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of 02

This bill changes the funding source for an appropriation for <sup>DNR's</sup> administration of the Motor Vehicle Emission Inspection and Maintenance Program from the general fund to the transportation fund.

**\*\*\* ANALYSIS FROM -0905/3 \*\*\***  
**HEALTH AND HUMAN SERVICES**

**MEDICAL ASSISTANCE**

Under current law, DHFS administers the Medical Assistance (MA) program and the Badger Care health care program ~~(BadgerCare)~~, both of which provide health care benefits for eligible individuals. ~~Individuals who may be eligible for MA,~~ (generally, ~~are~~ pregnant women, certain children, and elderly or disabled individuals, all of whom must meet specific low-income requirements.) Families, children who do not reside with their parents, and unborn children whose mothers are not eligible for MA or BadgerCare may be eligible for BadgerCare if their incomes do not exceed 185 percent of the federal poverty line and they meet certain nonfinancial criteria, such as not having access to employer-subsidized health care coverage.

***Waiver to implement BadgerCare Plus***

Under this bill, DHFS must request a waiver from, and submit amendments to the state MA plan to, the secretary of the federal department of health and human services to allow DHFS to implement an MA health care program called BadgerCare Plus (BC+). BC+ would be financed as are other MA programs, partly with federal

funds and partly with state funds. BC+ would replace all of BadgerCare and part of MA. Thus, individuals who satisfy eligibility criteria under both BC+ and BadgerCare would receive benefits under BC+, and individuals who satisfy eligibility criteria under both BC+ and MA would receive benefits under either BC+ or MA, depending on the basis for their eligibility for MA.

### ***Benefits and general eligibility***

BC+ would provide health care benefits to recipients under two different plans, depending on the basis for the recipient's eligibility. The first plan provides the same benefits that are provided under regular MA. Individuals eligible for BC+ benefits under the regular MA plan include: a pregnant woman whose family income does not exceed 200 percent of the poverty level ~~(poverty)~~ a child under one year of age whose mother, on the day on which the child was born, was eligible for and receiving benefits under MA or BC+ under the regular MA plan; any child whose family income does not exceed 200 percent of <sup>the</sup> poverty <sup>level</sup> ~~poverty~~ an individual whose family income does not exceed 200 percent of <sup>the</sup> poverty <sup>level</sup> ~~poverty~~ and who is the parent or caretaker relative of a child who is, generally, living in the home of the parent or caretaker relative; certain migrant workers and their dependents; and an individual between 19 and 21 years of age who was in foster care on his or her 18th birthday.

The second plan, called the Benchmark Plan, provides specified benefits, such as coverage for prescription drugs; physicians' services; inpatient and outpatient hospital services; home health services; physical, occupational, speech, and pulmonary therapy; treatment for nervous and mental disorders and alcoholism and other drug abuse problems; durable medical equipment; and transportation to obtain emergency medical care. Individuals eligible for BC+ benefits under the Benchmark Plan include: a pregnant woman whose family income exceeds 200 percent, but does not exceed 300 percent, of <sup>the</sup> ~~poverty~~ <sup>level</sup> a child under one year of age whose mother, on the day on which the child was born, was eligible for and receiving BC+ benefits under the Benchmark Plan; any child whose family income exceeds 200 percent, but does not exceed 300 percent, of <sup>the</sup> ~~poverty~~ <sup>level</sup> and an individual whose family income exceeds 200 percent, but does not exceed 300 percent, of <sup>the</sup> ~~poverty~~ <sup>level</sup> and who is the parent or caretaker relative of a child who is, generally, living in the home of the parent or caretaker relative. In addition, any child whose family income exceeds 300 percent of <sup>the</sup> ~~poverty~~ <sup>level</sup> may purchase coverage under the Benchmark Plan at the full per member per month cost of the coverage.

For coverage under both the regular MA plan and the Benchmark Plan, a child is defined to include an unborn child whose mother is not eligible for MA or BC+ but

satisfies all other eligibility criteria except that she is not a U.S. citizen or qualifying alien or ~~she~~ is an inmate of a public institution. If the mother's family income does not exceed 200 percent of <sup>the</sup> poverty <sup>level</sup>, the unborn child is eligible for prenatal care under the regular MA plan; if the mother's family income exceeds 200 percent, but does not exceed 300 percent, of <sup>the</sup> poverty <sup>level</sup>, the unborn child is eligible for prenatal care under the Benchmark Plan.

### ***Health insurance-related provisions***

~~Various health insurance qualifications and limitations apply under BC+.~~ As a condition of eligibility for BC+, an individual who is eligible for enrollment in a group health plan must apply for enrollment in that plan if DHFS determines that it is cost-effective. With exceptions for pregnant women, individuals in foster care on their 18th birthday, and certain children, no individual whose family income exceeds 150 percent of <sup>the</sup> poverty <sup>level</sup> is eligible for BC+ if the individual has health care coverage under the state employee health plan or coverage that is provided by an employer and for which the employer pays at least 80 percent of the premium. Regardless of family income, however, an unborn child is not eligible for BC+ if the unborn child or its mother has any type of health insurance coverage. If an individual whose family income exceeds 150 percent of <sup>the</sup> poverty <sup>level</sup> or an unborn child

or its mother had access, in the 12 months before applying for BC+, to health care coverage under the state employee health plan or coverage that is provided by an employer and for which the employer pays at least 80 percent of the premium, the individual or unborn child is not eligible for BC+ unless there is a good cause reason <sup>that</sup> for the individual or unborn child or its mother did not enroll in the coverage. A pregnant woman whose family income exceeds 200 percent of <sup>the level</sup> poverty and who has health insurance coverage must maintain that coverage as a condition of eligibility for BC+. If an individual whose family income exceeds 150 percent of <sup>the level</sup> poverty had coverage under the state employee health plan or employer-provided coverage but no longer has the coverage, if an unborn child or its mother had health insurance coverage but no longer has the coverage, or if a pregnant woman whose family income exceeds 200 percent of <sup>the level</sup> poverty did not maintain <sup>the</sup> coverage that she had, the individual, unborn child, or pregnant woman is not eligible for BC+ for three calendar months following the month in which the coverage ended, unless there was a good cause reason for the termination of the coverage.

With certain exceptions, for an individual whose family income exceeds 150 percent of <sup>the level</sup> poverty <sup>NO</sup> DHFS must verify directly with the employer, if any, whether the individual has or had insurance coverage or access. An employer must supply the

information upon request within a certain time or pay a penalty equal to the full per member per month cost of coverage under BC+ for each month the individual is covered under BC+ until the employer provides the information. Penalties are limited to no more than \$1,000 in any six-month period for an employer with fewer than 250 employees, and to no more than \$15,000 in any six-month period for other employers.

### ***Cost sharing***

Generally, the same copayment requirements that apply under MA apply to BC+ recipients with benefits under the regular MA plan. BC+ recipients with benefits under the Benchmark Plan are subject to the copayment and coinsurance requirements specified in the bill for that plan. A BC+ recipient who is an adult, who is not a pregnant woman, and whose family income is at least 150 percent of <sup>the</sup> poverty <sup>level</sup> must pay a premium for BC+ coverage that may not exceed 5 percent of the recipient's family income. A BC+ recipient who is a child whose family income is at least 200 percent of <sup>the</sup> poverty <sup>level</sup> must pay a premium for BC+ coverage that may not exceed the full per member per month cost of coverage for a child with a family income equal to 300 percent of <sup>the</sup> poverty <sup>level</sup>. A BC+ recipient who is an unborn child or a pregnant woman whose family income exceeds 200 percent of <sup>the</sup> poverty <sup>level</sup> must pay a

premium that may not exceed the full per member per month cost of coverage for an adult with a family income equal to 300 percent of <sup>the</sup> poverty <sup>level</sup>. If a recipient who is required to pay a premium does not pay it when ~~it~~ due, the recipient's coverage terminates and the recipient may not be eligible for BC+ again for six months.

**\*\*\* ANALYSIS FROM -0892/11 \*\*\***

This bill <sup>creates</sup> establishes a trust fund <sup>consisting of</sup> designated ~~as~~ the health care quality fund, ~~from~~ moneys obtained from an increase in cigarette and other tobacco products taxes, from assessments on hospitals, and from certain other sources. ~~Under the bill,~~ moneys <sup>is</sup> from the health care quality fund ~~are~~ used as another source of funding for MA and for BadgerCare.

**\*\*\* ANALYSIS FROM -0266/3 \*\*\***

~~Under current law, DHFS administers the Medical Assistance (MA) program,~~ <sup>Currently, MA</sup> which provides federal and state moneys to pay for health care and long-term care services, including care in a nursing home, <sup>for persons</sup> provided to MA recipients, who are ~~generally~~ <sup>and</sup> low-income, elderly, or disabled persons who meet other specific eligibility requirements. To be eligible for MA for long-term care services, an individual must meet certain very low income and resource requirements, and may have to reduce his or her income and resources by paying for his or her own long-term care until the eligibility requirements are met.

~~Current law provides rules, based on federal law, concerning divestment, which refers to the transferring of one's assets for less than fair market value for the purpose of reducing one's income and resources to become eligible for MA for long-term care services. If a person divests assets on or after the person's look-back date (generally, the date that is three years before the person applies for MA for long-term care services), the person may be ineligible for MA for a specific time period (penalty period). The federal Deficit Reduction Act, which became effective on February 8, 2006, made a number of changes in the divestment rules. To conform Wisconsin law to the federal law, this bill makes a number of changes with respect to divestment, including, among other things:~~

*Currently, if a person transfers his or her*  
*his or her*  
*(divestment)*  
*specified*  
*does all of the following*

1. Changes the look-back date to five years for transfers that occur on or after February 8, 2006.

2. Changes the beginning date for the penalty period from the date on which assets were transferred to the later of the date on which assets were transferred or the date on which the person applies and is eligible for MA for long-term care services.



3. Provides that the purchase of a loan, promissory note, mortgage, or life estate after February 8, 2006, is a divestment and specifies the requirements for when such a purchase is not to be considered a divestment.

4. Provides that as a condition of receiving MA for long-term care services an applicant ~~(when applying)~~ or recipient ~~(when being recertified)~~ must disclose any interest he or she or his or her spouse has in an annuity that was purchased on or after February 8, 2006, or with respect to which a transaction occurred on or after February 8, 2006. ~~A transaction is defined as any action that changes the course of payments to be made or the treatment of income or principal.~~

5. Specifies the conditions under which the purchase of an annuity on or after February 8, 2006, is not ~~to be~~ considered a divestment, including designating DHFS as a remainder beneficiary under the annuity in the first position.

6. Requires DHFS to establish a <sup>↓</sup> ~~hardship-waiver~~ process, ~~with certain criteria,~~ <sup>to determine if</sup> ~~under which~~ the divestment rules would not apply to a person because application of the rules would result in undue hardship for <sup>a</sup> the person <sup>and should not apply</sup>.

7. Provides, generally, that a person is ineligible for MA for long-term care services if the equity in <sup>the person's</sup> ~~their~~ home exceeds \$750,000 unless <sup>his or her</sup> ~~their~~ spouse or minor or disabled child is living in the home. Under current law, a person's home,

regardless of <sup>its</sup> the value, is not counted when the person's income and resources for MA eligibility are determined.

**\*\*\* ANALYSIS FROM -1521/6 \*\*\***  
**HEALTH AND HUMAN SERVICES**  
**MEDICAL ASSISTANCE**

Under current law, DHFS administers the Medical Assistance (MA) program and the Badger Care (BadgerCare) health care program, under which eligible individuals or families receive health care benefits. Under MA, eligible individuals generally include low-income elderly or disabled individuals, low-income children, and low-income pregnant women. Under BadgerCare, low-income families, low-income children who do not live with a parent, and unborn children of certain low-income women are eligible. This bill requires DHFS to request a waiver from the secretary of the federal department of health and human services to conduct a demonstration project under which DHFS would provide health care coverage of primary and preventive care for adults under the age of 65 who have family incomes not <sup>exceeding</sup> to exceed 200 percent of the poverty level, who are not otherwise eligible for MA, BadgerCare, or Medicare, and who did not have coverage under the Health Insurance Risk-Sharing Plan within six months before applying.

~~Also~~ under current law, DHFS provides ~~relief~~ block grant moneys to Milwaukee County for providing ~~assistance in the form of~~ health care services to persons who meet certain criteria for dependency. Under this bill, the amount that DHFS would otherwise provide in ~~relief~~ <sup>such</sup> block grant moneys would be offset by amounts paid for individuals in Milwaukee County under the demonstration project to provide health care coverage for eligible adults.

**\*\*\* ANALYSIS FROM -0248/3 \*\*\***

Currently, DHFS may obtain from insurers information DHFS needs to identify an MA recipient who is eligible for benefits under a disability insurance policy or, if enrolled as the dependent of a beneficiary, would be eligible for benefits; claims submittal information; and types of benefits provided under the policy. DHFS must enter into an agreement with the insurer that identifies the information to be disclosed, safeguards confidentiality, and specifies how the insurer's reasonable costs for this work will be determined and paid by the state. Insurers must provide the information within specified deadlines, and the commissioner of insurance may initiate enforcement proceedings for noncompliance.

<sup>Under</sup> This bill, ~~expands the sources from which~~ DHFS may receive health care services coverage information to ~~include~~ <sup>from</sup> in addition to insurers, self-insured plans,

*DHFS may also gather*

service benefits plans, and pharmacy benefits managers (third parties); applies the

information gathering to BadgerCare recipients who are eligible or who would be

eligible as dependents, *about* for health care coverage from a third party; and makes

*DHFS must pay* available compensation for providing the information. The bill authorizes DHFS to

notify the attorney general of third parties, other than insurers, that fail to provide

information requested.

Under the bill, third parties must accept assignment to DHFS of a right of an

individual to receive payment from the third party for a health care item or service

for which payment under MA, BadgerCare, or a program administered under MA

under a federal waiver, *paid for* has been made. Third parties must also accept the right of

DHFS to recover any third-party payment *made* for which assignment had not been

accepted. A third party must respond to an inquiry by DHFS concerning a claim for

payment of a health care item or service if the inquiry is made within 36 months after

the item or service is provided. Further, third parties must agree not to deny a DHFS

claim on the basis of certain circumstances, if submitted less than 36 months after

the health care item or service is provided and if action by DHFS to enforce its rights

is commenced less than 72 months after DHFS submits the claim.

Under current law, nursing home reimbursements for care provided to MA recipients are determined under a system that considers, among other things, direct care costs, as adjusted by DHFS for regional labor cost variations. For this purpose, DHFS treats the counties of Dane, Iowa, Columbia, and Sauk as a single labor region. This bill adds Rock County to this labor region.

*persons... meeting the requirements of nursing homes?*

Currently, under the MA waiver community integration program for persons relocated from, or meeting requirements of <sup>MA reimbursement to</sup> nursing homes (commonly known as CIP II), DHFS provides enhanced MA reimbursement <sup>for</sup> to up to 150 persons who are diverted from imminent entry into nursing homes. ~~Approval~~ <sup>approved</sup> of enhanced reimbursement for more than 150 persons must, ~~however,~~ <sup>approved</sup> be ~~made~~ <sup>made</sup> by JCF under a ~~passive review process.~~ This bill eliminates ~~approval by JCF of enhanced CIP II reimbursement for persons in excess of 150 persons and,~~ <sup>the</sup> instead, requires ~~approval~~ <sup>approval</sup> for this enhanced reimbursement from the secretary of administration. <sup>instead of</sup> ~~from JCF~~

**\*\*\* ANALYSIS FROM -0263/4 \*\*\***

Under current law, ~~DHFS administers MA, under which eligible individuals, generally low income, elderly, or disabled, receive health care benefits.~~ Some individuals who are eligible for MA are also eligible for Medicare Part D, which is the portion of the federal health insurance program for individuals who are, generally,

*that provides prescription drug coverage*

65 years of age or older or disabled ~~that provides prescription drug coverage~~

Enrollment in Medicare Part D is voluntary. Not all Part D plans in which individuals may enroll cover all of the prescription drugs that may be covered under Medicare Part D.

*Under*  
This bill ~~provides that~~ *if* for an individual ~~who~~ is eligible for both MA and Medicare Part D, MA will not pay for any prescription drug for which there may be coverage under Medicare Part D, ~~regardless of whether~~ *or not* the individual is enrolled in Medicare Part D and, if he or she is enrolled, ~~regardless of whether~~ *or not* the individual's Part D plan covers the drug.

\*\*\* ANALYSIS FROM -0268/2 \*\*\*

**HEALTH AND HUMAN SERVICES**

**MEDICAL ASSISTANCE**

~~Under current law, DHES administers the Medical Assistance (MA) program, under which eligible individuals, generally low-income or disabled, receive health care benefits.~~ *Currently,* Some individuals who are eligible for MA are also eligible for Medicare, ~~which is~~ a federal health insurance program for individuals who are, generally, 65 years of age or older or disabled. Medicare Part A covers hospital and related services, and coverage is automatic. Medicare Part B covers outpatient, nursing, and physician services and various other health care services, such as diagnostic tests.

Enrollment in Medicare Part B is voluntary, and an enrollee must pay a premium. Current law does not require an individual who is eligible for both MA and Medicare to enroll in Medicare Part B, and DHFS reimburses providers under MA for services that would be covered under Medicare Part B if the individual were enrolled in Medicare Part B.

This bill provides that DHFS may require an individual who is eligible for Medicare and for MA services under a number of eligibility categories to enroll in Medicare Part B as a condition of receiving those MA services. ~~The bill also provides that~~ if DHFS requires an individual to enroll in Medicare Part B, DHFS must pay the monthly premiums for the coverage under Medicare Part B. Because MA does not pay for benefits to which an individual is entitled under another benefit program, MA would no longer pay for any benefits that are covered under Medicare Part B after the individual enrolls in Medicare Part B.

\*\*\* ANALYSIS FROM -0250/2 \*\*\*

**HEALTH AND HUMAN SERVICES**

**MEDICAL ASSISTANCE**

Under ~~current law~~ relating to MA, one category of recipients is termed "categorically needy"; ~~these persons~~ have incomes and resources at the eligible levels and can be determined to be retroactively eligible for MA for a certain period of

*stop ↓*  
*currently*  
*MA*

months. Another category of recipients is termed "medically needy"; these persons have resources at eligible levels and incur medical expenses that, if paid, bring their incomes to eligible levels. Currently, if an MA applicant is found to be retroactively eligible as a "categorically needy" recipient and a provider has billed the recipient directly for services provided during the retroactive period, the provider, upon notice that the applicant is retroactively eligible, must submit claims for MA payment to DHFS. When paid by DHFS, the provider must reimburse the MA recipient for payment the MA recipient or another person made to the provider for services provided to the recipient during the retroactively eligible period. Regardless of the amount the provider has charged the MA recipient, <sup>the</sup> ~~no~~ provider may <sup>not</sup> be required to reimburse the recipient more than the amount that the provider is paid for the services by MA.

This bill eliminates the ~~provision that prohibits~~ <sup>prohibition on</sup> requiring a health care provider to reimburse for services paid for by a "categorically needy" MA recipient in an amount that is greater than the provider is paid for the services under the MA program. Instead, the bill requires that the health care provider reimburse the MA recipient or another person in the amount that the recipient or other person has paid



the provider for the recipient's care and extends this repayment requirement to "medically needy" MA recipients.

**\*\*\* ANALYSIS FROM -1333/1 \*\*\***

X Currently, in addition to providing family planning as a benefit to MA recipients, DHFS administers, under a waiver of federal Medicaid laws, a demonstration project to provide family planning services ~~under MA~~ to women between the ages of 15 and 44 with family incomes of not more than 185 percent of the federal poverty level.

This bill requires DHFS to request an amended federal waiver for the demonstration project to provide family planning under MA to men between the ages of 15 and 44 and to increase the financial eligibility limitation under the demonstration project to 200 percent of the federal poverty level.

**\*\*\* ANALYSIS FROM -1261/4 \*\*\***

**CHILDREN**

X  
L Under current law, DHFS provides, or oversees county provision of, various services to children and families. These services include services for children in need of protection or services and their families; adoption services; licensing of child welfare agencies, foster homes, group homes, day care centers, and shelter care facilities; investigating cases of suspected child abuse or neglect; providing a state supplemental food program for women, infants, and children; and distributing


funding for children's community programs, child abuse and neglect prevention programs, food distribution programs, domestic abuse services, tribal adolescent services, community action programs to assist poor persons, and a brighter futures initiative to prevent delinquent behavior, alcohol and drug other abuse, child abuse and neglect, and nonmarital pregnancy. This bill creates the Department of Children and Families (DCF), effective ~~on~~ July 1, 2008, and transfers from DHFS to DCF the duty to provide or oversee the provision of those services. The bill also renames DHFS ~~as~~ the Department of Health Services.

Under current law, DWD administers the Wisconsin Works (W-2) program, which provides work experience and benefits for low-income custodial parents, job search assistance, and child care subsidies. DWD also administers the program for establishing and enforcing child and spousal support and establishing paternity and medical support liability. This bill transfers from DWD to DCF the responsibility for administering those programs.

**\*\*\* ANALYSIS FROM -1270/3 \*\*\***

Under current law, DHFS administers <sup>the</sup> a child abuse and neglect prevention program under which DHFS awards grants to counties and Indian tribes that offer voluntary home visitation services to first-time parents who are eligible for MA.

Current law requires DHFS to determine the amount of a grant awarded to a county or an Indian tribe in excess of the statutory minimum grant amount of \$10,000 based on the number of births that are funded by MA in that county or the reservation of that Indian tribe in proportion to the number of those births in all of the counties and the reservations of all of the Indian tribes to which grants are awarded. Currently, no more than six rural counties, three urban counties, and two Indian tribes may be selected to participate in the program.

This bill requires DCF, beginning  on January 1, 2009, to determine the amount of a grant in excess of the statutory minimum based on the number of births that are funded by MA in a county or a reservation of an Indian tribe without regard to the number of those births in other counties and reservations. The bill also eliminates the caps on the number of counties and Indian tribes that may be selected to participate in the program.

~~In addition,~~ the bill directs DCF to award grants to applying counties, local health departments, Indian tribes, private nonprofit agencies, and local partnerships (organizations) to provide voluntary one-time home visits to all first-time parents in the community served by the organization. The purposes of the home visits are to provide those parents with basic information regarding infant

health and nutrition, the care, safety, and development of infants, emergency services for infants, and shaken baby syndrome and impacted babies; to identify the needs of the parents; and to provide the parents with referrals to programs, services, and other resources that may meet those needs.

**\*\*\* ANALYSIS FROM -0841/5 \*\*\***

Recently, the U.S. Congress enacted the Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248) (Adam Walsh Act) which amends Title IV-E of the federal Social Security Act to require the states to conduct criminal records checks, including fingerprint-based checks of national crime information databases, of prospective foster or adoptive parents and to check any child abuse or neglect registry maintained by any other state in which a prospective foster or adoptive parent or any other adult living in the home of that prospective parent (adult resident) has resided in the preceding five years before the prospective foster or adoptive parent may be finally approved for placement of a child, regardless of whether foster care maintenance or adoption assistance payments will be provided on behalf of the child.

This bill conforms state law relating to background checks of prospective foster parents, adoptive parents, and adult residents to federal law, as affected by the Adam

Walsh Act. Specifically, the bill requires DHFS, a county, or a child welfare agency to conduct a background check of a prospective foster parent, a person licensed to operate a foster home who is seeking to adopt a child, and an adult resident, including, a fingerprint-based check of the national crime information databases for the prospective foster or adoptive parent. If, at any time within the five years preceding the background check, the prospective foster parent, adoptive parent, or adult resident has not been a resident of this state, DHFS, a county, or a child welfare agency must check any child abuse or neglect registry maintained by any state or other United States jurisdiction in which the prospective foster parent, adoptive parent, or adult resident was a resident within those preceding five years before the prospective foster or adoptive parent may be finally approved for placement of the child, regardless of whether foster care maintenance payments or adoption assistance will be provided on behalf of the child.

**\*\*\* ANALYSIS FROM -0261/6 \*\*\***

Under current law, <sup>it</sup> a court assigned to exercise jurisdiction under the Children's Code (juvenile court) <sup>issues</sup> must include in an order placing, or maintaining the placement of, a child outside the home <sup>the order must include</sup> findings that continued placement of the child in the home would be contrary to the welfare of the child, that reasonable efforts have

been made to prevent the removal of the child from the home, and that reasonable efforts have been made to achieve the goal of the child's permanency plan, which is a plan designed to ensure that the child is reunified with his or her family whenever appropriate or that the child quickly attains a placement providing long-term stability. This bill requires the juvenile court to make the finding that reasonable efforts have been made to achieve the goal of the child's permanency plan in a termination of parental rights order.

Under current law, in an action affecting the family, for example, a divorce proceeding, if the circuit court finds that neither parent is able to care for the child adequately or is fit and proper to have care and custody of the child, the circuit court may declare the child to be in need of protection or services and transfer legal custody of the child to the county or to a licensed child welfare agency. This bill requires a circuit court that so transfers legal custody of such a child to refer the matter to the juvenile court intake worker, who ~~is required~~<sup>must</sup> to conduct an intake inquiry to determine whether a petition alleging the child to be in need of protection or services should be filed with the juvenile court, and to include in the order transferring legal custody of the child a finding that placement of the child in his or her home would be contrary to the welfare of the child and, subject to certain exceptions, a finding

that reasonable efforts have been made to prevent the removal of the child from the home.

The bill also requires a juvenile court, when ordering a child to be placed outside the home under the supervision of a county or, in Milwaukee County, DHFS, to order the child into the placement and care responsibility of the county or DHFS and to assign the county or DHFS primary responsibility for providing services to the child.

In addition, the bill requires a county, DHFS, or DOC, when placing a child outside the home under a voluntary agreement, to ~~specifically~~<sup>explicitly</sup> state in the voluntary agreement that the county, DHFS, or DOC has placement and care responsibility for the child and has primary responsibility for providing services to the child.

**\*\*\* ANALYSIS FROM -1220/5 \*\*\***

This bill requires DWD to provide a child care quality rating system for child care providers licensed by DHFS that receive reimbursement under the W-2 program or that volunteer for rating under the system. The rating information must be made available, including on DWD's Internet site to parents, guardians, and legal custodians of children who are recipients, or prospective recipients, of care and supervision from a child care provider.

**\*\*\* ANALYSIS FROM -0259/1 \*\*\***

This bill increases the age-related basic maintenance rates that are paid by the state or a county to a foster parent for the care and maintenance of a child.

**\*\*\* ANALYSIS FROM -1221/6 \*\*\***

Under current law, DHFS contracts for activities to augment the amount of moneys received under Title IV-E of the federal Social Security Act for foster care and adoption assistance, under Title XVIII of that act for Medicare, and under Title XIX of that act for MA (income augmentation services receipts); receives moneys under Title XIX of that act in reimbursement of the cost of providing targeted case management services to children whose care is not eligible for reimbursement under Title IV-E of that act (MA targeted case management moneys); and receives in reimbursement of expenditures in previous fiscal years federal moneys in amounts that exceed the amount of those federal moneys estimated to be received (excess federal revenues).

This bill permits DHFS in fiscal year 2007-08 and DCF in fiscal year 2008-09 to expend not more than \$500,000 <sup>a total of</sup> ~~total~~ in ~~income augmentation services receipts, MA targeted case management moneys, and excess~~ <sup>certain</sup> federal revenues received in fiscal year 2006-07 or 2007-08 for unexpected or unusually high-cost out-of-home care placements of Indian children ordered by tribal courts.

**\*\*\* ANALYSIS FROM -1314/2 \*\*\***



*delet.* This bill requires DWD to study the efficiency of the ~~current~~ <sup>currently</sup> method used in Wisconsin for collecting child support and the feasibility and efficiency of other methods of collection and to submit its findings and recommendations to the secretary of ~~DOA~~ <sup>administration</sup> by December 1, 2008.

*under Senior Care* \*\*\* ANALYSIS FROM -0892/11 \*\*\*  
PUBLIC ASSISTANCE

*DHFS* Currently, DHFS reimburses pharmacists and pharmacies for providing prescription drugs to elderly persons at reduced rates (~~Senior Care~~). ~~Senior Care~~ provides payments ~~under the program~~ from general purpose revenues, rebate payments made by prescription drug manufacturers, and federal funds.

This bill establishes a ~~trust fund~~ designated as the health care quality fund, *consisting of* from moneys obtained from an increase in cigarette and other tobacco products taxes and ~~from~~ *moneys* certain other sources. ~~Under the bill, moneys from the health care quality fund are used as another source of funding for payments made under Senior Care.~~ *and* *Senior Care*

\*\*\* ANALYSIS FROM -0265/3 \*\*\*  
HEALTH AND HUMAN SERVICES  
PUBLIC ASSISTANCE

Under current law, a person who applies for ~~Wisconsin Works, Medical Assistance (MA)~~ *benefits under* or the food stamp program, must provide, as a condition of eligibility, a declaration of citizenship or satisfactory immigration status. Federal

law ~~now~~ provides that no federal ~~financial participation~~ <sup>money's</sup> will be provided to a state for MA expenditures made on behalf of a person who declares that he or she is a citizen or national of the United States unless the person presents satisfactory documentary evidence of citizenship or nationality. Federal law specifies the documentary evidence that is satisfactory and certain exemptions to the requirement.

*conforms state law to federal law*

~~This bill provides that, with some exceptions, as a condition of eligibility for MA, Badger Care, or Senior Care an applicant or recipient who declares himself or herself to be a United States citizen or national must provide satisfactory documentary evidence that he or she is a citizen or national. The bill provides that satisfactory documentation consists of those documents and other forms of evidence specified under federal law.~~

*the Chronic Disease Program*  
 \*\*\* ANALYSIS FROM -0248/3 \*\*\*

Under ~~current law~~ DHFS <sup>currently</sup> provides financial assistance for the cost of medical care to persons with chronic kidney disease, cystic fibrosis, and hemophilia; ~~this assistance is collectively referred to as the Chronic Disease Program.~~

This bill requires health insurers, self-insured plans, service benefits plans, and pharmacy benefits managers (third parties) to provide to DHFS information

from their records to enable DHFS to identify persons receiving benefits under the

Chronic Disease Program and under Senior Care who are eligible, or would be

eligible as dependents, for <sup>third-party</sup> health care coverage ~~from a third party~~. These third

parties may receive compensation for providing the information, must provide the

information within certain deadlines, and may be subject to enforcement

proceedings for noncompliance. The third parties must accept assignment to DHFS

of a right of an individual to receive payment from the third party for a health care

item or service for which payment under the Chronic Disease Program or Senior

Care has been made. Third parties must also accept the right of DHFS to recover any

third-party payment made for which assignment had not been accepted. A third

party must respond to an inquiry by DHFS concerning a claim for payment of a

health care item or service if the inquiry is made within 36 months after the item or

service is provided. Further, third parties must agree not to deny a DHFS claim on

the basis of certain circumstances, if submitted less than 36 months after the health

care item or service is provided and if action by DHFS to enforce its rights is

commenced less than 72 months after DHFS submits the claim.

\*\*\* ANALYSIS FROM -0267/5 \*\*\*

\*\*\* ANALYSIS FROM -1313/3 \*\*\*

and imposes other requirements on third parties that are similar to those by which third-party liability is determined and enforced under MAOL

Under current law, DHFS provides benefits under the federal food stamp program and contracts with DWD for administration of an employment and training program for food stamp program recipients. Under this bill, <sup>transfers</sup> administration of the employment and training program for food stamp recipients <sup>is transferred</sup> to DHFS, which may contract with county departments of social services and human services and with tribal governing bodies to administer the program.

Under current law, an individual is ineligible for food stamps in any month in which the individual is not in compliance with various child support enforcement requirements, such as refusing to cooperate with efforts to establish paternity with respect to a child or being delinquent in the payment of child support. This bill removes noncompliance with the child support enforcement requirements as a basis for ineligibility for food stamps.

**\*\*\* ANALYSIS FROM -0486/1 \*\*\***

**HEALTH AND HUMAN SERVICES**

**WISCONSIN WORKS**

*Currently,*  
The Wisconsin Works (W-2) program ~~under current~~ law provides work experience and benefits for low-income custodial parents who are at least 18 years old; job search assistance to noncustodial parents who are required to pay child support, to minor custodial parents, and to pregnant women who are not custodial

parents; and child care subsidies for certain parents who need child care services to participate in various educational or work activities. W-2 is administered by DWD, which ~~in turn~~ contracts with W-2 agencies to administer W-2 on the local level.

The work components under W-2, called employment positions, consist of three categories: trial jobs, community service jobs, and transitional placements. A participant in an employment position must search for unsubsidized employment the entire time that he or she is participating in the W-2 employment position. ~~Also~~ under current law, DWD is directed to continue the creation and implementation of a subsidized work program.

This bill eliminates ~~that~~ <sup>the latter</sup> directive and requires DWD to conduct and evaluate, from January 1, 2008, to December 31, 2009, a real work, real pay pilot project, limited to 500 participants and conducted in at least one of the ~~geographical~~ areas of the state established for administering the W-2 program that is located in Milwaukee County and in at least two of ~~those geographical~~ areas that are not in Milwaukee County. Under the project, a W-2 agency pays a wage subsidy, which may not exceed the federal minimum wage for no more than 30 hours of work per week, to an employer that employs a project participant. The employer is also reimbursed for up to 100 percent of federal social security taxes, state and federal

unemployment contributions, and worker's compensation insurance premiums paid on behalf of a participant. An employer that employs a participant and receives a wage subsidy must agree to make a good faith effort to retain the participant as an unsubsidized employee after the wage subsidy ends if the participant successfully completes participation in the pilot project.

**\*\*\* ANALYSIS FROM -0484/3 \*\*\***

Under current law, a person who ~~meets the eligibility requirements~~ <sup>is eligible</sup> for W-2 and who is the custodial parent of a child who is 12 weeks old or less may receive a monthly grant of \$673 and may not be required to work in a W-2 employment position. This bill ~~changes the eligibility requirement by increasing the maximum~~ <sup>provides</sup> ~~age of the child so~~ that the custodial parent of a child who is 26 weeks old or less may receive the monthly grant and may not be required to work in a W-2 employment position. In addition, the bill provides that an unmarried woman who would be eligible for W-2 except that she is not a custodial parent may also receive a monthly grant of \$673 and may not be required to work in a W-2 employment position if she is in the third trimester of a medically verified pregnancy that is at risk and that renders the woman unable to participate in the workforce.

**\*\*\* ANALYSIS FROM -1538/2 \*\*\***

<sup>under</sup>  
~~W-2 under current law provides work experience and benefits for low-income custodial parents who are at least 18 years old. Also, an individual who is the parent of a child under the age of 13 or, if the child is disabled, under the age of 19, is eligible for a child care subsidy ~~under W-2~~ if the individual needs child care services to participate in various educational or work activities and satisfies other eligibility criteria, one of which is that the individual's family income may not exceed 185 percent of the poverty line. If an individual is already receiving a child care subsidy, however, ~~their~~ family income may be as high as 200 percent of the poverty line. This bill changes <sup>e</sup> those maximum family income levels to 175 percent of <sup>the</sup> <sup>line</sup> poverty for an individual who is first applying for a child care subsidy and to 190 percent of <sup>the</sup> <sup>line</sup> poverty for an individual who is already receiving a subsidy. ~~These new maximum family income levels only apply to individuals who first apply for a child care subsidy, or who, after losing eligibility, reapply for a child care subsidy, on or after the effective date of the act.~~~~

\*\*\* ANALYSIS FROM -1609/2 \*\*\*

HEALTH

Under current law, DHFS administers a program under which individuals with a human immunodeficiency virus (HIV) infection may ~~receive reimbursement~~ <sup>be reimbursed</sup> for the cost of the drug azidothymidine (AZT) or other cost-effective alternatives. DHFS

also administers a program under which individuals with an HIV infection may have <sup>their</sup> health insurance premiums subsidized if they are on unpaid medical leave, or ~~have~~ had to discontinue their employment or reduce their hours, because of a medical condition arising from or related to the HIV infection. ¶ This bill requires DHFS to conduct a three-year pilot program under which DHFS may pay premiums ~~for coverage under the Health Insurance Risk-Sharing Plan (HIRSP), and copayments under HIRSP~~ for drugs that are eligible for reimbursement under the AZT-reimbursement program, for ~~up to 100~~ individuals, at any given time who: 1)

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are eligible for the AZT-reimbursement program; 2) do not have health insurance coverage; and 3) are not eligible for the health insurance premium subsidy program because they are not on unpaid medical leave and have not had to discontinue employment or reduce hours because of their medical condition. HIRSP is, generally, a health insurance program administered by the HIRSP Authority that provides major medical health insurance coverage for persons who are covered under Medicare because they are disabled, persons who have tested positive for HIV, and persons who have been refused coverage, or coverage at an affordable price, in the private health insurance market because of their mental or physical health conditions.

you strike them out?