

1 **SECTION 1403d.** 49.46 (2) (b) 8. of the statutes is amended to read:

2 49.46 (2) (b) 8. Home or community-based services, if provided under s. 46.27
3 (11), 46.275, 46.277 or 46.278 ~~or~~, under the family care benefit if a waiver is in effect
4 under s. 46.281 (1) (c), or under a waiver requested under 2001 Wisconsin Act 16,
5 section 9123 (16rs), or 2003 Wisconsin Act ... (this act), section 9124 (8c).

6 **SECTION 1404.** 49.472 (6) (a) of the statutes is amended to read:

7 49.472 (6) (a) Notwithstanding sub. (4) (a) 3., from the appropriation account
8 under s. 20.435 (4) (b), (gp), or (w), the department shall, on the part of an individual
9 who is eligible for medical assistance under sub. (3), pay premiums for or purchase
10 individual coverage offered by the individual's employer if the department
11 determines that paying the premiums for or purchasing the coverage will not be more
12 costly than providing medical assistance.

13 **SECTION 1405.** 49.472 (6) (b) of the statutes is amended to read:

14 49.472 (6) (b) If federal financial participation is available, from the
15 appropriation account under s. 20.435 (4) (b), (gp), or (w), the department may pay
16 medicare Part A and Part B premiums for individuals who are eligible for medicare
17 and for medical assistance under sub. (3).

18 **SECTION 1406.** 49.473 (title) of the statutes is amended to read:

19 **49.473 (title) Medical assistance; women diagnosed with breast or**
20 **cervical cancer or precancerous conditions.**

21 **SECTION 1407.** 49.473 (2) (c) of the statutes is amended to read:

22 49.473 (2) (c) The woman is not eligible for health care coverage that qualifies
23 as creditable coverage in 42 USC 300gg (c), excluding the coverage specified in 42
24 USC 300gg (c) (1) (F).

25 **SECTION 1408.** 49.473 (2) (e) of the statutes is amended to read:

1 49.473 (2) (e) The woman requires treatment for breast or cervical cancer or
2 for a precancerous condition of the breast or cervix.

3 **SECTION 1409.** 49.473 (5) of the statutes is amended to read:

4 49.473 (5) The department shall audit and pay, from the appropriation
5 accounts under s. 20.435 (4) (b), (gp), and (o), allowable charges to a provider who is
6 certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman who
7 meets the requirements under sub. (2) for all benefits and services specified under
8 s. 49.46 (2).

9 **SECTION 1410.** 49.473 (6) (b) of the statutes is amended to read:

10 49.473 (6) (b) Inform the woman at the ~~of~~ time of the determination that she
11 is required to apply to the department or a county department for medical assistance
12 no later than the last day of the month following the month in which the qualified
13 entity determines that the woman is eligible for medical assistance.

14 **SECTION 1412.** 49.496 (4) of the statutes is amended to read:

15 49.496 (4) ADMINISTRATION. The department may require a county department
16 under s. 46.215, 46.22, or 46.23 or the governing body of a federally recognized
17 American Indian tribe administering medical assistance to gather and provide the
18 department with information needed to recover medical assistance under this
19 section. The department shall pay to a county department or tribal governing body
20 an amount equal to 5% of the recovery collected by the department relating to a
21 beneficiary for whom the county department or tribal governing body made the last
22 determination of medical assistance eligibility. A county department or tribal
23 governing body may use funds received under this subsection only to pay costs
24 incurred under this subsection and, if any amount remains, to pay for improvements
25 to functions required under s. ~~49.33~~ 49.78 (2). The department may withhold

1 payments under this subsection for failure to comply with the department's
2 requirements under this subsection. The department shall treat payments made
3 under this subsection as costs of administration of the ~~medical assistance~~ Medical
4 Assistance program.

5 **SECTION 1413.** 49.498 (16) (g) of the statutes is amended to read:

6 49.498 (16) (g) All forfeitures, penalty assessments, and interest, if any, shall
7 be paid to the department within 10 days of receipt of notice of assessment or, if the
8 forfeiture, penalty assessment, and interest, if any, are contested under par. (f),
9 within 10 days of receipt of the final decision after exhaustion of administrative
10 review, unless the final decision is appealed and the order is stayed by court order
11 under sub. (19) (b). The department shall remit all forfeitures paid to the state
12 ~~treasurer~~ secretary of administration for deposit in the school fund. The department
13 shall deposit all penalty assessments and interest in the appropriation under s.
14 20.435 (6) (g).

15 **SECTION 1414.** 49.665 (2) (title) of the statutes is amended to read:

16 49.665 (2) (title) ~~WAIVER~~ WAIVERS.

17 **SECTION 1415.** 49.665 (2) of the statutes is renumbered 49.665 (2) (a) and
18 amended to read:

19 49.665 (2) (a) The department of health and family services shall request a
20 waiver from the secretary of the federal department of health and human services
21 to permit the department of health and family services to implement, beginning not
22 later than July 1, 1998, or the effective date of the waiver, whichever is later, a health
23 care program under this section. If a waiver that is consistent with all of the
24 provisions of this section, excluding sub. (4) (a) 3m., is granted and in effect, the
25 department of health and family services shall implement the program under this

1 section. The department of health and family services may not implement the
2 program under this section unless a waiver that is consistent with all of the
3 provisions of this section, excluding sub. (4) (a) 3m., is granted and in effect.

4 **SECTION 1416.** 49.665 (2) (b) of the statutes is created to read:

5 49.665 (2) (b) If the department of health and family services determines that
6 it needs a waiver to require the verification specified in sub. (4) (a) 3m., the
7 department shall request a waiver from the secretary of the federal department of
8 health and human services and may not implement the verification requirement
9 under sub. (4) (a) 3m. unless the waiver is granted. If a waiver is required and is
10 granted, the department of health and family services may implement the
11 verification requirement under sub. (4) (a) 3m. as appropriate. If a waiver is not
12 required, the department of health and family services may require the verification
13 specified in sub. (4) (a) 3m. for eligibility determinations and annual review
14 eligibility determinations made by the department, beginning on January 1, 2004.

15 **SECTION 1417.** 49.665 (4) (a) 3m. of the statutes is created to read:

16 49.665 (4) (a) 3m. Each member of the family who is employed provides
17 verification from his or her employer, in the manner specified by the department, of
18 his or her earnings, of whether the employer provides health care coverage for which
19 the family is eligible, and of the amount that the employer pays, if any, towards the
20 cost of the health care coverage, excluding any deductibles or copayments required
21 under the coverage.

22 **SECTION 1419.** 49.665 (5) (a) of the statutes is renumbered 49.665 (5) (ag) and
23 amended to read:

24 49.665 (5) (ag) Except as provided in pars. (am), (b), and (bm), a family, or child
25 who does not reside with his or her parent, who receives health care coverage under

1 this section shall pay a percentage of the cost of that coverage in accordance with a
2 schedule established by the department by rule. If the schedule established by the
3 department requires a family, or child who does not reside with his or her parent, to
4 contribute more than 3% of the family's or child's income towards the cost of the
5 health care coverage provided under this section, the department shall submit the
6 schedule to the joint committee on finance for review and approval of the schedule.
7 If the cochairpersons of the joint committee on finance do not notify the department
8 within 14 working days after the date of the department's submittal of the schedule
9 that the committee has scheduled a meeting to review the schedule, the department
10 may implement the schedule. If, within 14 days after the date of the department's
11 submittal of the schedule, the cochairpersons of the committee notify the department
12 that the committee has scheduled a meeting to review the schedule, the department
13 may not require a family, or child who does not reside with his or her parent, to
14 contribute more than 3% of the family's or child's income unless the joint committee
15 on finance approves the schedule. The joint committee on finance may not approve
16 and the department may not implement a schedule that requires a family or child
17 to contribute, including the amounts required under par. (am), more than 3.5% of the
18 family's or child's income towards the cost of the health care coverage provided under
19 this section.

20 **SECTION 1420.** 49.665 (5) (ac) of the statutes is created to read:

21 49.665 (5) (ac) In this subsection, "cost" means total cost-sharing charges,
22 including premiums, copayments, coinsurance, deductibles, enrollment fees, and
23 any other cost-sharing charges.

24 **SECTION 1421.** 49.665 (5) (ag) of the statutes, as affected by 2003 Wisconsin Act
25 (this act), is amended to read:

1 49.665 (5) (ag) Except as provided in pars. (am), (b), and (bm), a family, or child
2 who does not reside with his or her parent, who receives health care coverage under
3 this section shall pay a percentage of the cost of that coverage in accordance with a
4 schedule established by the department by rule. ~~If the schedule established by the~~
5 ~~department requires a family, or child who does not reside with his or her parent, to~~
6 ~~contribute more than 3% of the family's or child's income towards the cost of the~~
7 ~~health care coverage provided under this section, the department shall submit the~~
8 ~~schedule to the joint committee on finance for review and approval of the schedule.~~
9 ~~If the cochairpersons of the joint committee on finance do not notify the department~~
10 ~~within 14 working days after the date of the department's submittal of the schedule~~
11 ~~that the committee has scheduled a meeting to review the schedule, the department~~
12 ~~may implement the schedule. If, within 14 days after the date of the department's~~
13 ~~submittal of the schedule, the cochairpersons of the committee notify the department~~
14 ~~that the committee has scheduled a meeting to review the schedule, the department~~
15 ~~may not require a family, or child who does not reside with his or her parent, to~~
16 ~~contribute more than 3% of the family's or child's income unless the joint committee~~
17 ~~on finance approves the schedule. The joint committee on finance may not approve~~
18 ~~and the~~ The department may not establish or implement a schedule that requires a
19 family or child to contribute, including the amounts required under par. (am), more
20 than ~~3.5%~~ 5% of the family's or child's income towards the cost of the health care
21 coverage provided under this section.

22 **SECTION 1422.** 49.665 (5) (am) of the statutes is created to read:

23 49.665 (5) (am) Except as provided in pars. (b) and (bm), a child or family
24 member who receives health care coverage under this section shall pay the following
25 cost-sharing amounts:

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 **SECTION 1423.** 49.68 (3) (a) of the statutes is amended to read:

6 49.68 (3) (a) Any Subject to s. 49.687 (1m), any permanent resident of this state
7 who suffers from chronic renal disease may be accepted into the dialysis treatment
8 phase of the renal disease control program if the resident meets standards set by rule
9 under sub. (2) and s. 49.687.

10 **SECTION 1424.** 49.68 (3) (d) 1. of the statutes is amended to read:

11 49.68 (3) (d) 1. No aid may be granted under this subsection unless the recipient
12 has no other form of aid available from the federal medicare program ~~or~~, from private
13 health, accident, sickness, medical, and hospital insurance coverage, or from other
14 health care coverage specified by rule under s. 49.687 (1m) (b). If insufficient aid is
15 available from other sources and if the recipient has paid an amount equal to the
16 annual medicare deductible amount specified in subd. 2., the state shall pay the
17 difference in cost to a qualified recipient. If at any time sufficient federal or private
18 insurance aid or other health care coverage becomes available during the treatment
19 period, state aid under this subsection shall be terminated or appropriately reduced.
20 Any patient who is eligible for the federal medicare program shall register and pay
21 the premium for medicare medical insurance coverage where permitted, and shall
22 pay an amount equal to the annual medicare deductible amounts required under 42
23 USC 1395e and 1395L (b), prior to becoming eligible for state aid under this
24 subsection.

25 **SECTION 1425.** 49.68 (3) (d) 3. of the statutes is created to read:

1 49.68 (3) (d) 3. No payment shall be made under this subsection for any portion
2 of medical treatment costs or other expenses that are payable under any state,
3 federal, or other health care coverage program, including a health care coverage
4 program specified by rule under s. 49.687 (1m) (b), or under any grant, contract, or
5 other contractual arrangement.

6 **SECTION 1426.** 49.68 (3) (e) of the statutes is amended to read:

7 49.68 (3) (e) State aids for ~~services~~ any service provided under this section shall
8 be equal to the lower of the allowable charges charge under the Medical Assistance
9 program under subch. IV or the federal medicare program Medicare program. In no
10 case shall state rates for individual service elements exceed the federally defined
11 allowable costs. The rate of charges for services not covered by public and private
12 insurance shall not exceed the reasonable charges as established by medicare fee
13 determination procedures. A person that provides to a patient a service for which
14 aid is provided under this section shall accept the amount paid under this section for
15 the service as payment in full and may not bill the patient for any amount by which
16 the charge for the service exceeds the amount paid for the service under this section.
17 The state may not pay for the cost of travel, lodging, or meals for persons who must
18 travel to receive inpatient and outpatient dialysis treatment for kidney disease. This
19 paragraph shall not apply to donor related costs as defined in par. (b).

20 **SECTION 1428.** 49.683 (1) of the statutes is amended to read:

21 49.683 (1) ~~The~~ Subject to s. 49.687 (1m), the department may provide financial
22 assistance for costs of medical care of persons over the age of 18 years with the
23 diagnosis of cystic fibrosis who meet financial requirements established by the
24 department by rule under s. 49.687 (1).

25 **SECTION 1429.** 49.683 (3) of the statutes is created to read:

1 49.683 (3) No payment shall be made under this section for any portion of
2 medical care costs that are payable under any state, federal, or other health care
3 coverage program, including a health care coverage program specified by rule under
4 s. 49.687 (1m) (b), or under any grant, contract, or other contractual arrangement.

5 **SECTION 1430.** 49.685 (6) (b) of the statutes is amended to read:

6 49.685 (6) (b) Reimbursement shall not be made under this section for any
7 blood products or supplies ~~which~~ that are not purchased from or provided by a
8 comprehensive hemophilia treatment center, or a source approved by the treatment
9 center. Reimbursement shall not be made under this section for any portion of the
10 costs of blood products or supplies ~~which~~ that are payable under any other state or
11 federal ~~program, or other health care coverage program, including a health care~~
12 coverage program specified by rule under s. 49.687 (1m) (b), or under any grant,
13 contract and any, or other contractual arrangement.

14 **SECTION 1431.** 49.687 (title) of the statutes is amended to read:

15 **49.687 (title) Disease aids; patient requirements; rebate agreements;**
16 **cost containment.**

17 **SECTION 1432.** 49.687 (1) of the statutes is amended to read:

18 49.687 (1) The department shall promulgate rules that require a person who
19 is eligible for benefits under s. 49.68, 49.683, or 49.685 and whose ~~current~~ estimated
20 total family income exceeds specified limits for the current year is at or above 200%
21 of the poverty line to obligate or expend specified portions of the income for medical
22 care for treatment of kidney disease, cystic fibrosis, or hemophilia before receiving
23 benefits under s. 49.68, 49.683, or 49.685. The rules shall require a person to pay
24 0.50% of his or her total family income for the cost of medical treatment covered
25 under s. 49.68, 49.683, or 49.685 if that income is from 200% to 250% of the federal

1 poverty line, 0.75% if that income is more than 250% but not more than 275% of the
2 federal poverty line, 1% if that income is more than 275% but not more than 300%
3 of the federal poverty line, 1.25% if that income is more than 300% but not more than
4 325% of the federal poverty line, 2% if that income is more than 325% but not more
5 than 350% of the federal poverty line, 2.75% if that income is more than 350% but
6 not more than 375% of the federal poverty line, 3.5% if that income is more than 375%
7 but not more than 400% of the federal poverty line, and 4.5% if that income is more
8 than 400% of the federal poverty line.

9 **SECTION 1433.** 49.687 (1m) of the statutes is created to read:

10 49.687 (1m) (a) A person is not eligible to receive benefits under s. 49.68 or
11 49.683 unless before the person applies for benefits under s. 49.68 or 49.683, the
12 person first applies for benefits under all other health care coverage programs
13 specified by the department by rule under par. (b) for which the person reasonably
14 may be eligible.

15 (b) The department shall promulgate rules that specify other health care
16 coverage programs for which a person must apply before applying for benefits under
17 s. 49.68 or 49.683. The programs specified by rule must include the Medical
18 Assistance program under subch. IV, the Badger Care health care program under s.
19 49.665, and the prescription drug assistance for elderly persons program under s.
20 49.688.

21 (c) Using the procedure under s. 227.24, the department may promulgate rules
22 under par. (b) for the period before the effective date of any permanent rules
23 promulgated under par. (b), but not to exceed the period authorized under s. 227.24
24 (1) (c) and (2). Notwithstanding s. 227.24 (1) (a), (2) (b), and (3), the department is
25 not required to provide evidence that promulgating a rule under par. (b) as an

1 emergency rule is necessary for the preservation of the public peace, health, safety,
2 or welfare and is not required to make a finding of emergency for promulgating a rule
3 under par. (b) as an emergency rule.

4 **SECTION 1434.** 49.687 (2) of the statutes is amended to read:

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

15 **SECTION 1435.** 49.687 (2m) of the statutes is created to read:

16 49.687 (2m) If a pharmacy directly bills the department or an entity with which
17 the department contracts for a drug supplied to a person receiving benefits under s.
18 49.68, 49.683, or 49.685 and prescribed for treatment covered under s. 49.68, 49.683,
19 or 49.685, the person shall pay a \$7.50 copayment amount for each such generic drug
20 and a \$15 copayment amount for each such brand name drug.

21 **SECTION 1436.** 49.687 (3) (a) of the statutes is amended to read:

22 49.687 (3) (a) That, as a condition of coverage for prescription drugs of a
23 manufacturer under s. 49.68, 49.683, or 49.685, the manufacturer shall make rebate
24 payments for each prescription drug of the manufacturer that is prescribed for and
25 purchased by persons who meet eligibility criteria under s. 49.68, 49.683, or 49.685,

1 to the state treasurer secretary of administration to be credited to the appropriation
2 under s. 20.435 (4) (je), each calendar quarter or according to a schedule established
3 by the department.

4 **SECTION 1437.** 49.687 (4) of the statutes is created to read:

5 49.687 (4) The department may adopt managed care methods of cost
6 containment for the programs under ss. 49.68, 49.683, and 49.685.

7 **SECTION 1438h.** 49.688 (2) (b) of the statutes is amended to read:

8 49.688 (2) (b) A person to whom par. (a) 1. to 3. and 5. applies, but whose annual
9 household income, as determined by the department and as modified under sub.
10 (4m), if applicable, exceeds 240% of the federal poverty line for a family the size of
11 the persons' person's eligible family, is eligible to purchase a prescription drug at the
12 amounts specified in sub. (5) (a) 4. only during the remaining amount of any
13 12-month period in which the person has first paid the annual deductible specified
14 in sub. (3) (b) 2. a. in purchasing prescription drugs at the retail price or, if permitted
15 under sub. (4m), in paying premiums for a long-term care insurance policy and has
16 then paid the annual deductible specified in sub. (3) (b) 2. b.

17 **SECTION 1439d.** 49.688 (3) (a) of the statutes is amended to read:

18 49.688 (3) (a) For each 12-month benefit period, a program enrollment fee of
19 ~~\$20~~ \$30.

20 **SECTION 1442.** 49.688 (3) (b) 1. of the statutes is renumbered 49.688 (3) (b) 1.
21 (intro.) and amended to read:

22 49.688 (3) (b) 1. (intro.) For each 12-month benefit period, for a person specified
23 in sub. (2) (a), a deductible for prescription drugs of ~~\$500~~, ~~except that a person whose~~
24 that is based on the percentage that a person's annual household income, as

1 determined by the department, is ~~160% or less~~ of the federal poverty line for a family
2 the size of the person's eligible family ~~pays no deductible~~, as follows:

3 **SECTION 1443.** 49.688 (3) (b) 1. a. of the statutes is created to read:

4 49.688 (3) (b) 1. a. One hundred sixty percent or less, no deductible.

5 **SECTION 1444.** 49.688 (3) (b) 1. b. of the statutes is created to read:

6 49.688 (3) (b) 1. b. More than 160%, but not more than 200%, \$500.

7 **SECTION 1445.** 49.688 (3) (b) 1. c. of the statutes is created to read:

8 49.688 (3) (b) 1. c. More than 200%, but not more than 240%, \$850.

9 **SECTION 1445h.** 49.688 (3) (b) 2. a. of the statutes is amended to read:

10 49.688 (3) (b) 2. a. The difference between the person's annual household
11 income, as modified under sub. (4m), if applicable, and 240% of the federal poverty
12 line for a family the size of the person's eligible family.

13 **SECTION 1446.** 49.688 (3) (b) 2. b. of the statutes is amended to read:

14 49.688 (3) (b) 2. b. ~~Five~~ Eight hundred ~~fifty~~ dollars.

15 **SECTION 1446g.** 49.688 (3) (c) 2. of the statutes is amended to read:

16 49.688 (3) (c) 2. A copayment of ~~\$15~~ \$20 for each prescription drug that does
17 not bear only a generic name.

18 **SECTION 1446h.** 49.688 (4m) of the statutes is created to read:

19 49.688 (4m) If a person who applies for prescription drug assistance under this
20 section pays premiums for a long-term care insurance policy, as defined in s. 146.91
21 (1), the department either shall treat the amount that the person pays in premiums
22 as a reduction in the person's annual household income for purposes of subs. (2) (b)
23 and (3) (b) 2. a. or shall count the amount paid in premiums towards the deductible
24 specified under sub. (3) (b) 2. a. and required for eligibility under sub. (2) (b).

25 **SECTION 1447.** 49.688 (6) (a) of the statutes is amended to read:

1 49.688 (6) (a) That, except as provided in sub. (7) (b), the manufacturer shall
2 make rebate payments for each prescription drug of the manufacturer that is
3 prescribed for and purchased by persons who meet criteria under sub. (2) (a) and
4 persons who meet criteria under sub. (2) (b) and have paid the deductible under sub.
5 (3) (b) 2. a., to the ~~state treasurer~~ secretary of administration to be credited to the
6 appropriation account under s. 20.435 (4) (j), each calendar quarter or according to
7 a schedule established by the department.

8 **SECTION 1447g.** 49.688 (7) (a) of the statutes is amended to read:

9 49.688 (7) (a) Except as provided in par. (b), from the appropriation accounts
10 under s. 20.435 (4) (bv) ~~and~~, (j), and (pg), beginning on September 1, 2002, the
11 department shall, under a schedule that is identical to that used by the department
12 for payment of pharmacy provider claims under medical assistance, provide to
13 pharmacies and pharmacists payments for prescription drugs sold by the
14 pharmacies or pharmacists to persons eligible under sub. (2) who have paid the
15 deductible specified under sub. (3) (b) 1. or 2. or who, under sub. (3) (b) 1., are not
16 required to pay a deductible. The payment for each prescription drug under this
17 paragraph shall be at the program payment rate, minus any copayment paid by the
18 person under sub. (5) (a) 2. or 4., and plus, if applicable, incentive payments that are
19 similar to those provided under s. 49.45 (8v). The department shall devise and
20 distribute a claim form for use by pharmacies and pharmacists under this paragraph
21 and may limit payment under this paragraph to those prescription drugs for which
22 payment claims are submitted by pharmacists or pharmacies directly to the
23 department. The department may apply to the program under this section the same
24 utilization and cost control procedures that apply under rules promulgated by the
25 department to medical assistance under subch. IV of ch. 49.

1 **SECTION 1447h.** 49.688 (7) (b) of the statutes is amended to read:

2 49.688 (7) (b) During any period in which funding under s. 20.435 (4) (bv) and
3 (pg) is completely expended for the payments specified in par. (a), the requirements
4 of par. (a) and subs. (3) (c), (5), and (6) (a) and (b) do not apply to drugs purchased
5 during that period, but the department shall continue to accept applications and
6 determine eligibility under sub. (4) and shall indicate to applicants that the
7 eligibility of program participants to purchase prescription drugs as specified in sub.
8 (3), under the requirements of sub. (5), is conditioned on the availability of funding
9 under s. 20.435 (4) (bv) and (pg).

10 **SECTION 1448.** 49.78 (5) of the statutes, as affected by 2003 Wisconsin Act
11 (this act), is amended to read:

12 49.78 (5) PERSONNEL EXAMINATIONS. Statewide examinations to ascertain
13 qualifications of applicants in any county department administering aid to families
14 with dependent children shall be given by the administrator of the division of merit
15 recruitment and selection in the ~~department of employment relations~~. The
16 ~~department of employment relations~~ office of state human resources management.
17 The office of state human resources management shall be reimbursed for actual
18 expenditures incurred in the performance of its functions under this section from the
19 appropriations available to the department of health and family services for
20 administrative expenditures.

21 **SECTION 1450.** 49.79 (4) of the statutes is amended to read:

22 49.79 (4) DEDUCTIONS FROM COUNTY INCOME MAINTENANCE PAYMENTS. The
23 department shall withhold the value of food stamp losses for which a county or
24 federally recognized American Indian tribe is liable under sub. (3) from the payment

1 to the county or tribe under income maintenance contracts under s. ~~49.33~~ 49.78 and
2 reimburse the federal government from the funds withheld.

3 **SECTION 1450m.** 49.797 (4) (e) of the statutes is created to read:

4 49.797 (4) (e) Pay a supplier, as defined in s. 49.795 (1) (d), a fee of \$.08 for each
5 food stamp purchase or merchandise return transaction or balance inquiry
6 conducted on a point-of-sale terminal that is owned or leased by the supplier for use
7 in the delivery of food stamp benefits.

8 **SECTION 1451.** 49.85 (title) of the statutes is amended to read:

9 **49.85 (title) Certification of certain public assistance overpayments**
10 **and delinquent loan repayments.**

11 **SECTION 1452.** 49.85 (1) of the statutes is amended to read:

12 49.85 (1) DEPARTMENT NOTIFICATION REQUIREMENT. If a county department under
13 s. 46.215, 46.22, or 46.23 or a governing body of a federally recognized American
14 Indian tribe or band determines that the department of health and family services
15 may recover an amount under s. 49.497 or that the department of workforce
16 development may recover an amount under s. 49.161, 49.195 (3), or 49.793, or collect
17 an amount under s. 49.147 (6) (cm), the county department or governing body shall
18 notify the affected department of the determination. If a Wisconsin works agency
19 determines that the department of workforce development may recover an amount
20 under s. 49.161 or 49.195 (3), or collect an amount under s. 49.147 (6) (cm), the
21 Wisconsin works agency shall notify the department of workforce development of the
22 determination.

23 **SECTION 1454.** 49.85 (2) (b) of the statutes is amended to read:

24 49.85 (2) (b) At least annually, the department of workforce development shall
25 certify to the department of revenue the amounts that, based on the notifications

1 received under sub. (1) and on other information received by the department of
2 workforce development, the department of workforce development has determined
3 that it may recover under ss. 49.161, 49.195 (3), and 49.793, and collect under s.
4 49.147 (6) (cm), except that the department of workforce development may not certify
5 an amount under this subsection unless it has met the notice requirements under
6 sub. (3) and unless its determination has either not been appealed or is no longer
7 under appeal.

8 **SECTION 1456.** 49.85 (3) (b) (intro.) of the statutes is amended to read:

9 49.85 (3) (b) (intro.) At least 30 days before certification of an amount, the
10 department of workforce development shall send a notice to the last-known address
11 of the person from whom that department intends to recover or collect the amount.
12 The notice shall do all of the following:

13 **SECTION 1457.** 49.85 (3) (b) 1. of the statutes is amended to read:

14 49.85 (3) (b) 1. Inform the person that the department of workforce
15 development intends to certify to the department of revenue an amount that the
16 department of workforce development has determined to be due under s. 49.161,
17 49.195 (3), or 49.793, or to be delinquent under a repayment agreement for a loan
18 under s. 49.147 (6), for setoff from any state tax refund that may be due the person.

19 **SECTION 1459.** 49.85 (5) of the statutes is amended to read:

20 49.85 (5) EFFECT OF CERTIFICATION. Receipt of a certification by the department
21 of revenue shall constitute a lien, equal to the amount certified, on any state tax
22 refunds or credits owed to the obligor. The lien shall be foreclosed by the department
23 of revenue as a setoff under s. 71.93. Certification of an amount under this section
24 does not prohibit the department of health and family services or the department of
25 workforce development from attempting to recover or collect the amount through

1 other legal means. The department of health and family services or the department
2 of workforce development shall promptly notify the department of revenue upon
3 recovery or collection of any amount previously certified under this section.

4 **SECTION 1460.** 49.854 (11) (b) of the statutes is amended to read:

5 49.854 (11) (b) *The department.* The department may assess a collection fee
6 to recover the department's costs incurred in levying against property under this
7 section. The department shall determine its costs to be paid in all cases of levy. The
8 obligor is liable to the department for the amount of the collection fee authorized
9 under this paragraph. Fees collected under this paragraph shall be credited to the
10 appropriation account under s. 20.445 ~~(1) (L)~~ (3) (ja).

11 **SECTION 1464.** 50.01 (1g) (c) of the statutes is amended to read:

12 50.01 (1g) (c) A shelter facility as defined under s. ~~16.352~~ 560.9808 (1) (d).

13 **SECTION 1466.** 50.03 (5g) (c) 1. c. of the statutes is amended to read:

14 50.03 (5g) (c) 1. c. All forfeitures shall be paid to the department within 10 days
15 after receipt of notice of assessment or, if the forfeiture is contested under par. (f),
16 within 10 days after receipt of the final decision after exhaustion of administrative
17 review, unless the final decision is appealed and the order is stayed by court order
18 under s. 50.03 (11). The department shall remit all forfeitures paid under this
19 subdivision to the ~~state treasurer~~ secretary of administration for deposit in the
20 school fund.

21 **SECTION 1466d.** 50.031 of the statutes is created to read:

22 **50.031 Nursing home surveyor positions.** (1) In this section, "long-term
23 care facility" means a licensed nursing home, community-based residential facility,
24 adult family home, home health agency, or rural medical center or a certified or
25 registered residential care apartment complex.

1 (2) For every December 31 on which the total number of long-term care
2 facilities is less than the total number of long-term care facilities that existed on
3 December 31 of the previous year, the total number of authorized full-time
4 equivalent program revenue positions, as defined in s. 230.03 (11), for the
5 department, funded from the appropriation account under s. 20.435 (6) (jm) for the
6 purpose of performing surveillance of licensed nursing homes, shall be reduced by
7 the same percentage by which the total number of long-term care facilities is reduced
8 from the total number of long-term care facilities that existed on December 31 of the
9 previous year. Each reduction of authorized full-time equivalent program revenue
10 positions shall begin on July 1 of the year following the year in which the reduction
11 of the total number of long-term care facilities occurred.

12 **SECTION 1467.** 50.034 (8) (d) of the statutes is amended to read:

13 50.034 (8) (d) All forfeitures shall be paid to the department within 10 days
14 after receipt of notice of assessment or, if the forfeiture is contested under par. (c),
15 within 10 days after receipt of the final decision after exhaustion of administrative
16 review, unless the final decision is appealed and the order is stayed by court order.
17 The department shall remit all forfeitures paid to the ~~state treasurer~~ secretary of
18 administration for deposit in the school fund.

19 **SECTION 1468.** 50.035 (11) (d) of the statutes is amended to read:

20 50.035 (11) (d) All forfeitures shall be paid to the department within 10 days
21 after receipt of notice of assessment or, if the forfeiture is contested under par. (c),
22 within 10 days after receipt of the final decision after exhaustion of administrative
23 review, unless the final decision is appealed and the order is stayed by court order.
24 The department shall remit all forfeitures paid to the ~~state treasurer~~ secretary of
25 administration for deposit in the school fund.

1 **SECTION 1472b.** 50.04 (5) (f) of the statutes is amended to read:

2 50.04 (5) (f) *Forfeitures paid within 10 days.* All forfeitures shall be paid to the
3 department within 10 days of receipt of notice of assessment or, if the forfeiture is
4 contested under par. (e), within 10 days of receipt of the final decision after
5 exhaustion of administrative review, unless the final decision is appealed and the
6 order is stayed by court order under s. 50.03 (11). The department shall remit all
7 forfeitures paid to the ~~state treasurer~~ secretary of administration for deposit in the
8 school fund.

9 **SECTION 1473.** 50.07 (3) (a) of the statutes is repealed.

10 **SECTION 1474.** 50.07 (3) (b) of the statutes is amended to read:

11 50.07 (3) (b) Any employee ~~of an employer not described in par. (a)~~ who is
12 discharged or otherwise retaliated or discriminated against in violation of sub. (1)
13 (e) or (em) may file a complaint with the department of workforce development under
14 s. 106.54 (5).

15 **SECTION 1475.** 50.07 (3) (c) of the statutes is amended to read:

16 50.07 (3) (c) Any person not described in par. ~~(a)~~ or (b) who is retaliated or
17 discriminated against in violation of sub. (1) (e) or (em) may commence an action in
18 circuit court for damages incurred as a result of the violation.

19 **SECTION 1476.** 50.14 (title) of the statutes is amended to read:

20 **50.14 (title) Assessments on occupied, licensed beds.**

21 **SECTION 1477.** 50.14 (1) (a) of the statutes is amended to read:

22 50.14 (1) (a) Notwithstanding s. 50.01 (1m), “facility” means a nursing home
23 or an intermediate care facility for the mentally retarded, ~~which is not state-owned~~
24 ~~or state-operated, federally owned or federally operated or~~ that is not located outside
25 the state.

1 **SECTION 1478.** 50.14 (2) of the statutes is renumbered 50.14 (2) (intro.) and
2 amended to read:

3 50.14 (2) (intro.) For the privilege of doing business in this state, there is
4 imposed on all ~~occupied, licensed beds of a facility, except occupied, licensed beds for~~
5 ~~which payment is made under 42 USC 1395 to 1395eee, an assessment that shall be~~
6 ~~deposited in the general fund and that is \$100 per calendar month per occupied,~~
7 ~~licensed bed of an intermediate care facility for the mentally retarded may not exceed~~
8 ~~\$435 in fiscal year 2003–04 and may not exceed \$445 in fiscal year 2004–05 and is~~
9 ~~\$32 an assessment that may not exceed \$75 per calendar month per ~~occupied,~~~~
10 ~~licensed bed of a nursing home. The assessment shall be on the average number of~~
11 ~~occupied, licensed beds of a facility for the calendar month previous to the month of~~
12 ~~assessment, based on an average daily midnight census computed and reported by~~
13 ~~the facility and verified by the department. Charged bed–hold days for any resident~~
14 ~~of a facility shall be included as one full day in the average daily midnight census~~
15 ~~deposited in the general fund, except that in fiscal year 2003–04, amounts in excess~~
16 ~~of \$14,300,000, in fiscal year 2004–05, amounts in excess of \$13,800,000, and,~~
17 ~~beginning July 1, 2005, in each fiscal year, amounts in excess of 45% of the money~~
18 ~~received from the assessment shall be deposited in the Medical Assistance trust~~
19 ~~fund. In determining the number of ~~occupied, licensed beds, if all of the following~~~~
20 ~~apply:~~

21 (a) If the amount of the beds is other than a whole number, the fractional part
22 of the amount shall be disregarded unless it equals 50% or more of a whole number,
23 in which case the amount shall be increased to the next whole number.

24 **SECTION 1479.** 50.14 (2) (b) of the statutes is created to read:

1 50.14 (2) (b) The number of licensed beds of a nursing home includes any
2 number of beds that have been delicensed under s. 49.45 (6m) (ap) 1. but not deducted
3 from the nursing home's licensed bed capacity under s. 49.45 (6m) (ap) 4. a.

4 **SECTION 1480.** 50.14 (3) of the statutes is amended to read:

5 50.14 (3) By the end of each month, each facility shall submit to the department
6 ~~the facility's occupied licensed bed count and the amount due under sub. (2) for each~~
7 ~~occupied licensed bed of the facility for the month preceding the month during which~~
8 ~~the bed count and payment are~~ is being submitted. The department shall verify the
9 ~~bed count~~ number of beds licensed and, if necessary, make adjustments to the
10 payment, notify the facility of changes in the ~~bed count or payment~~ owing and send
11 the facility an invoice for the additional amount due or send the facility a refund.

12 **SECTION 1481.** 50.14 (4) of the statutes is amended to read:

13 50.14 (4) Sections 77.59 (1) to (5), (6) (intro.), (a) and (c) and (7) to (10), 77.60
14 (1) to (7), (9) and (10), 77.61 (9) and (12) to (14) and 77.62, as they apply to the taxes
15 under subch. III of ch. 77, apply to the assessment under this section, except that the
16 amount of any assessment collected under s. 77.59 (7) in excess of \$14,300,000 in
17 fiscal year 2003–04, in excess of \$13,800,000 in fiscal year 2004–05, and, beginning
18 July 1, 2005, in excess of 45% in each fiscal year shall be deposited in the Medical
19 Assistance trust fund.

20 **SECTION 1482.** 50.38 (4) of the statutes is amended to read:

21 50.38 (4) All forfeitures shall be paid to the department within 10 days after
22 receipt of notice of assessment or, if the forfeiture is contested under sub. (3), within
23 10 days after receipt of the final decision after exhaustion of administrative review,
24 unless the final decision is appealed and the order is stayed by court order. The

1 department shall remit all forfeitures paid to the ~~state treasurer~~ secretary of
2 administration for deposit in the school fund.

3 **SECTION 1483.** 50.55 (1) (e) of the statutes is amended to read:

4 50.55 (1) (e) All forfeitures shall be paid to the department within 10 days after
5 receipt of notice of assessment or, if the forfeiture is contested under par. (d), within
6 10 days after receipt of the final decision, unless the final decision is appealed and
7 the decision is in favor of the appellant. The department shall remit all forfeitures
8 paid to the ~~state treasurer~~ secretary of administration for deposit in the school fund.

9 **SECTION 1484.** 50.90 (2) of the statutes is amended to read:

10 50.90 (2) “Organization” means a public agency, as defined in s. ~~46.93 (1m) (e)~~
11 46.856 (1) (b), a nonprofit corporation, a for-profit stock corporation, a cooperative,
12 a partnership, a limited liability company or a sole proprietorship.

13 **SECTION 1485.** 50.98 (5) of the statutes is amended to read:

14 50.98 (5) All forfeitures shall be paid to the department within 10 days after
15 receipt of notice of assessment or, if the forfeiture is contested under sub. (4), within
16 10 days after receipt of the final decision after exhaustion of administrative review,
17 unless the final decision is appealed and the order is stayed by court order under the
18 same terms and conditions as found in s. 50.03 (11). The department shall remit all
19 forfeitures paid to the ~~state treasurer~~ secretary of administration for deposit in the
20 school fund.

21 **SECTION 1486.** 51.06 (1m) (d) of the statutes is amended to read:

22 51.06 (1m) (d) Services for ~~up to 50~~ individuals with developmental disability
23 who are also diagnosed as mentally ill or who exhibit extremely aggressive and
24 challenging behaviors.

1 **SECTION 1487.** 51.06 (3) of the statutes is renumbered 51.06 (3) (a) and
2 amended to read:

3 51.06 (3) (a) Individuals Subject to par. (b), individuals under the age of 22
4 years shall be placed only at the central center for the developmentally disabled
5 unless the department authorizes the placement of the individual at the northern or
6 southern center for the developmentally disabled.

7 **SECTION 1488.** 51.06 (3) (b) of the statutes is created to read:

8 51.06 (3) (b) An individual may be placed at or transferred to a center for the
9 developmentally disabled for services under sub. (1m) (d) only after all of the
10 following conditions are met:

11 1. The department determines that a licensed bed and other necessary
12 resources are available to provide services to the individual.

13 2. The department and the county of residence of the individual agree on a
14 maximum discharge date for the individual.

15 **SECTION 1489.** 51.06 (5) of the statutes is created to read:

16 51.06 (5) **SURCHARGE FOR EXTENDED INTENSIVE TREATMENT.** The department may
17 impose on a county a progressive surcharge for services under sub. (1m) (d) that an
18 individual receives after the maximum discharge date for the individual that was
19 agreed upon under sub. (3) (b) 2. The surcharge is 10% of the amount paid for the
20 individual's services under s. 49.45 during any part of the first 6-month period
21 following the maximum discharge date, and increases by 10% of the amount paid for
22 the individual's services under s. 49.45 during any part of each 6-month period
23 thereafter. Any revenues received under this subsection shall be credited to the
24 appropriation account under s. 20.435 (2) (gL).

25 **SECTION 1490.** 51.06 (6) of the statutes is created to read:

1 51.06 (6) SALE OF ASSETS OR REAL PROPERTY AT NORTHERN CENTER FOR THE
2 DEVELOPMENTALLY DISABLED. The department may maintain the Northern Center for
3 the Developmentally Disabled for the purpose specified in sub. (1), but may sell
4 assets or real property of the Northern Center for the Developmentally Disabled. If
5 there is any outstanding public debt used to finance the acquisition, construction, or
6 improvement of any property that is sold under this subsection, the department shall
7 deposit a sufficient amount of the net proceeds from the sale of the property in the
8 bond security and redemption fund under s. 18.09 to repay the principal and pay the
9 interest on the debt, and any premium due upon refunding any of the debt. If the
10 property was purchased with federal financial assistance, the department shall pay
11 to the federal government any of the net proceeds required by federal law. If there
12 is no such debt outstanding and there are no moneys payable to the federal
13 government, or if the net proceeds exceed the amount required to be deposited or paid
14 under this subsection, the department shall credit the net proceeds or remaining net
15 proceeds to the appropriation account under s. 20.435 (2) (gk).

16 **SECTION 1490c.** 51.06 (7) of the statutes is created to read:

17 51.06 (7) EMPLOYEE OR POSITION TRANSFERS. The department may not transfer
18 an employee of the Northern Center for the Developmentally Disabled to another
19 center for the developmentally disabled unless the employee requests the transfer.
20 The department may not transfer employee positions from the Northern Center for
21 the Developmentally Disabled to another center for the developmentally disabled if
22 the position transfer would have the purpose or effect of significantly changing the
23 mission of the Northern Center for the Developmentally Disabled.

24 **SECTION 1491.** 51.20 (13) (c) (intro.) of the statutes is amended to read:

1 51.20 (13) (c) (intro.) If disposition is made under par. (a) 3., all of the following
2 apply:

3 **SECTION 1492.** 51.20 (13) (c) 1. of the statutes is amended to read:

4 51.20 (13) (c) 1. The court shall designate the facility or service ~~which that~~ is
5 to receive the subject individual into the mental health system, ~~except that, if the~~
6 ~~subject individual is under the age of 22 years and the facility is a center for the~~
7 ~~developmentally disabled, the court shall designate only the central center for the~~
8 ~~developmentally disabled unless the department authorizes designation of the~~
9 ~~northern or southern center for the developmentally disabled; subject to s. 51.06 (3).~~

10 **SECTION 1493.** 51.20 (13) (c) 2. of the statutes is amended to read:

11 51.20 (13) (c) 2. The county department under s. 51.42 or 51.437 shall arrange
12 for treatment in the least restrictive manner consistent with the requirements of the
13 subject individual in accordance with a court order designating the maximum level
14 of inpatient facility, if any, ~~which that~~ may be used for treatment, ~~except that, if the~~
15 ~~subject individual is under the age of 22 years and the facility is a center for the~~
16 ~~developmentally disabled, designation shall be only to the central center for the~~
17 ~~developmentally disabled unless the department authorizes the placement of the~~
18 ~~individual at the northern or southern center for the developmentally disabled; and~~
19 subject to s. 51.06 (3).

20 **SECTION 1494.** 51.20 (13) (f) of the statutes is amended to read:

21 51.20 (13) (f) The county department under s. 51.42 or 51.437 ~~which that~~
22 receives an individual who is committed by a court under par. (a) 3. is authorized to
23 place ~~such the~~ individual in an approved treatment facility, subject to any limitations
24 which are specified by the court under par. (c) 2. The county department shall place
25 the subject individual in the treatment program and treatment facility ~~which that~~

1 is least restrictive of the individual's personal liberty, consistent with the treatment
2 requirements of the individual. The county department shall ~~have~~ has ongoing
3 responsibility to review the individual's needs, in accordance with sub. (17), and to
4 transfer the person to the least restrictive program consistent with the individual's
5 needs. ~~If the subject individual is under the age of 22 years and if the facility~~
6 ~~appropriate for placement or transfer is a center for the developmentally disabled,~~
7 ~~placement or transfer of the individual shall be made only to the central center for~~
8 ~~the developmentally disabled unless the department authorizes the placement or~~
9 ~~transfer to the northern or southern center for the developmentally disabled~~
10 Placement or transfer under this paragraph is subject to s. 51.06 (3).

11 **SECTION 1495.** 51.35 (1) (a) of the statutes is amended to read:

12 51.35 (1) (a) The Subject to pars. (b) and (d), the department or the county
13 department under s. 51.42 or 51.437 may transfer any patient or resident who is
14 committed to it, or who is admitted to a treatment facility under its supervision or
15 operating under an agreement with it, between treatment facilities or from a
16 treatment facility into the community if such the transfer is consistent with
17 reasonable medical and clinical judgment and, consistent with s. 51.22 (5).—The
18 transfer shall be made, and, if the transfer results in a greater restriction of personal
19 freedom for the patient or resident, in accordance with par. (e). Terms and conditions
20 which that will benefit the patient or resident may be imposed as part of a transfer
21 to a less restrictive treatment alternative. A patient or resident who is committed
22 to the department or a county department under s. 51.42 or 51.437 may be required
23 to take medications and receive treatment, subject to the right of the patient or
24 resident to refuse medication and treatment under s. 51.61 (1) (g) and (h), through
25 a community support program as a term or condition of a transfer. The patient or

1 resident shall be informed at the time of transfer of the consequences of violating
2 such ~~the~~ terms and conditions of the transfer, including possible transfer back to a
3 ~~facility which~~ treatment facility that imposes a greater restriction on personal
4 freedom of the patient or resident.

5 **SECTION 1496.** 51.35 (1) (b) of the statutes is renumbered 51.35 (1) (b) 1. and
6 amended to read:

7 51.35 (1) (b) 1. ~~In addition to the requirements in par. (a), a~~ Except as provided
8 in pars. (c) and (d), a transfer of a patient in a mental health institute ~~or center for~~
9 ~~the developmentally disabled~~ by the department is subject to the approval of the
10 appropriate county department under ss. 51.42 and 51.437 to which the patient was
11 committed or through which the patient was admitted to the ~~facility, if any~~ mental
12 health institute.

13 **SECTION 1496c.** 51.35 (1) (b) 2. of the statutes is created to read:

14 51.35 (1) (b) 2. Except as provided in pars. (c) and (d), a transfer of a resident
15 of a center for the developmentally disabled by the department is subject to the
16 approval of the appropriate county department under s. 51.42 or 51.437 to which the
17 resident was committed or through which the resident was admitted to the center
18 and to the approval of the resident's guardian.

19 **SECTION 1497.** 51.35 (1) (bm) of the statutes is amended to read:

20 51.35 (1) (bm) ~~Notwithstanding par. (b), transfer~~ Transfer of a patient ~~under~~
21 ~~the age of 22 years~~ resident by a county department to a center for the
22 developmentally disabled ~~may be made only to the central center for the~~
23 ~~developmentally disabled unless the department authorizes the transfer of the~~
24 ~~patient to the northern or southern center for the developmentally disabled~~ is subject
25 to s. 51.06 (3).