

49.46 (2) (b) 8. Home or community-based services, if provided under s. 46.27
(11), 46.275, 46.277 or 46.278 or, under the family care benefit if a waiver is in effect
under s. 46.281 (1) (c), or under a waiver requested under 2001 Wisconsin Act 16,
section 9123 (16rs), or 2003 Wisconsin Act (this act), section 9124 (8c).
-1760/2.16 Section 1404. 49.472 (6) (a) of the statutes is amended to read:
49.472 (6) (a) Notwithstanding sub. (4) (a) 3., from the appropriation account
under s. 20.435 (4) (b), (gp), or (w), the department shall, on the part of an individual
who is eligible for medical assistance under sub. (3), pay premiums for or purchase
individual coverage offered by the individual's employer if the department
determines that paying the premiums for or purchasing the coverage will not be more
costly than providing medical assistance.
-1760/2.17 Section 1405. 49.472 (6) (b) of the statutes is amended to read:
49.472 (6) (b) If federal financial participation is available, from the
appropriation account under s. 20.435 (4) (b), (gp), or (w), the department may pay
medicare Part A and Part B premiums for individuals who are eligible for medicare
and for medical assistance under sub. (3).
-0033/P2.1 Section 1406. 49.473 (title) of the statutes is amended to read:
49.473 (title) Medical assistance; women diagnosed with breast or
cervical cancer or precancerous conditions.
-0033/P2.2 Section 1407. 49.473 (2) (c) of the statutes is amended to read:
49.473 (2) (c) The woman is not eligible for health care coverage that qualifies
as creditable coverage in 42 USC 300gg (c), excluding the coverage specified in 42
<u>USC 300gg (c) (1) (F)</u> .
-0033/P2.3 Section 1408. 49.473 (2) (e) of the statutes is amended to read:

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	49.473 (2) (e)	The woman	requires	treatment for	breast or	cervical	cancer <u>or</u>
for a	precancerous	condition of t	he breas	t or cervix.			

-1760/2.18 Section 1409. 49.473 (5) of the statutes is amended to read:

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

-0033/P2.4 Section 1410. 49.473 (6) (b) of the statutes is amended to read: 49.473 (6) (b) Inform the woman at the ef 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.

-0190/7.19 Section 1412. 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 1413. 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 1414. 49.665 (2) (title) of the statutes is amended to read: 49.665 (2) (title) Waiver Waivers.

-0029/2.2 Section 1415. 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

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

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 1417. 49.665 (4) (a) 3m. of the statutes is created to read: 49.665 (4) (a) 3m. Each member of the family 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 family 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.

-1489/P2.6 Section 1419. 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

any other cost-sharing charges.

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.
-1489/P2.7 Section 1420. 49.665 (5) (ac) of the statutes is created to read:
49.665 (5) (ac) In this subsection, "cost" means total cost-sharing charges,

-1489/P2.8 SECTION 1421. 49.665 (5) (ag) of the statutes, as affected by 2003 Wisconsin Act (this act), is amended to read:

including premiums, copayments, coinsurance, deductibles, enrollment fees, and

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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
than 3.5% 5% of the family's or child's income towards the cost of the health care
coverage provided under this section.

-1489/P2.9 Section 1422. 49.665 (5) (am) of the statutes is created to read: 49.665 (5) (am) Except as provided in pars. (b) and (bm), a child or family member who receives health care coverage under this section shall pay the following cost—sharing amounts:

- 1. A copayment of \$1 for each prescription of a drug that bears only a generic name, as defined in s. 450.12 (1) (b).
- 2. A copayment of \$3 for each prescription of a drug that bears a brand name, as defined in s. 450.12 (1) (a).

-0032/P2.1 Section 1423. 49.68 (3) (a) of the statutes is amended to read: 49.68 (3) (a) Any Subject to s. 49.687 (1m), any permanent resident of this state who suffers from chronic renal disease may be accepted into the dialysis treatment phase of the renal disease control program if the resident meets standards set by rule under sub. (2) and s. 49.687.

-0032/P2.2 Section 1424. 49.68 (3) (d) 1. of the statutes is amended to read:

49.68 (3) (d) 1. No aid may be granted under this subsection unless the recipient has no other form of aid available from the federal medicare program or, from private health, accident, sickness, medical, and hospital insurance coverage, or from other health care coverage specified by rule under s. 49.687 (1m) (b). If insufficient aid is available from other sources and if the recipient has paid an amount equal to the annual medicare deductible amount specified in subd. 2., the state shall pay the difference in cost to a qualified recipient. If at any time sufficient federal or private insurance aid or other health care coverage becomes available during the treatment period, state aid under this subsection shall be terminated or appropriately reduced. 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 under this subsection.

-0032/P2.3 Section 1425. 49.68 (3) (d) 3. of the statutes is created to read:

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

49.68 (3) (e) State aids for services any service provided under this section shall be equal to the lower of the allowable charges charge under the Medical Assistance program under subch. IV or the federal medicare program 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).

-0032/P2.5 Section 1428. 49.683 (1) of the statutes is amended to read:

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

-0032/P2.6 Section 1429. 49.683 (3) of the statutes is created to read:

49.683 (3) No payment shall be made under this section for any portion of
medical care costs 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/P2.7 Section 1430. 49.685 (6) (b) of the statutes is amended to read:
49.685 (6) (b) Reimbursement shall not be made under this section for any
blood products or supplies which that are not purchased from or provided by a
comprehensive hemophilia treatment center, or a source approved by the treatment
center. Reimbursement shall not be made under this section for any portion of the
costs of blood products or supplies which that are payable under any other state or,
federal program, 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 and any, or other contractual arrangement.
-0032/P2.8 Section 1431. 49.687 (title) of the statutes is amended to read:
49.687 (title) Disease aids; patient requirements; rebate agreements;
cost containment.
-1303/P1.1 Section 1432. 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 eurrent 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

0.50% 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 200% to 250% of the federal

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

-0032/P2.9 Section 1433. 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 or 49.683 unless before the person applies for benefits under s. 49.68 or 49.683, 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 or 49.683. The programs specified by rule must include the Medical Assistance program under subch. IV, the Badger Care health care program under s. 49.665, and the prescription drug assistance for elderly persons program under s. 49.688.
- (c) Using the procedure under s. 227.24, the department may promulgate rules under par. (b) for the period before the effective date of any permanent rules promulgated under par. (b), but not to exceed the period authorized under s. 227.24 (1) (c) and (2). Notwithstanding s. 227.24 (1) (a), (2) (b), and (3), the department is not required to provide evidence that promulgating a rule under par. (b) as an

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

-1303/P1.2 Section 1434. 49.687 (2) of the statutes is amended to read:

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

-1303/P1.3 Section 1435. 49.687 (2m) of the statutes is created to read:

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

-0529/4.102 Section 1436. 49.687 (3) (a) of the statutes is amended to read: 49.687 (3) (a) That, as a condition of coverage for prescription drugs of a manufacturer under s. 49.68, 49.683, or 49.685, the manufacturer shall make rebate payments for each prescription drug of the manufacturer that is prescribed for and 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	*-0032/P2.10* 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	*b0292/3.1* 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	*b0290/3.2* 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 <u>\$30</u> .
20	*-1485/5.5* Section 1442. 49.688 (3) (b) 1. of the statutes is renumbered
21	49.688 (3) (b) 1. (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	*-1485/5.6* 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	*-1485/5.7* 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	*-1485/5.8* 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	* b0292/3.2 * Section 1445h. 49.688 (3) (b) 2. a. of the statutes is amended to
10	read:
11	49.688 (3) (b) 2. a. The difference between the person's annual household
12	income, as modified under sub. (4m), if applicable, and 240% of the federal poverty
13	line for a family the size of the person's eligible family.
14	*-1485/5.9* Section 1446. 49.688 (3) (b) 2. b. of the statutes is amended to
15	read:
16	49.688 (3) (b) 2. b. Five Eight hundred fifty dollars.
17	* b0290/3.4 * Section 1446g. 49.688 (3) (c) 2. of the statutes is amended to read:
18	49.688 (3) (c) 2. A copayment of \$15 \$20 for each prescription drug that does
19	not bear only a generic name.
20	* b0292/3.3 * Section 1446h. 49.688 (4m) of the statutes is created to read:
21	49.688 (4m) If a person who applies for prescription drug assistance under this
22	section pays premiums for a long–term care insurance policy, as defined in s. 146.91
23	(1), the department either shall treat the amount that the person pays in premiums
24	as a reduction in the person's annual household income for purposes of subs. (2) (b)

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and (3) (b) 2. a. or shall count the amount paid in premiums towards the deductible specified under sub. (3) (b) 2. a. and required for eligibility under sub. (2) (b).

-0529/4.103 SECTION 1447. 49.688 (6) (a) of the statutes is amended to read: 49.688 (6) (a) That, except as provided in sub. (7) (b), the manufacturer shall make rebate payments for each prescription drug of the manufacturer that is prescribed for and purchased by persons who meet criteria under sub. (2) (a) and persons who meet criteria under sub. (2) (b) and have paid the deductible under sub. (3) (b) 2. a., to the state treasurer secretary of administration to be credited to the appropriation account under s. 20.435 (4) (j), each calendar quarter or according to a schedule established by the department.

b0280/1.2 Section 1447g. 49.688 (7) (a) of the statutes is amended to read: 49.688 (7) (a) Except as provided in par. (b), from the appropriation accounts under s. 20.435 (4) (bv) and, (j), and (pg), beginning on September 1, 2002, the department shall, under a schedule that is identical to that used by the department for payment of pharmacy provider claims under medical assistance, provide to pharmacies and pharmacists payments for prescription drugs sold by the pharmacies or pharmacists to persons eligible under sub. (2) who have paid the deductible specified under sub. (3) (b) 1. or 2. or who, under sub. (3) (b) 1., are not required to pay a deductible. The payment for each prescription drug under this paragraph shall be at the program payment rate, minus any copayment paid by the person under sub. (5) (a) 2. or 4., and plus, if applicable, incentive payments that are similar to those provided under s. 49.45 (8v). The department shall devise and distribute a claim form for use by pharmacies and pharmacists under this paragraph and may limit payment under this paragraph to those prescription drugs for which payment claims are submitted by pharmacists or pharmacies directly to the

department. The department may apply to the program under this section the same
utilization and cost control procedures that apply under rules promulgated by the
department to medical assistance under subch. IV of ch. 49.

b0280/1.2 Section 1447h. 49.688 (7) (b) of the statutes is amended to read: 49.688 (7) (b) During any period in which funding under s. 20.435 (4) (bv) and (pg) is completely expended for the payments specified in par. (a), the requirements of par. (a) and subs. (3) (c), (5), and (6) (a) and (b) do not apply to drugs purchased during that period, but the department shall continue to accept applications and determine eligibility under sub. (4) and shall indicate to applicants that the eligibility of program participants to purchase prescription drugs as specified in sub. (3), under the requirements of sub. (5), is conditioned on the availability of funding under s. 20.435 (4) (bv) and (pg).

-0576/8.63 Section 1448. 49.78 (5) of the statutes, as affected by 2003 Wisconsin Act (this act), is amended to read:

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

-0190/7.20 Section 1450. 49.79 (4) of the statutes is amended to read:

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49.79 (4) DEDUCTIONS FROM COUNTY INCOME MAINTENANCE PAYMENTS. Th
department shall withhold the value of food stamp losses for which a county of
federally recognized American Indian tribe is liable under sub. (3) from the paymer
to the county or tribe under income maintenance contracts under s. 49.33 ± 9.78 and
reimburse the federal government from the funds withheld.

b0161/2.1 Section 1450m. 49.797 (4) (e) of the statutes is created to read: 49.797 (4) (e) Pay a supplier, as defined in s. 49.795 (1) (d), a fee of \$.08 for each food stamp purchase or merchandise return transaction or balance inquiry conducted on a point—of—sale terminal that is owned or leased by the supplier for use in the delivery of food stamp benefits.

-0229/2.3 Section 1451. 49.85 (title) of the statutes is amended to read:

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

-0229/2.4 Section 1452. 49.85 (1) of the statutes is amended to read:

49.85 (1) Department notification requirement. If a county department under s. 46.215, 46.22, or 46.23 or a governing body of a federally recognized American Indian tribe or band determines that the department of health and family services may recover an amount under s. 49.497 or that the department of workforce development may recover an amount under s. 49.161, 49.195 (3), or 49.793, or collect an amount under s. 49.147 (6) (cm), the county department or governing body shall notify the affected department of the determination. If a Wisconsin works agency determines that the department of workforce development may recover an amount under s. 49.161 or 49.195 (3), or collect an amount under s. 49.147 (6) (cm), the Wisconsin works agency shall notify the department of workforce development of the determination.

1	*-0229/2.5* Section 1454. 49.85 (2) (b) of the statutes is amended to read:
2	49.85 (2) (b) At least annually, the department of workforce development shall
3	certify to the department of revenue the amounts that, based on the notifications
4	received under sub. (1) and on other information received by the department of
5	workforce development, the department of workforce development has determined
6	that it may recover under ss. 49.161, 49.195 (3), and 49.793, and collect under s.
7	49.147 (6) (cm), except that the department of workforce development may not certify
8	an amount under this subsection unless it has met the notice requirements under
9	sub. (3) and unless its determination has either not been appealed or is no longer
10	under appeal.
11	*-0229/2.6* Section 1456. 49.85 (3) (b) (intro.) of the statutes is amended to
12	read:
13	49.85 (3) (b) (intro.) At least 30 days before certification of an amount, the
14	department of workforce development shall send a notice to the last-known address
15	of the person from whom that department intends to recover or collect the amount.
16	The notice shall do all of the following:
17	*-0229/2.7* Section 1457. 49.85 (3) (b) 1. of the statutes is amended to read:
18	49.85 (3) (b) 1. Inform the person that the department of workforce
19	development intends to certify to the department of revenue an amount that the
20	department of workforce development has determined to be due under s. 49.161,
21	49.195 (3), or 49.793, or to be delinquent under a repayment agreement for a loan
22	under s. 49.147 (6), for setoff from any state tax refund that may be due the person.
23	*-0229/2.8* Section 1459. 49.85 (5) of the statutes is amended to read:
24	49.85 (5) EFFECT OF CERTIFICATION. Receipt of a certification by the department
25	of revenue shall constitute a lien, equal to the amount certified, on any state tax

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refunds or credits owed to the obligor. The lien shall be foreclosed by the department of revenue as a setoff under s. 71.93. Certification of an amount under this section does not prohibit the department of health and family services or the department of workforce development from attempting to recover or collect the amount through other legal means. The department of health and family services or the department of workforce development shall promptly notify the department of revenue upon recovery or collection of any amount previously certified under this section.

-1243/1.31 Section 1460. 49.854 (11) (b) of the statutes is amended to read:

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

-1634/7.46 Section 1464. 50.01 (1g) (c) of the statutes is amended to read: 50.01 (1g) (c) A shelter facility as defined under s. 16.352 560.9808 (1) (d).

-0529/4.104 Section 1466. 50.03~(5g)~(c)~1.~c. of the statutes is amended to read:

50.03 (5g) (c) 1. c. All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under par. (f), within 10 days after 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 s. 50.03 (11). The department shall remit all forfeitures paid under this subdivision to the state treasurer secretary of administration for deposit in the school fund.

b0114/1.1 Section 1466d. 50.031 of the statutes is created to read:

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

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

-0529/4.105 SECTION 1467. 50.034 (8) (d) of the statutes is amended to read: 50.034 (8) (d) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days after receipt of the final decision after exhaustion of administrative review, unless the final decision is appealed and the order is stayed by court order. The department shall remit all forfeitures paid to the state treasurer secretary of administration for deposit in the school fund.

-0529/4.106 Section 1468. 50.035 (11) (d) of the statutes is amended to read:

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

b0113/1.5 **Section 1472b.** 50.04 (5) (f) of the statutes is amended to read:

50.04 (5) (f) Forfeitures paid within 10 days. All forfeitures shall be paid to the department within 10 days of receipt of notice of assessment or, if the forfeiture is contested under par. (e), 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 s. 50.03 (11). The department shall remit all forfeitures paid to the state treasurer secretary of administration for deposit in the school fund.

- *-1295/2.18* Section 1473. 50.07 (3) (a) of the statutes is repealed.
- *-1295/2.19* Section 1474. 50.07 (3) (b) of the statutes is amended to read:
- 50.07 (3) (b) Any employee of an employer not described in par. (a) who is discharged or otherwise retaliated or discriminated against in violation of sub. (1) (e) or (em) may file a complaint with the department of workforce development under s. 106.54 (5).
 - *-1295/2.20* Section 1475. 50.07 (3) (c) of the statutes is amended to read:
- 50.07 (3) (c) Any person not described in par. (a) or (b) who is retaliated or discriminated against in violation of sub. (1) (e) or (em) may commence an action in circuit court for damages incurred as a result of the violation.

-0207/6.2 Section 1476. 50.14 (title) of the statutes is amended to read:

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50.14	(title)	Assessments on	occupied	licensed	beds.
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2 *-0207/6.3* Section 1477. 50.14 (1) (a) of the statutes is amended to read:

50.14 (1) (a) Notwithstanding s. 50.01 (1m), "facility" means a nursing home or an intermediate care facility for the mentally retarded, which is not state—owned or state—operated, federally owned or federally operated or that is not located outside the state.

-0207/6.4 Section 1478. 50.14 (2) of the statutes is renumbered 50.14 (2) (intro.) and amended to read:

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

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fund.	In determining	the number	of occupied,	licensed be	eds, if all o	of the follow	wing
apply:	<u>.</u>						

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

-0207/6.5 Section 1479. 50.14 (2) (b) of the statutes is created to read:

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

-0207/6.6 Section 1480. 50.14 (3) of the statutes is amended to read:

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

-0207/6.7 Section 1481. 50.14 (4) of the statutes is amended to read:

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

1	*-0529/4.108* Section 1482. 50.38 (4) of the statutes is amended to read:
2	50.38 (4) All forfeitures shall be paid to the department within 10 days after
3	receipt of notice of assessment or, if the forfeiture is contested under sub. (3), within
4	10 days after receipt of the final decision after exhaustion of administrative review,
5	unless the final decision is appealed and the order is stayed by court order. The
6	department shall remit all forfeitures paid to the state treasurer secretary of
7	administration for deposit in the school fund.
8	*-0529/4.109* Section 1483. 50.55 (1) (e) of the statutes is amended to read:
9	50.55 (1) (e) All forfeitures shall be paid to the department within 10 days after

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

-1607/P3.8 Section 1484. 50.90 (2) of the statutes is amended to read:

50.90 (2) "Organization" means a public agency, as defined in s. 46.93 (1m) (e) 46.856 (1) (b), a nonprofit corporation, a for—profit stock corporation, a cooperative, a partnership, a limited liability company or a sole proprietorship.

-0529/4.110 Section 1485. 50.98 (5) of the statutes is amended to read:

50.98 (5) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under sub. (4), within 10 days after 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 the same terms and conditions as found in s. 50.03 (11). The department shall remit all forfeitures paid to the state treasurer secretary of administration for deposit in the school fund.

1	*-0211/5.3* Section 1486. 51.06 (1m) (d) of the statutes is amended to read:
2	51.06 (1m) (d) Services for up to 50 individuals with developmental disability
3	who are also diagnosed as mentally ill or who exhibit extremely aggressive and
4	challenging behaviors.
5	*-0211/5.4* Section 1487. 51.06 (3) of the statutes is renumbered 51.06 (3) (a)
6	and amended to read:
7	51.06 (3) (a) Individuals Subject to par. (b), individuals under the age of 22
8	years shall be placed only at the central center for the developmentally disabled
9	unless the department authorizes the placement of the individual at the northern or
10	southern center for the developmentally disabled.
11	*-0211/5.5* Section 1488. 51.06 (3) (b) of the statutes is created to read:
12	51.06 (3) (b) An individual may be placed at or transferred to a center for the
13	developmentally disabled for services under sub. (1m) (d) only after all of the
14	following conditions are met:
15	1. The department determines that a licensed bed and other necessary
16	resources are available to provide services to the individual.
17	2. The department and the county of residence of the individual agree on a
18	maximum discharge date for the individual.
19	*-0211/5.6* Section 1489. 51.06 (5) of the statutes is created to read:
20	51.06 (5) SURCHARGE FOR EXTENDED INTENSIVE TREATMENT. The department may
21	impose on a county a progressive surcharge for services under sub. $(1m)$ (d) that an
22	individual receives after the maximum discharge date for the individual that was
23	agreed upon under sub. (3) (b) 2. The surcharge is 10% of the amount paid for the
24	individual's services under s. 49.45 during any part of the first 6-month period
25	following the maximum discharge date, and increases by 10% of the amount paid for

the individual's services under s. 49.45 during any part of each 6-month period thereafter. Any revenues received under this subsection shall be credited to the appropriation account under s. 20.435 (2) (gL).

-1746/4.5 Section 1490. 51.06 (6) of the statutes is created to read:

Developmentally Disabled. The department may maintain the Northern Center for the Developmentally Disabled for the purpose specified in sub. (1), but may sell assets or real property of the Northern Center for the Developmentally Disabled. If there is any outstanding public debt used to finance the acquisition, construction, or improvement of any property that is sold under this subsection, the department shall deposit a sufficient amount of the net proceeds from the sale of the property in the bond security and redemption fund under s. 18.09 to repay the principal and pay the interest on the debt, and any premium due upon refunding any of the debt. If the property was purchased with federal financial assistance, the department shall pay to the federal government any of the net proceeds required by federal law. If there is no such debt outstanding and there are no moneys payable to the federal government, or if the net proceeds exceed the amount required to be deposited or paid under this subsection, the department shall credit the net proceeds or remaining net proceeds to the appropriation account under s. 20.435 (2) (gk).

b0215/3.10 **SECTION 1490c.** 51.06 (7) of the statutes is created to read:

51.06 (7) EMPLOYEE OR POSITION TRANSFERS. The department may not transfer an employee of the Northern Center for the Developmentally Disabled to another center for the developmentally disabled unless the employee requests the transfer. The department may not transfer employee positions from the Northern Center for the Developmentally Disabled to another center for the developmentally disabled if

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subject to s. 51.06 (3).

1	the position transfer would have the purpose or effect of significantly changing the
2	mission of the Northern Center for the Developmentally Disabled.
3	*-0211/5.7* Section 1491. 51.20 (13) (c) (intro.) of the statutes is amended to
4	read:
5	51.20 (13) (c) (intro.) If disposition is made under par. (a) 3., all of the following
6	apply:
7	*-0211/5.8* Section 1492. 51.20 (13) (c) 1. of the statutes is amended to read:
8	51.20 (13) (c) 1. The court shall designate the facility or service which that is
9	to receive the subject individual into the mental health system, except that, if the
10	subject individual is under the age of 22 years and the facility is a center for the
11	developmentally disabled, the court shall designate only the central center for the
· 2	developmentally disabled unless the department authorizes designation of the
13	northern or southern center for the developmentally disabled; subject to s. 51.06 (3).
14	*-0211/5.9* Section 1493. 51.20 (13) (c) 2. of the statutes is amended to read:
15	51.20 (13) (c) 2. The county department under s. 51.42 or 51.437 shall arrange
16	for treatment in the least restrictive manner consistent with the requirements of the
17	subject individual in accordance with a court order designating the maximum level
18	of inpatient facility, if any, which that may be used for treatment, except that, if the
19	subject individual is under the age of 22 years and the facility is a center for the
20	developmentally disabled, designation shall be only to the central center for the

-0211/5.10 Section 1494. 51.20 (13) (f) of the statutes is amended to read:

developmentally disabled unless the department authorizes the placement of the

individual at the northern or southern center for the developmentally disabled; and

51.20 (13) (f) The county department under s. 51.42 or 51.437 which that receives an individual who is committed by a court under par. (a) 3. is authorized to place such the individual in an approved treatment facility, subject to any limitations which are specified by the court under par. (c) 2. The county department shall place the subject individual in the treatment program and treatment facility which that is least restrictive of the individual's personal liberty, consistent with the treatment requirements of the individual. The county department shall have has ongoing responsibility to review the individual's needs, in accordance with sub. (17), and to transfer the person to the least restrictive program consistent with the individual's needs. If the subject individual is under the age of 22 years and if the facility appropriate for placement or transfer is a center for the developmentally disabled, placement or transfer of the individual shall be made only to the central center for the developmentally disabled unless the department authorizes the placement or transfer to the northern or southern center for the developmentally disabled Placement or transfer under this paragraph is subject to s. 51.06 (3).

-0196/3.1 Section 1495. 51.35 (1) (a) of the statutes is amended to read:

51.35 (1) (a) The Subject to pars. (b) and (d), the department or the county department under s. 51.42 or 51.437 may transfer any patient or resident who is committed to it, or who is admitted to a <u>treatment</u> facility under its supervision or operating under an agreement with it, between treatment facilities or from a <u>treatment</u> facility into the community if such the transfer is consistent with reasonable medical and clinical judgment and, consistent with s. 51.22 (5). The transfer shall be made, and, if the transfer results in a greater restriction of personal freedom for the patient or resident, in accordance with par. (e). Terms and conditions which that will benefit the patient or resident may be imposed as part of a transfer

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to a less restrictive treatment alternative. A patient or resident who is committed
to the department or a county department under s. 51.42 or 51.437 may be required
to take medications and receive treatment, subject to the right of the patient or
resident to refuse medication and treatment under s. 51.61 (1) (g) and (h), through
a community support program as a term or condition of a transfer. The patient or
resident shall be informed at the time of transfer of the consequences of violating
such the terms and conditions of the transfer, including possible transfer back to a
facility which treatment facility that imposes a greater restriction on personal
freedom of the patient or resident.

-0196/3.2 Section 1496. 51.35 (1) (b) of the statutes is renumbered 51.35 (1) (b) 1. and amended to read:

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

b0215/3.13 Section 1496c. 51.35 (1) (b) 2. of the statutes is created to read: 51.35 (1) (b) 2. Except as provided in pars. (c) and (d), a transfer of a resident of a center for the developmentally disabled by the department is subject to the approval of the appropriate county department under s. 51.42 or 51.437 to which the resident was committed or through which the resident was admitted to the center and to the approval of the resident's guardian.

-0211/5.11 Section 1497. 51.35 (1) (bm) of the statutes is amended to read:

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

-0196/3.3 Section 1498. 51.35 (1) (c) of the statutes is amended to read:

51.35 (1) (c) The department may, without approval of the county department under s. 51.42 or 51.437 and notwithstanding par. (d) 3., transfer any patient from a treatment facility to another treatment facility when the condition of the patient requires such transfer without delay. The department shall notify the appropriate county department under s. 51.42 or 51.437 that the transfer has been made. Any patient so transferred may be returned to the treatment facility from which the transfer was made, upon orders from the department or the county department under s. 51.42 or 51.437, when such the return would be in the best interests of the patient.

-0196/3.4 Section 1499. 51.35(1)(d) 1. and 2. of the statutes are amended to read:

51.35 (1) (d) 1. The <u>Subject to subd. 2., the</u> department may, without approval of the appropriate county department under s. 51.42 or 51.437, transfer any patient from a state treatment facility or other inpatient facility to an approved treatment facility which is less restrictive of the patient's personal freedom.

2. Transfer under this subsection paragraph may be made only if the transfer is consistent with the requirements of par. (a), and the department finds that the appropriate county department under s. 51.42 or 51.437 is unable to locate an

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approved treatment facility in the community, or that such the county department has acted in an arbitrary or capricious manner to prevent the transfer of the patient out of the state treatment facility or other inpatient facility contrary to medical and clinical judgment.

b0215/3.17 Section 1499b. 51.35 (1) (d) 3. of the statutes is renumbered 51.35 (1) (b) 3. and amended to read:

51.35 (1) (b) 3. A Except as provided in pars. (c) and (d), a transfer of a patient, made under authority of this subsection, in a treatment facility other than as specified in subd. 1. or 2. may be made by the department only after the department has notified the appropriate county department under s. 51.42 or 51.437 of its intent to transfer a the patient in accordance with this subsection. The patient's guardian, if any, or if a minor his or her parent or person in the place of a parent shall be notified by the department.

-1634/7.47 Section 1500. 51.35 (5) of the statutes is amended to read:

51.35 (5) Residential Living arrangements; transitionary services. The department and any person, director or board authorized to discharge or transfer patients under this section shall ensure that a proper residential living arrangement and the necessary transitionary services are available and provided for the patient being discharged or transferred. Under this subsection, a proper residential living arrangement may not include a shelter facility, as defined under s. 16.352 560.9808 (1) (d), unless the discharge or transfer to the shelter facility is made on an emergency basis for a period not to exceed 10 days.

-0211/5.12 Section 1502. 51.437 (4rm) (c) 2m. of the statutes is amended to read:

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51.437 (4rm) (c) 2m. Bill the county department of developmental disabilities services for services that are not provided by the federal government and that are provided under s. 51.06 (1m) (d) to individuals who are eligible for medical assistance that are not provided by the federal government, plus any applicable surcharge under s. 51.06 (5), using the procedure established under subd. 1.

-0211/5.13 Section 1503. 51.67 (intro.) of the statutes is amended to read:

51.67 Alternate procedure; protective services. (intro.) If, after a hearing under s. 51.13 (4) or 51.20, the court finds that commitment under this chapter is not warranted and that the subject individual is a fit subject for guardianship and protective placement or services, the court may, without further notice, appoint a temporary guardian for the subject individual and order temporary protective placement or services under ch. 55 for a period not to exceed 30 days. If the court orders temporary Temporary protective placement for an individual under the age of 22 years in a center for the developmentally disabled, this placement may be made only at the central center for the developmentally disabled unless the department authorizes the placement or transfer to the northern or southern center for the developmentally disabled is subject to s. 51.06(3). Any interested party may then file a petition for permanent guardianship or protective placement or services, including medication, under ch. 55. If the individual is in a treatment facility, the individual may remain in the facility during the period of temporary protective placement if no other appropriate facility is available. The court may order psychotropic medication as a temporary protective service under this section if it finds that there is probable cause to believe the individual is not competent to refuse psychotropic medication and that the medication ordered will have therapeutic value and will not unreasonably impair the ability of the individual to prepare for

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and participate in subsequent legal proceedings. An individual is not competent to refuse psychotropic medication if, because of chronic mental illness, and after the advantages and disadvantages of and alternatives to accepting the particular psychotropic medication have been explained to the individual, one of the following is true:

-0209/2.16 Section 1504. 55.001 of the statutes is amended to read:

of the state, because of the infirmities of aging, chronic mental illness, mental retardation, other developmental disabilities or like incapacities incurred at any age, are in need of protective services. These Except as provided in s. 49.45 (30m) (a), these services should, to the maximum degree of feasibility under programs, services and resources that the county board of supervisors is reasonably able to provide within the limits of available state and federal funds and of county funds required to be appropriated to match state funds, allow the individual the same rights as other citizens, and at the same time protect the individual from exploitation, abuse and degrading treatment. This chapter is designed to establish those services and assure their availability to all persons when in need of them, and to place the least possible restriction on personal liberty and exercise of constitutional rights consistent with due process and protection from abuse, exploitation and neglect.

-0209/2.17 Section 1505. 55.01 (4g) of the statutes is created to read:

55.01 (4g) "Intermediate facility" has the meaning given in s. 46.279 (1) (a).

-0209/2.18 Section 1506. 55.01 (4t) of the statutes is created to read:

55.01 (4t) "Nursing facility" has the meaning given in s. 46.279 (1) (b).

-0209/2.19 Section 1507. 55.045 of the statutes is amended to read:

55.045 Funding. The Except as provided in s. 49.45 (30m) (a), the appropriate county department designated under s. 55.02 shall within the limits of available state and federal funds and of county funds required to be appropriated to match state funds, provide for the reasonable program needs of persons who are protectively placed or who receive protective services under this chapter, including reasonable expenses for the evaluations required by s. 55.06 (8). Payment and collections for protective placement or protective services provided in public facilities specified in s. 46.10 shall be governed in accordance with s. 46.10. The department may require that a person who is protectively placed or receives protective services under this chapter provide reimbursement for services or care and custody received, based on the ability of the person to pay for such costs.

-0209/2.20 Section 1508. 55.06 (5) of the statutes is amended to read:

55.06 (5) Notice of a petition for placement shall be served upon the person sought to be placed, by personal service, at least 10 days prior to the time set for a hearing. Upon service of the notice, the person sought to be protected shall be informed of the complete contents of the notice. The person serving the notice shall return a certificate to the circuit judge verifying that the petition has been delivered and notice given. The notice shall include the names of all petitioners. Notice shall also be served personally or by mail upon the person's guardian ad litem, legal counsel, guardian, if any, presumptive adult heirs, and upon other persons who have physical custody of the person to be protected whose names and addresses are known to the petitioner or can with reasonable diligence be ascertained, to any governmental or private body or group from whom the person to be protected is known to be receiving aid, and to such other persons or entities as the court may require. Notice shall also be served personally or by mail upon the department at

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least 10 days prior to the time set for hearing if the person sought to be protected may be placed in a center for the developmentally disabled. The department shall be allowed to submit oral or written testimony regarding such a placement at the hearing. Notice shall also be served personally or by mail, at least 10 days before the time set for hearing, upon the county department that is participating in the program under s. 46.278 of the county of residence of the person sought to be protected, if the person has a developmental disability and may be placed in an intermediate facility or a nursing facility, except that, for a person sought to be protected to whom s. 46.279 (4m) applies, this notice shall instead be served on the department. The incompetent or proposed incompetent is presumed able to attend the hearing unless, after a personal interview, the guardian ad litem certifies to the court that the person is unable to attend.

-0209/2.21 Section 1509. 55.06 (8) (intro.) of the statutes is amended to read:

55.06 (8) (intro.) Before ordering the protective placement of any individual, the court shall direct a comprehensive evaluation of the person in need of placement, if such an evaluation has not already been made. The court may utilize available multidisciplinary resources in the community in determining the need for placement. The board designated under s. 55.02 or an agency designated by it shall cooperate with the court in securing available resources. Where applicable by reason of the particular disability, the appropriate board designated under s. 55.02 or an agency designated by it having responsibility for the place of legal residence of the individual as provided in s. 49.001 (6) shall make a recommendation for placement. If the court is considering placement of the individual in a center for the developmentally disabled, the court shall request a statement or testimony from the

department regarding whether the placement is appropriate for the person's needs and whether it is consistent with the purpose of the center under s. 51.06 (1) unless testimony was provided by the department under sub. (5). If the individual has a developmental disability and the court is considering placement of the individual in an intermediate facility or a nursing facility, the court shall request a statement or testimony from the county department of the individual's county of residence that is participating in the program under s. 46.278 as to whether the individual's needs could be met in a noninstitutional setting, except that, if s. 46.279 (4m) applies to the individual, the court shall request the statement or testimony from the department, rather than the county department. A copy of the comprehensive evaluation shall be provided to the guardian, the guardian ad litem, and to the individual or attorney at least 96 hours in advance of the hearing to determine placement. The court or the cooperating agency obtaining the evaluation shall request appropriate information which shall include at least the following:

-0209/2.22 Section 1510. 55.06 (9) (a) of the statutes is amended to read:

55.06 (9) (a) The court may order protective services under s. 55.05 (2) (d) as an alternative to placement. When ordering placement, the court, on the basis of the evaluation and other relevant evidence, shall order the appropriate board specified under s. 55.02 or an agency designated by it to protectively place the individual. Placement by the appropriate board or designated agency is subject to s. 46.279 and shall be made in the least restrictive environment consistent with the needs of the person to be placed and with the placement resources of the appropriate board specified under s. 55.02. Factors to be considered in making protective placement shall include the needs of the person to be protected for health, social, or rehabilitative services; the level of supervision needed; the reasonableness of the

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placement given the cost and the actual benefits in the level of functioning to be realized by the individual; the limits of available state and federal funds and of county funds required to be appropriated to match state funds; and the reasonableness of the placement given the number or projected number of individuals who will need protective placement and given the limited funds available. The Except as provided in s. 49.45 (30m), the county may not be required to provide funding, in addition to its funds that are required to be appropriated to match state funds, in order to protectively place an individual. Placement under this section does not replace commitment of a person in need of acute psychiatric treatment under s. 51.20 or 51.45 (13). Placement Subject to s. 46.279, placement may be made to such facilities as nursing homes, public medical institutions, centers for the developmentally disabled under the requirements of s. 51.06 (3), foster care services and other home placements, or to other appropriate facilities but may not be made to units for the acutely mentally ill. If the appropriate board or designated agency proposes to place an individual who has a developmental disability in an intermediate facility or a nursing facility under an order under this paragraph, the county department, or, if s. 46.279 (4m) applies to the individual, the department or the department's contractor shall develop a plan under s. 46.279 (4) and furnish the plan to the board or agency and to the individual's guardian. The board or agency shall place the individual in a noninstitutional community setting in accord with the plan unless the court finds that placement in the intermediate facility or nursing facility is the most integrated setting, as defined in s. 46.279 (1) (bm), that is appropriate to the needs of the individual taking into account information presented by all affected parties. The prohibition of placements in units for the acutely mentally ill does not prevent placement by a court for short-term diagnostic

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procedures under par. (d). Placement in a locked unit shall require a specific finding of the court as to the need for such action. A placement facility may transfer a patient from a locked unit to a less restrictive environment without court approval.

-0209/2.23 Section 1511. 55.06 (9) (b) of the statutes is amended to read:

55.06 (9) (b) Transfer may be made between placement units or from a placement unit to a medical facility other than those specified in pars. (c) to (e) by a guardian or placement facility without approval by a court. When transfer is made by a placement facility, 24 hours' prior written notice of the transfer shall be provided to the guardian, when feasible. If it is not feasible to notify the guardian in advance, written notice shall be provided immediately upon transfer, and notice shall also be provided to the court and to the board designated under s. 55.02 or an agency designated by it within a reasonable time, not to exceed 48 hours from the time of the transfer. Upon petition to a court by a guardian, ward, or attorney, or other interested person specifying objections to a transfer, or if the person is transferred to an intermediate facility or to a nursing facility, the court shall order a hearing, within 96 hours after filing of the petition, to determine whether there is probable cause to believe that the transfer is consistent with the requirements specified in par. (a) and is necessary for the best interests of the ward or, if the person is transferred to an intermediate facility or to a nursing facility, to determine if the intermediate facility or nursing facility is the most integrated setting, as defined in s. 46.279 (1) (bm), that is appropriate to the needs of the ward taking into account information presented by all affected parties. The court shall notify the ward, guardian, and petitioner of the time and place of the hearing, and a guardian ad litem shall be appointed to represent the ward. If the person is an adult who is indigent, the county of legal settlement shall be liable for guardian ad litem fees. If the person is a child,

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the person's parents or the county of legal settlement shall be liable for guardian ad litem fees as provided in s. 48.235 (8). The petitioner, ward, and guardian shall have the right to attend, and to present and cross—examine witnesses.

-0209/2.24 Section 1512. 55.06 (9) (c) of the statutes is amended to read:

55.06 (9) (c) Transfer Subject to s. 46.279, transfer to a more restrictive placement, including a locked unit, may be made with notice to the guardian, the court and appropriate board designated under s. 55.02 or an agency designated by it in the manner prescribed in par. (b). Upon petition by a guardian, ward or attorney, or other interested person specifying objections to the transfer or if the person has a developmental disability and is transferred to an intermediate facility or a nursing facility, the court shall order a hearing as provided in par. (b).

-0209/2.25 SECTION 1513. 55.06 (10) (a) of the statutes is renumbered 55.06 (10) (a) 1.

-0209/2.26 Section 1514. 55.06 (10) (a) 2. of the statutes is created to read:

55.06 (10) (a) 2. If the person has a developmental disability and is placed in an intermediate facility or a nursing facility, the agency that is responsible for the protective placement shall notify in writing the county department of the county of residence of the person that is participating in the program under s. 46.278 or, if s. 46.279 (4m) applies to the person, the department, at least 120 days before the review. The county department so notified or, if s. 46.279 (4m) applies, the department's contractor shall develop a plan under s. 46.279 (4) and furnish the plan to the court that ordered the placement and to the person's guardian. The court shall order that the person be transferred to the noninstitutional community setting in accordance with the plan unless the court finds that placement in the intermediate facility or nursing facility is the most integrated setting, as defined in s. 46.279 (1)

(bm), that is appropriate to the needs of the person taking into account information presented by all affected parties.

-0209/2.27 Section 1515. 55.06 (11) (c) of the statutes is amended to read: 55.06 (11) (c) Upon a finding of probable cause under par. (b), the court may order temporary placement up to 30 days pending the hearing for a permanent placement, or the court may order such protective services as may be required. If an individual who has a developmental disability is ordered, under this paragraph, to be temporarily placed in an intermediate facility or in a nursing facility, and if at the hearing for permanent placement the court orders that the individual be protectively placed, the court may, before permanent placement, extend the temporary placement order for not more than 90 days if necessary for the county department that is participating in the program under s. 46.278 or, if s. 46.279 (4m) applies, the department's contractor to develop the plan required under s. 46.279 (4).

-0190/7.21 Section 1516. 59.22 (2) (c) 2. of the statutes is amended to read: 59.22 (2) (c) 2. No action of the board may be contrary to or in derogation of the rules of the department of health and family services workforce development under s. 49.33 49.78 (4) to (7) relating to employees administering old—age assistance, aid to families with dependent children, aid to the blind and, or aid to totally and permanently disabled persons or ss. 63.01 to 63.17.

-0529/4.111 Section 1517. 59.25 (3) (f) 1. of the statutes is amended to read: 59.25 (3) (f) 1. Except as provided in subd. 2., transmit to the state treasurer secretary of administration at the time required by law to pay the state taxes a particular statement, certified by the county treasurer's personal signature affixed or attached thereto, of all moneys received by him or her during the preceding year and which are payable to the state treasurer secretary of administration for licenses,

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fines, penalties, or on any other account, and at the same time pay to the state treasurer secretary of administration the amount thereof after deducting the legal fees.

-0529/4.112 Section 1518. 59.25 (3) (f) 2. of the statutes is amended to read: 59.25 (3) (f) 2. For all court imposed fines and forfeitures required by law to be deposited in the state treasury, the amounts required by s. 757.05 for the penalty assessment surcharge, the amounts required by s. 165.755 for the crime laboratories and drug law enforcement assessment, the amounts required by s. 167.31 (5) for the weapons assessment, the amounts required by s. 973.045 for the crime victim and witness assistance surcharge, the amounts required by s. 938.34 (8d) for the delinquency victim and witness assistance surcharge, the amounts required by s. 973.046 for the deoxyribonucleic acid analysis surcharge, the amounts required by s. 961.41 (5) for the drug abuse program improvement surcharge, the amounts required by s. 100.261 for the consumer protection assessment, the amounts authorized by s. 971.37 (1m) (c) 1. or required by s. 973.055 (1) for the domestic abuse assessment, the amounts required by s. 253.06 (4) (c) for the enforcement assessment under the supplemental food program for women, infants and children, the amounts required by s. 349.04 for the truck driver education assessment, the amounts required by ss. 346.177, 346.495 and 346.65 (4r) for the railroad crossing improvement assessment, the amounts required by s. 346.655 (2) (a) and (b) for the driver improvement surcharge, the amounts required by s. 102.85 (4) for the uninsured employer assessment, the amounts required by s. 299.93 for the environmental assessment, the amounts required by s. 29.983 for the wild animal protection assessment, the amounts required by ss. 29.987 and 169.46 (1) for the natural resources assessment surcharge, the amounts required by s. 29.985 for the

fishing shelter removal assessment, the amounts required by s. 350.115 for the
snowmobile registration restitution payment, and the amounts required by ss.
29.989 and 169.46 (2) for natural resources restitution payments, transmit to the
state treasurer secretary of administration a statement of all moneys required by law
to be paid on the actions entered during the preceding month on or before the first
day of the next succeeding month, certified by the county treasurer's personal
signature affixed or attached thereto, and at the same time pay to the state treasurer
secretary of administration the amount thereof.
-0529/4.113 Section 1519. 59.25 (3) (k) of the statutes is amended to read:
59.25 (3) (k) Forward 40% of the state forfeitures, fines, and penalties under
ch. 348 to the state treasurer secretary of administration for deposit in the
transportation fund under s. 25.40 (1) (ig).
-0529/4.114 Section 1520. 59.25 (3) (L) of the statutes is amended to read:
-0529/4.114 Section 1520. 59.25 (3) (L) of the statutes is amended to read: 59.25 (3) (L) Forward all money received under s. 66.0114 (3) (c) to the state
59.25 (3) (L) Forward all money received under s. 66.0114 (3) (c) to the state
59.25 (3) (L) Forward all money received under s. 66.0114 (3) (c) to the state treasurer secretary of administration for deposit in the transportation fund under
59.25 (3) (L) Forward all money received under s. 66.0114 (3) (c) to the state treasurer secretary of administration for deposit in the transportation fund under s. 25.40 (1) (ig).
59.25 (3) (L) Forward all money received under s. 66.0114 (3) (c) to the state treasurer secretary of administration for deposit in the transportation fund under s. 25.40 (1) (ig). *-0529/4.115* Section 1521. 59.25 (3) (m) of the statutes is amended to read:
59.25 (3) (L) Forward all money received under s. 66.0114 (3) (c) to the state treasurer secretary of administration for deposit in the transportation fund under s. 25.40 (1) (ig). *-0529/4.115* Section 1521. 59.25 (3) (m) of the statutes is amended to read: 59.25 (3) (m) Forward 50% of the fees received under s. 351.07 (1g) to the state
59.25 (3) (L) Forward all money received under s. 66.0114 (3) (c) to the state treasurer secretary of administration for deposit in the transportation fund under s. 25.40 (1) (ig). *-0529/4.115* Section 1521. 59.25 (3) (m) of the statutes is amended to read: 59.25 (3) (m) Forward 50% of the fees received under s. 351.07 (1g) to the state treasurer secretary of administration for deposit in the transportation fund under
59.25 (3) (L) Forward all money received under s. 66.0114 (3) (c) to the state treasurer secretary of administration for deposit in the transportation fund under s. 25.40 (1) (ig). *-0529/4.115* Section 1521. 59.25 (3) (m) of the statutes is amended to read: 59.25 (3) (m) Forward 50% of the fees received under s. 351.07 (1g) to the state treasurer secretary of administration for deposit in the transportation fund under s. 25.40 (1) (im).
59.25 (3) (L) Forward all money received under s. 66.0114 (3) (c) to the state treasurer secretary of administration for deposit in the transportation fund under s. 25.40 (1) (ig). *-0529/4.115* Section 1521. 59.25 (3) (m) of the statutes is amended to read: 59.25 (3) (m) Forward 50% of the fees received under s. 351.07 (1g) to the state treasurer secretary of administration for deposit in the transportation fund under s. 25.40 (1) (im). *-0529/4.116* Section 1522. 59.25 (3) (p) of the statutes is amended to read:

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is required to pay the state percentage of fees, pay such moneys therewith to the state treasurer secretary of administration.

-0576/8.64 Section 1523. 59.26 (8) (a) of the statutes is amended to read:

59.26 (8) (a) In any county with a population of less than 500,000, the board, by ordinance, may fix the number of deputy sheriffs to be appointed in that county at not less than that number required by sub. (1) (a) and (b) and may set the salary of those deputies. The board may provide by ordinance that deputy sheriff positions be filled by appointment by the sheriff from a list of all persons with the 3 highest scores for each position based on a competitive examination. Such competitive examinations may be by a county civil service commission or by the division of merit recruitment and selection in the department of employment relations office of state human resources management at the option of the board and it shall so provide by ordinance. The division of merit recruitment and selection in the department of employment relations office of state human resources management shall, upon request of the board, conduct such examination according to the methods used in examinations for the state civil service and shall certify an eligible list of the names of all persons with the 3 highest scores on that examination for each position to the sheriff of that county who shall make an appointment from that list to fill the position within 10 days after he or she receives the eligible list. The county for which such examination is conducted shall pay the cost of that examination. If a civil service commission is decided upon for the selection of deputy sheriffs, then ss. 63.01 to 63.17shall apply so far as consistent with this subsection, except ss. 63.03, 63.04 and 63.15 and except the provision governing minimum compensation of the commissioners. The ordinance or an amending ordinance may provide for employee grievance procedures and disciplinary actions, for hours of work, for tours of duty according to

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seniority and for other administrative regulations. Any board provision consistent with this paragraph and existing on July 25, 1951, is validated. If the sheriff fills a deputy sheriff position by promotion, the sheriff shall make the appointment to the position from a list of 3 deputy sheriffs who receive the highest scores in a competitive examination. Such competitive examinations may be by a county civil service commission or by the division of merit recruitment and selection in the department of employment relations office of state human resources management at the option of the board and it shall so provide by ordinance.

-0529/4.117 Section 1524. 59.40(2)(m) of the statutes is amended to read: 59.40 (2) (m) Pay monthly to the treasurer secretary of administration for the use of the state the state's percentage of the fees required to be paid on each civil action, criminal action, and special proceeding filed during the preceding month and pay monthly to the treasurer secretary of administration for the use of the state the percentage of court imposed fines and forfeitures required by law to be deposited in the state treasury, the amounts required by s. 757.05 for the penalty assessment surcharge, the amounts required by s. 165.755 for the crime laboratories and drug law enforcement assessment, the amounts required by s. 167.31 (5) for the weapons assessment, the amounts required by s. 973.045 for the crime victim and witness assistance surcharge, the amounts required by s. 938.34 (8d) for the delinquency victim and witness assistance surcharge, the amounts required by s. 973.046 for the deoxyribonucleic acid analysis surcharge, the amounts required by s. 961.41 (5) for the drug abuse program improvement surcharge, the amounts required by s. 100.261 for the consumer protection assessment, the amounts authorized by s. 971.37 (1m) (c) 1. or required by s. 973.055 for the domestic abuse assessment surcharge, the amounts required by s. 253.06 (4) (c) for the enforcement assessment under the

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supplemental food program for women, infants, and children, the amounts required
by s. 349.04 for the truck driver education assessment, the amounts required by ss.
346.177, 346.495, and 346.65 (4r) for the railroad crossing improvement assessment,
the amounts required by s. 346.655 for the driver improvement surcharge, the
amounts required by s. 102.85 (4) for the uninsured employer assessment, the
amounts required by s. 299.93 for the environmental assessment, the amounts
required under s. 29.983 for the wild animal protection assessment, the amounts
required under ss. 29.987 (1) (d) and 169.46 (1) (d) for the natural resources
assessment surcharge, the amounts required by s. 29.985 for the fishing shelter
removal assessment, the amounts required by s. 350.115 for the snowmobile
registration restitution payment, and the amounts required under ss. 29.989 (1) (d)
and 169.46 (2) (d) for the natural resources restitution payments. The payments
shall be made by the 15th day of the month following receipt thereof.

-0194/9.15 Section 1526. 59.53 (24) of the statutes is created to read:

59.53 (24) COUNTY PAYMENTS MADE UNDER MEDICAL ASSISTANCE. The board shall, upon demand by the department of health and family services, authorize payment to that department not to exceed any of the following:

- (a) Home and community based services. For services provided under ss. 46.275 and 46.278 beginning in 2001 and thereafter, any payment made under s. 20.435 (4) (hm), and the portion of the payment made under s. 20.435 (4) (o) for Medical Assistance Program benefits administered under ss. 46.275 and 46.278 that is related to any rates increased for services under s. 46.275 or 46.278 beginning in 2001.
- (b) Alcohol and other drug and mental health prevention and treatment services. For alcohol and other drug and mental health prevention and treatment

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services provided under s. 49.46 (2) (a) 1., 2., and 4. d. and e. and (b) 6. b., c., d., f., fm., j., k., L., and m., 9., 12., 12m., 13., 15., and 16. beginning in 2003 and thereafter, any payment made under s. 20.435 (4) (hm), and the portion of the payment made under s. 20.435 (4) (o) as Medical Assistance Program benefits for the services that is related to any rates increased for these services beginning in 2003.

-0529/4.118 Section 1530. 66.0114 (1) (bm) of the statutes is amended to read:

66.0114 (1) (bm) The official receiving the penalties shall remit all moneys collected to the treasurer of the city, village, town sanitary district, or public inland lake protection and rehabilitation district in whose behalf the sum was paid, except that all jail assessments shall be remitted to the county treasurer, within 20 days after its receipt by the official. If timely remittance is not made, the treasurer may collect the payment of the officer by action, in the name of the office, and upon the official bond of the officer, with interest at the rate of 12% per year from the date on which it was due. In the case of the penalty assessment imposed by s. 757.05, the crime laboratories and drug law enforcement assessment imposed by s. 165.755, the driver improvement surcharge imposed by s. 346.655 (1), the truck driver education assessment imposed by s. 349.04, any applicable consumer protection assessment imposed by s. 100.261, and any applicable domestic abuse assessment imposed by s. 973.055 (1), the treasurer of the city, village, town sanitary district, or public inland lake protection and rehabilitation district shall remit to the state treasurer secretary of administration the amount required by law to be paid on the actions entered during the preceding month on or before the first day of the next succeeding month. The governing body of the city, village, town sanitary district, or public inland lake

. 1	protection and rehabilitation district shall by ordinance designate the official to
2	receive the penalties and the terms under which the official qualifies.
3	*-0529/4.119* Section 1531. 66.0114 (3) (c) of the statutes is amended to read:
4	66.0114 (3) (c) The entire amount in excess of \$150 of any forfeiture imposed
5	for the violation of any traffic regulation in conformity with ch. 348 shall be
6	transmitted to the county treasurer if the violation occurred on an interstate
7	highway, a state trunk highway, or a highway over which the local highway authority
8	does not have primary maintenance responsibility. The county treasurer shall then
9	make payment to the state treasurer secretary of administration as provided in s.
10	59.25 (3) (L).
11	* b0317/3.2 * Section 1531m. 66.0306 of the statutes is created to read:
2	66.0306 Local revenue sharing board; Indian gaming compacts. (1)
13	DEFINITIONS. In this section:
14	(a) "Board" means a local revenue sharing board created under sub. (2).
15	(b) "Compact" means an Indian gaming compact entered into under s. 14.035.
16	(c) "Facility" means a facility that provides Class III gaming, as defined in 25
17	USC 2703 (8).
18	(d) "Net win" means the amount wagered at a facility, less the amount paid out
19	in winnings at the facility.
20	(e) "Political subdivision" means a city, village, town, or county.
21	(f) "Public safety entities" means all of the following departments, agencies, or
22	subunits of a political subdivision that are obligated to provide services to a
23	particular facility:

- 2. An emergency medical services department, whose personnel include an emergency medical technician licensed under s. 146.50, a first responder certified under s. 146.50 (8), or other personnel who operate or staff an ambulance or authorized emergency vehicle.
- 3. A governmental unit of one or more persons employed full time by a political subdivision for the purpose of preventing and detecting crime and enforcing state laws or local ordinances, employees of which unit are authorized to make arrests for crimes while acting within the scope of their authority.
- (2) Creation, Membership, and powers of a local revenue sharing board. (a) Creation. 1. A board shall be created by the city, village, or town, and by the county, in which a facility is located. The governing bodies of the political subdivisions shall enact an ordinance creating the board and the members of the board shall be appointed under par. (b). Each member of the board shall serve at the pleasure of the governing body or group that appoints the individual, except that if the members appointed under par. (b) 1., 2., and 3. act under par. (b) 5. the term of the member appointed under par. (b) 4. shall end upon the selection of a new member under that subdivision.
- 2. All political subdivisions whose public safety entities are obligated to provide services to a particular facility shall establish a group that is made up of the highest ranking member of each public safety entity. Such a group shall appoint one member of the board under par. (b) 3., who shall serve at the pleasure of the group.
- (b) *Membership*. 1. The governing body of the city, village, or town in which the facility is located shall appoint one member of the board.
- 2. The county board of the county in which the facility is located shall appoint one member of the board.

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- 3. The members of the group described under par. (a) 2. shall appoint one member of the board.
 - 4. The members appointed under subds. 1., 2., and 3. shall select the political subdivision that is most impacted by the facility, other than a political subdivision specified under subd. 1. or 2., and the governing body of that political subdivision shall appoint one member of the board.
 - 5. Not more than once every 2 years, a majority of the members appointed under subds. 1. to 3. may select a different political subdivision under subd. 4. and the governing body of that political subdivision shall appoint one member under subd. 4.
 - (c) Responsibilities, meetings, compensation. 1. The board shall select from among its members a president, vice president, and secretary—treasurer. Meetings of the board may be called by the president or by any other member of the board, and shall be held in a building in which the governing body of a political subdivision holds its meetings.
 - 2. A member of the board may not receive any compensation for serving on the board, but shall be reimbursed by the political subdivision that appoints or confirms the member for any actual and necessary expenses that he or she incurs relating to service on the board. The reimbursement of the member appointed under par. (b) 3. shall be apportioned among the political subdivisions described under par. (a) 2.
 - 3. The board shall establish an account at a financial institution, as defined in s. 69.30 (1) (b), and shall deposit into the account any revenues received under sub. (3).
 - 4. All 4 members appointed under par. (b) constitute a quorum, and a majority of a quorum may act in any matter within the jurisdiction of the board.

5. Annually, the board shall determine the costs incurred by each political
subdivision that provides services to a facility, based on the method determined
under par. (d) 2. The total amount of these costs may be certified to the department
of administration.
(d) Cooperation agreement. The governing bodies of each political subdivision
that is represented on the board shall enter into an intergovernmental cooperation
agreement under s. 66.0301 that addresses at least all of the following:
1. The public safety entities, including police, fire, and rescue services, that are
to receive payments under sub. (4) (a), and the apportionment formula among the
political subdivisions.
2. A method to determine the costs incurred by each political subdivision as a
result of the development of the facility, for the purpose of apportioning any
payments that are made under sub. (4) (a).
3. The apportionment formula among the political subdivisions for any
payments that are made under sub. (4) (c).
4. A mechanism to provide any supplies that are needed by the board.
(3) RECEIPT OF GAMING REVENUES. (a) If a compact requires payments to a
political subdivision, such payments shall be sent to the board.
(b) If a compact does not require payments to a political subdivision, the
department of administration shall pay annually to the board, from the
appropriation under s. 20.505 (8) (k), the amount certified under sub. (2) (c) 5.
(c) If a compact requires payments to a political subdivision and such payments
are less than the amount certified under sub. (2) (c) 5., the department of
administration shall pay annually to the board, from the appropriation under s.

20.505 (8) (k), an amount equal to the difference between the amount certified under

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read:

with a population of at least 500,000.

. 1	sub. (2) (c) 5. and the amount that is paid to the political subdivision under the
2	compact.
3	(4) DISBURSEMENT OF GAMING REVENUES. Annually, from the amounts deposited
4	into the account under sub. (2) (c) 3., the board shall make the following
5	disbursements, in the following order:
6	(a) To public safety entities, based on costs incurred, and based on the
7	apportionment formula described under sub. (2) (d) 1.
8	(b) To each political subdivision that is represented on the board by a person
9	appointed under sub. (2) (b) 1., 2., and 4., an amount equal to the amount that the
10	political subdivision would have received, in the year to which the payment relates,
11	in property taxes on the facility if the facility had been subject to property taxes.
12	(c) To each political subdivision that is represented on the board by a person
1 3	appointed under sub. (2) (b) 1., 2., and 4., any funds that remain in the account after
14	making the payments under pars. (a) and (b), based on the apportionment formula
15	described under sub. (2) (d) 3.
16	(5) DISSOLUTION. If a facility ceases operation, after the facility makes its last
17	payment to the account under sub. (2) (c) 3. the board shall distribute the amount in
18	the account as provided in sub. (4). After the board distributes all funds in the
19	account, the board is dissolved.

(6) Applicability. This section does not apply to 1st class cities or to counties

-0529/4.120 Section 1532. 66.0517 (3) (b) 1. of the statutes is amended to

66.0517 (3) (b) 1. Except as provided in sub. (2) (b), a weed commissioner shall

receive compensation for the destruction of noxious weeds as determined by the town