutes is amended to read:
	13	49.473 (2) (e) The woman requires treatment for breast or cervical cancer or
	14	for a precancerous condition of the breast or cervix.
	15	*-1760/2.18* Section 1348. 49.473 (5) of the statutes is amended to read:
	16	49.473 (5) The department shall audit and pay, from the appropriation
	17	accounts under s. 20.435 (4) (b), (gp), and (o), and (r), allowable charges to a provider
	18	who is certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman
	19	who meets the requirements under sub. (2) for all benefits and services specified
	20	under s. 49.46 (2).
		****Note: This is reconciled s. 49.473 (5). This Section has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

-0033/P2.4 **Section 1349.** 49.473 (6) (b) of the statutes is amended to read:

49.473 (6) (b) Inform the woman at the of time of the determination that she is required to apply to the department or a county department for medical assistance no later than the last day of the month following the month in which the qualified entity determines that the woman is eligible for medical assistance.

-1824/6.15 Section 1350. 49.496 (3) (f) of the statutes is amended to read:
49.496 (3) (f) The department, with the advice and consent of the attorney general, may contract with or employ retain an attorney to probate estates to recover under this subsection the costs of care.

-0190/7.19 Section 1351. 49.496 (4) of the statutes is amended to read:

49.496 (4) ADMINISTRATION. The department may require a county department under s. 46.215, 46.22, or 46.23 or the governing body of a federally recognized American Indian tribe administering medical assistance to gather and provide the department with information needed to recover medical assistance under this section. The department shall pay to a county department or tribal governing body an amount equal to 5% of the recovery collected by the department relating to a beneficiary for whom the county department or tribal governing body made the last determination of medical assistance eligibility. A county department or tribal governing body may use funds received under this subsection only to pay costs incurred under this subsection and, if any amount remains, to pay for improvements to functions required under s. 49.33 49.78 (2). The department may withhold payments under this subsection for failure to comply with the department's requirements under this subsection. The department shall treat payments made under this subsection as costs of administration of the medical assistance Medical Assistance program.

-0529/4.101 Section 1352. 49.498 (16) (g) of the statutes is amended to read:

49.498 (16) (g) All forfeitures, penalty assessments, and interest, if any, shall
be paid to the department within 10 days of receipt of notice of assessment or, if the
forfeiture, penalty assessment, and interest, if any, are contested under par. (f),
within 10 days of receipt of the final decision after exhaustion of administrative
review, unless the final decision is appealed and the order is stayed by court order
under sub. (19) (b). The department shall remit all forfeitures paid to the state
treasurer secretary of administration for deposit in the school fund. The department
shall deposit all penalty assessments and interest in the appropriation under s.
20.435 (6) (g).

-0029/2.1 SECTION 1353. 49.665 (2) (title) of the statutes is amended to read:

11 49.665 (2) (title) WAIVER WAIVERS.

-0029/2.2 SECTION 1354. 49.665 (2) of the statutes is renumbered 49.665 (2) (a) and amended to read:

49.665 (2) (a) The department of health and family services shall request a waiver from the secretary of the federal department of health and human services to permit the department of health and family services to implement, beginning not later than July 1, 1998, or the effective date of the waiver, whichever is later, a health care program under this section. If a waiver that is consistent with all of the provisions of this section, excluding sub. (4) (a) 3m., is granted and in effect, the department of health and family services shall implement the program under this section. The department of health and family services may not implement the program under this section unless a waiver that is consistent with all of the provisions of this section, excluding sub. (4) (a) 3m., is granted and in effect.

-0029/2.3 Section 1355. 49.665 (2) (b) of the statutes is created to read:

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49.665 (2) (b) If the department of health and family services determines that it needs a waiver to require the verification specified in sub. (4) (a) 3m., the department shall request a waiver from the secretary of the federal department of health and human services and may not implement the verification requirement under sub. (4) (a) 3m. unless the waiver is granted. If a waiver is required and is granted, the department of health and family services may implement the verification requirement under sub. (4) (a) 3m. as appropriate. If a waiver is not required, the department of health and family services may require the verification specified in sub. (4) (a) 3m. for eligibility determinations and annual review eligibility determinations made by the department, beginning on January 1, 2004.

-0029/2.4 SECTION 1356. 49.665 (4) (am) 3m. of the statutes is created to read:

49.665 (4) (am) 3m. Each member of the child's household who is employed provides verification from his or her employer, in the manner specified by the department, of his or her earnings, of whether the employer provides health care coverage for which the child is eligible, and of the amount that the employer pays, if any, towards the cost of the health care coverage, excluding any deductibles or copayments required under the coverage.

-1486/2.5 Section 1357. 49.665 (4m) of the statutes is created to read:

49.665 (4m) SUPPLEMENTAL PAYMENTS TO HEALTH MAINTENANCE ORGANIZATIONS. From the appropriation under s. 20.435 (4) (wr), the department shall distribute funding in each fiscal year to a health maintenance organization, as defined under s. 609.01 (2), to supplement payment to the health maintenance organization under this section. The funding shall be to assist in meeting increasing costs, more intense

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use of services by Badger Care recipients, and other reimbursement needs that the department identifies.

-1489/P2.6 SECTION 1358. 49.665 (5) (a) of the statutes is renumbered 49.665 (5) (ag) and amended to read:

49.665 (5) (ag) Except as provided in pars. (am), (b), and (bm), a family, or child who does not reside with his or her parent, who receives health care coverage under this section shall pay a percentage of the cost of that coverage in accordance with a schedule established by the department by rule. If the schedule established by the department requires a family, or child who does not reside with his or her parent, to contribute more than 3% of the family's or child's income towards the cost of the health care coverage provided under this section, the department shall submit the schedule to the joint committee on finance for review and approval of the schedule. If the cochairpersons of the joint committee on finance do not notify the department within 14 working days after the date of the department's submittal of the schedule that the committee has scheduled a meeting to review the schedule, the department may implement the schedule. If, within 14 days after the date of the department's submittal of the schedule, the cochairpersons of the committee notify the department that the committee has scheduled a meeting to review the schedule, the department may not require a family, or child who does not reside with his or her parent, to contribute more than 3% of the family's or child's income unless the joint committee on finance approves the schedule. The joint committee on finance may not approve and the department may not implement a schedule that requires a family or child to contribute, including the amounts required under par. (am), more than 3.5% of the family's or child's income towards the cost of the health care coverage provided under this section.

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-1489/P2.7 Section 1359. 49.665 (5) (ac) of the statutes is created to read: 49.665 (5) (ac) In this subsection, "cost" means total cost-sharing charges, including premiums, copayments, coinsurance, deductibles, enrollment fees, and any other cost-sharing charges.

-1489/P2.8 SECTION 1360. 49.665 (5) (ag) of the statutes, as affected by 2003 Wisconsin Act (this act), is amended to read:

49.665 (5) (ag) Except as provided in pars. (am), (b), and (bm), a family, or child who does not reside with his or her parent, who receives health care coverage under this section shall pay a percentage of the cost of that coverage in accordance with a schedule established by the department by rule. If the schedule established by the department requires a family, or child who does not reside with his or her parent, to contribute more than 3% of the family's or child's income towards the cost of the health care coverage provided under this section, the department shall submit the schedule to the joint committee on finance for review and approval of the schedule. If the cochairpersons of the joint committee on finance do not notify the department within 14 working days after the date of the department's submittal of the schedule that the committee has scheduled a meeting to review the schedule, the department may implement the schedule. If, within 14 days after the date of the department's submittal of the schedule, the cochairpersons of the committee notify the department that the committee has scheduled a meeting to review the schedule, the department may not require a family, or child who does not reside with his or her parent, to contribute more than 3% of the family's or child's income unless the joint committee on finance approves the schedule. The joint committee on finance may not approve and the The department may not establish or implement a schedule that requires a family or child to contribute, including the amounts required under par. (am), more

1	than 3.5% 5% of the family's or child's income towards the cost of the health care
2	coverage provided under this section.
3	*-1489/P2.9* Section 1361. 49.665 (5) (am) of the statutes is created to read
4	49.665 (5) (am) Except as provided in pars. (b) and (bm), a child or family
5	member who receives health care coverage under this section shall pay the following
6	cost-sharing amounts:
7	1. A copayment of \$1 for each prescription of a drug that bears only a generic
8	name, as defined in s. 450.12 (1) (b).
9	2. A copayment of \$3 for each prescription of a drug that bears a brand name
10	as defined in s. 450.12 (1) (a).
11	*-0032/P2.1* Section 1362. 49.68 (3) (a) of the statutes is amended to read
12	49.68 (3) (a) Any Subject to s. 49.687 (1m), any permanent resident of this state
13	who suffers from chronic renal disease may be accepted into the dialysis treatment
14	phase of the renal disease control program if the resident meets standards set by rule
15	under sub. (2) and s. 49.687.
16	*-0032/P2.2* Section 1363. 49.68 (3) (d) 1. of the statutes is amended to read:
17	49.68 (3) (d) 1. No aid may be granted under this subsection unless the recipient
18	has no other form of aid available from the federal medicare program or, from private
19	health, accident, sickness, medical, and hospital insurance coverage, or from other
20	health care coverage specified by rule under s. 49.687 (1m) (b). If insufficient aid is
21	available from other sources and if the recipient has paid an amount equal to the
22	annual medicare deductible amount specified in subd. 2., the state shall pay the
23	difference in cost to a qualified recipient. If at any time sufficient federal or private
24	insurance aid or other health care coverage becomes available during the treatment

period, state aid <u>under this subsection</u> shall be terminated or appropriately reduced.

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Any patient who is eligible for the federal medicare program shall register and pay the premium for medicare medical insurance coverage where permitted, and shall pay an amount equal to the annual medicare deductible amounts required under 42 USC 1395e and 1395L (b), prior to becoming eligible for state aid <u>under this subsection</u>.

-0032/P2.3 Section 1364. 49.68 (3) (d) 3. of the statutes is created to read: 49.68 (3) (d) 3. No payment shall be made under this subsection for any portion of medical treatment costs or other expenses that are payable under any state, federal, or other health care coverage program, including a health care coverage program specified by rule under s. 49.687 (1m) (b), or under any grant, contract, or other contractual arrangement.

-0032/P2.4 SECTION 1365. 49.68 (3) (e) of the statutes is amended to read: 49.68 (3) (e) State aids for services provided under this section shall be equal to may not exceed the allowable charges under the federal medicare program. In no case shall state rates for individual service elements exceed the federally defined allowable costs. The rate of charges for services not covered by public and private insurance shall not exceed the reasonable charges as established by medicare fee determination procedures. A person that provides to a patient a service for which aid is provided under this section shall accept the amount paid under this section for the service as payment in full and may not bill the patient for any amount by which the charge for the service exceeds the amount paid for the service under this section. The state may not pay for the cost of travel, lodging, or meals for persons who must travel to receive inpatient and outpatient dialysis treatment for kidney disease. This paragraph shall not apply to donor related costs as defined in par. (b).

-1824/6.16 Section 1366. 49.682 (6) of the statutes is amended to read:

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)	1	49.682 (6) The department, with the advice and consent of the attorney
	2	general, may contract with or employ retain an attorney to probate estates to recover
	3	under this section the costs of care.
	4	*-0032/P2.5* Section 1367. 49.683 (1) of the statutes is amended to read:
	5	49.683 (1) The Subject to s. 49.687 (1m), the department may provide financial
	6	assistance for costs of medical care of persons over the age of 18 years with the
	7	diagnosis of cystic fibrosis who meet financial requirements established by the
	8	department by rule under s. 49.687 (1).
	9	*-0032/P2.6* Section 1368. 49.683 (3) of the statutes is created to read:
	10	49.683 (3) No payment shall be made under this section for any portion of
	11	medical care costs that are payable under any state, federal, or other health care
`	12	coverage program, including a health care coverage program specified by rule under
)	13	s. 49.687 (1m) (b), or under any grant, contract, or other contractual arrangement.
	14	*-0032/P2.7* Section 1369. 49.685 (6) (b) of the statutes is amended to read:
	1 5	49.685 (6) (b) Reimbursement shall not be made under this section for any
	16	blood products or supplies which that are not purchased from or provided by a
	17	comprehensive hemophilia treatment center, or a source approved by the treatment
	18	center. Reimbursement shall not be made under this section for any portion of the
	19	costs of blood products or supplies which that are payable under any other state or,
	20	federal program, or other health care coverage program, including a health care
	21	coverage program specified by rule under s. 49.687 (1m) (b), or under any grant,
	22	contract and any, or other contractual arrangement.
	23	*-0032/P2.8* Section 1370. 49.687 (title) of the statutes is amended to read:
`\ '	24	49.687 (title) Disease aids; patient requirements; rebate agreements;
لم	25	cost containment.

-1303/P1.1 Section 1371. 49.687 (1) of the statutes is amended to read:

49.687 (1) The department shall promulgate rules that require a person who is eligible for benefits under s. 49.68, 49.683, or 49.685 and whose current estimated total family income exceeds specified limits for the current year is at or above 200% of the poverty line to obligate or expend specified portions of the income for medical care for treatment of kidney disease, cystic fibrosis, or hemophilia before receiving benefits under s. 49.68, 49.683, or 49.685. The rules shall require a person to pay 1% of his or her total family income for the cost of medical treatment covered under s. 49.68, 49.683, or 49.685 if that income is from 300% to 325% of the federal poverty line, 1.75% if that income is more than 325% but not more than 350% of the federal poverty line, 2.5% if that income is more than 350% but not more than 400% of the federal poverty line, and 4.25% if that income is more than 400% of the federal poverty line, and 4.25% if that income is more than 400% of the federal poverty line.

-0032/P2.9 Section 1372. 49.687 (1m) of the statutes is created to read:

49.687 (1m) (a) A person is not eligible to receive benefits under s. 49.68, 49.683, or 49.685 unless, before the person applies for benefits under s. 49.68, 49.683, or 49.685, the person first applies for benefits under all other health care coverage programs specified by the department by rule under par. (b) for which the person reasonably may be eligible.

(b) The department shall promulgate rules that specify other health care coverage programs for which a person must apply before applying for benefits under s. 49.68, 49.683, or 49.685. The programs specified by rule must include the Medical Assistance program under subch. IV, the Badger Care health care program under s.