1	adults. To be eligible to participate in the demonstration project, an individual must
2	satisfy all of the following criteria:
3	(a) Be at least 21 but not more than 64 years of age.
4	(b) Be ineligible for Wisconsin Works.
5	(c) Have an annual household income that is below 150 percent of the poverty
6	line.
7	(d) Be unemployed for at least 4 weeks.
8	(e) Be ineligible to receive unemployment insurance benefits.
9	(3) (a) The department shall provide up to 2,500 transitional jobs under the
L O	demonstration project. The jobs shall be allocated among Milwaukee County, Dane
11	County, Racine County, Kenosha County, Rock County, Brown County, and other
12	regions of the state, as determined by the department, in the same proportion as the
L3	total number of Wisconsin Works participants are allocated among those counties
L 4	and other regions as of June 30, 2009.
15	(b) The department shall seek federal funds to pay for the cost of operating the
L 6	demonstration project, and may conduct the project only to the extent that the
L 7	department obtains federal funds.
18	(c) The department shall promulgate rules for the operation of the
19	demonstration project under this section.
20	SECTION 1217. 49.17 of the statutes is renumbered 253.06, and 253.06 (2) and
21	(5) (e), as renumbered, are amended to read:
22	253.06 (2) Use of funds. From the appropriation under s. 20.437 (2) 20.435 (1)
23	(em), the department shall supplement the provision of supplemental foods,
24	nutrition education, and other services, including nutritional counseling, to
25	low-income women, infants, and children who meet the eligibility criteria under the

federal special supplemental food program for women, infants, and children authorized under 42 USC 1786. To the extent that funds are available under this section and to the extent that funds are available under 42 USC 1786, the department shall provide the supplemental food, nutrition education, and other services authorized under this section and shall administer that provision in every county. The department may enter into contracts for this purpose.

(5) (e) The suspension or termination of authorization of a vendor or eligibility of a participant shall be effective beginning on the 15th day after receipt of the notice of suspension or termination. All forfeitures, recoupments, and enforcement assessments shall be paid to the department within 15 days after receipt of notice of assessment or, if the forfeiture, recoupment, or enforcement assessment is contested under sub. (6), within 10 days after receipt of the final decision after exhaustion of administrative review, unless the final decision is adverse to the department or unless the final decision is appealed and the decision is stayed by court order under sub. (7). The department shall remit all forfeitures paid to the secretary of administration for deposit in the school fund. The department shall deposit all enforcement assessments in the appropriation under s. 20.437 (2) 20.435 (1) (gr).

SECTION 1218. 49.171 of the statutes is renumbered 46.75, and 46.75 (2) (a), as renumbered, is amended to read:

46.75 (2) (a) From the appropriation under s. 20.437 (2) 20.435 (1) (dn), the department shall award grants to agencies to operate food distribution programs that qualify for participation in the emergency food assistance program under P.L. 98-8, as amended 7 USC ch. 102.

Section 1219. 49.1715 of the statutes is renumbered 46.77 and amended to 1 2 read: 3 **46.77 Food distribution administration.** From the appropriation under s. 20.437 (2) 20.435 (1) (dn), the department shall allocate funds to eligible recipient 4 5 agencies, as defined in the emergency food assistance act, P.L. 98-8, section 201A, as amended 7 USC 7501 (3), for the storage, transportation, and distribution of 6 7 commodities provided under the hunger prevention act of 1988, P.L. 100-435, as 8 amended 7 USC ch. 102. 9 **SECTION 1220.** 49.172 of the statutes is renumbered 49.76. **SECTION 1226.** 49.175 (1) (intro.) of the statutes is amended to read: 10 11 49.175 (1) Allocation of funds. (intro.) Except as provided in sub. (2), within 12 the limits of the appropriations under s. 20.437 (2) (a), (cm), (cr), (dz), (k), (kx), (L), 13 (mc), (md), (me), (mf), and (s), the department shall allocate the following amounts 14 for the following purposes: 15 SECTION 1227. 49.175 (1) (intro.) of the statutes, as affected by 2009 Wisconsin 16 Act (this act), is amended to read: 17 49.175 (1) Allocation of Funds. (intro.) Except as provided in sub. (2), within the limits of the appropriations under s. 20.437 (2) (a), (cm), (er), (dz), (k), (kx), (L), 18 19 (mc), (md), (me), (mf), and (s), the department shall allocate the following amounts 20 for the following purposes: **SECTION 1228.** 49.175 (1) (a) of the statutes is amended to read: 21 22 49.175 (1) (a) Wisconsin Works benefits. For Wisconsin Works benefits, 23 \$44,068,500 \$49,139,400 in fiscal year 2007-08 2009-10 and \$43,392,200 24\$51,229,600 in fiscal year 2008-09 2010-11. **Section 1228g.** 49.175 (1) (b) of the statutes is amended to read: 25

1	49.175 (1) (b) Wisconsin Works administration. For administration of
2	Wisconsin Works performed under contracts under s. 49.143, \$10,701,100
3	\$8,247,000 in fiscal year $2007-08$ $2009-10$ and $$10,701,100$ $$8,247,000$ in fiscal year
4	2008-09 <u>2010-11</u> .
5	SECTION 1228i. 49.175 (1) (f) of the statutes is amended to read:
6	49.175 (1) (f) Wisconsin Works ancillary services. For program services under
7	Wisconsin Works provided under contracts under s. $49.143, \$38,471,500$ $\$38,471,500$
8	in fiscal year $2007-08$ $2009-10$ and $338,471,500$ $35,471,500$ in fiscal year $2008-09$
9	<u>2010–11</u> .
10	SECTION 1229. 49.175 (1) (g) of the statutes is amended to read:
11	49.175 (1) (g) State administration of public assistance programs and costs of
12	overpayment collections. For state administration of public assistance programs,
13	\$16,670,100 and costs associated with the collection of public assistance
14	overpayments, \$16,985,900 in fiscal year 2007-08 2009-10 and \$16,868,500
15	\$17,091,700 in fiscal year $2008-09$ $2010-11$.
16	SECTION 1230. 49.175 (1) (h) of the statutes is created to read:
17	49.175 (1) (h) Public assistance program fraud and error reduction. For
18	activities to reduce fraud under s. 49.197 (1m) and activities to reduce payment
19	errors under s. 49.197 (3), \$605,500 in each fiscal year.
20	SECTION 1232. 49.175 (1) (i) of the statutes, as affected by 2009 Wisconsin Act
21	2, is amended to read:
22	49.175 (1) (i) Emergency assistance. For emergency assistance under s. 49.138,
23	\$6,000,000 $$6,500,000$ in fiscal year $2007-08$ $2009-10$ and $$7,000,000$ $$6,000,000$ in
24	fiscal year 2008-09 <u>2010-11</u> .
25	SECTION 1233. 49.175 (1) (j) of the statutes is created to read:

1	49.175 (1) (j) Aid to families with dependent children overpayments liability.
2	For payment of liability to the federal government related to overpayments made
3	under the program under s. 49.19, \$2,500,500 in fiscal year 2008-09.
4	SECTION 1234. 49.175 (1) (j) of the statutes, as created by 2009 Wisconsin Act
5	(this act), is repealed.
6	SECTION 1235. 49.175 (1) (k) of the statutes is created to read:
7	49.175 (1) (k) Aid to Families with Dependent Children overpayments liability.
8	For payment of liability to the federal government related to overpayments made
9	under the program under s. 49.19 , $\$13,183,900$ in fiscal year $2009-10$ and $\$0$ in fiscal
10	year 2010-11.
11	SECTION 1236. 49.175 (1) (k) of the statutes, as created by 2009 Wisconsin Act
12	(this act), is repealed.
13	SECTION 1238. 49.175 (1) (p) of the statutes, as affected by 2009 Wisconsin Act
14	2, is amended to read:
15	49.175 (1) (p) Direct child care services. For direct child care services under s.
16	49.155, \$359,201,800 \$384,987,600 in fiscal year 2007-08 2009-10 and
17	$\$375,736,400 \ \$402,496,800$ in fiscal year $2008-09 \ 2010-11$.
18	Section 1239. 49.175 (1) (q) of the statutes, as affected by 2009 Wisconsin Act
19	2, is amended to read:
20	49.175 (1) (q) Child care state administration and child care licensing
21	activities. For administration of child care services under s. 49.155 (1g) (b),
22	\$1,765,600 in fiscal year 2007-08 and \$2,437,800 in programs under s. 49.155 and
23	the allocation under s. 49.155 (1g) (c) for child care licensing activities, \$8,534,700
24	in fiscal year 2009-10 and \$8,889,700 in fiscal year 2008-09 2010-11.
25	Section 1240. 49.175 (1) (qm) of the statutes is amended to read:

1	49.175 (1) (qm) Quality care for quality kids. For the child care quality
2	improvement activities specified in s. 49.155 (1g) (a), \$5,311,000 in each fiscal year,
3	\$5,384,600 in fiscal year 2009-10 and \$5,384,600 in fiscal year 2010-11.
4	SECTION 1241. 49.175 (1) (qs) of the statutes is repealed.
5	Delete inply component
6	SECTION 1242b. 49.175 (1) (s) of the statutes, as affected by 2009 Wisconsin Act
7	(this act), is amended to read:
8	49.175 (1) (s) Kinship care and, long-term kinship care, and foster care
9	$assistance. \ \ For the kinship care and long-term kinship care programs under s.\ 48.57$
10	(3m), (3n), and (3p) and for foster care for relatives under s. 48.62, \$24,435,000 in
11	fiscal year 2009-10 and \$24,435,000 in fiscal year 2010-11.
12	Section 1243. 49.175 (1) (ze) (title) of the statutes is repealed.
13	Section 1244. 49.175 (1) (ze) 1. of the statutes is amended to read:
14	49.175 (1) (ze) 1. 'Kinship care and long-term kinship care assistance.' For the
15	kinship care and long-term kinship care programs under s. 48.57 (3m), (3n), and
16	(3p), \$23,579,800 in each fiscal year $2007-08$ and \$23,885,800 in fiscal year $2008-09$.
17	Section 1245. 49.175 (1) (ze) 1. of the statutes, as affected by 2009 Wisconsin
18	Act (this act), is renumbered 49.175 (1) (s) and amended to read:
19	49.175 (1) (s) Kinship care and long-term kinship care assistance. For the
20	kinship care and long-term kinship care programs under s. 48.57 (3m), (3n), and
21	(3p), \$23,579,800 \$24,435,000 in fiscal year 2007-08 2009-10 and \$23,885,800
22	\$24,435,000 in fiscal year $2008-09$ $2010-11$.
23	SECTION 1246. 49.175 (1) (ze) 2. of the statutes is renumbered 49.175 (1) (r) and
24	amended to read:

1	49.175 (1) (r) Children of recipients of supplemental security income. For
2	payments made under s. 49.775 for the support of the dependent children or
3	recipients of supplemental security income, \$30,094,700 in fiscal year 2007-08 and
4	\$30,094,700 <u>\$29,899,800</u> in fiscal year 2008-09 <u>2009-10 and \$29,933,200 in each</u>
5	fiscal year thereafter.
6	SECTION 1247. 49.175 (1) (ze) 10m. of the statutes is renumbered 49.175 (1) (t)
7	and amended to read:
8	49.175 (1) (t) Safety and out-of-home placement services. For services provided
9	in counties having a population of 500,000 or more to ensure the safety of children
10	who the department determines may remain at home if appropriate services are
l1	provided, and for ongoing services provided in those counties to families with
2	children placed in out-of-home care, \$5,631,300 \$6,350,300 in each fiscal year.
13	SECTION 1248. 49.175 (1) (ze) 11. of the statutes is renumbered 49.175 (1) (u)
.4	Section 1249. 49.175 (1) (ze) 12. of the statutes is repealed.
.5	SECTION 1250. 49.175 (1) (zh) of the statutes is amended to read:
.6	49.175 (1) (zh) Earned income tax credit supplement. For the transfer of
7	moneys from the appropriation account under s. $20.437(2)(md)$ to the appropriation
.8	account under s. 20.835 (2) (kf) for the earned income tax credit, \$21,125,400
.9	\$6,664,200 in fiscal year $2007-08$ $2009-10$ and $$6,664,200$ in fiscal year $2008-09$
20	<u>2010–2011</u> .
21	Section 1251. 49.19 (1) (a) 2. b. of the statutes is amended to read:
22	49.19 (1) (a) 2. b. Is living in a foster home or treatment foster-home licensed
23	under s. 48.62 if a license is required under that section, in a foster home or treatment
24	foster home located within the boundaries of a federally recognized American Indian
25	reservation in this state and licensed by the tribal governing body of the reservation

in a group home licensed under s. 48.625, or in a residential care center for children and youth licensed under s. 48.60, and has been placed in the foster home, treatment foster home, group home, or center by a county department under s. 46.215, 46.22, or 46.23, by the department, by the department of corrections, or by a federally recognized American Indian tribal governing body in this state under an agreement with a county department.

SECTION 1252. 49.19 (4e) (a) of the statutes is amended to read:

49.19 (4e) (a) If a person applying for aid is under 18 years of age, has never married, and is pregnant or has a dependent child in his or her care, the person is not eligible for aid unless he or she lives in a place maintained by his or her parent, legal guardian, or other adult relative as the parent's, guardian's or other adult relative's own home or lives in a foster home, treatment foster home, maternity home, or other supportive living arrangement supervised by an adult.

SECTION 1253. 49.19 (10) (a) of the statutes is amended to read:

49.19 (10) (a) Aid under this section may also be granted to a nonrelative who cares for a child dependent upon the public for proper support in a foster home or treatment foster home having a license under s. 48.62, in a foster home or treatment foster home located within the boundaries of a federally recognized American Indian reservation in this state and licensed by the tribal governing body of the reservation, or in a group home licensed under s. 48.625, regardless of the cause or prospective period of dependency. The state shall reimburse counties pursuant to the procedure under s. 48.569 (2) and the percentage rate of participation set forth in s. 48.569 (1) (d) for aid granted under this subsection except that if the child does not have legal settlement in the granting county, state reimbursement shall be at 100%. The county department under s. 46.215 or 46.22 shall determine the legal settlement of the child.

A child under one year of age shall be eligible for aid under this subsection irrespective of any other residence requirement for eligibility within this section.

SECTION 1254. 49.19 (10) (c) of the statutes is amended to read:

49.19 (10) (c) Reimbursement under par. (a) may also be paid to the county when the child is placed in a licensed foster home, treatment foster home, group home, or residential care center for children and youth by a licensed child welfare agency or by a federally recognized American Indian tribal governing body in this state or by its designee, if the child is in the legal custody of the county department under s. 46.215, 46.22, or 46.23 or if the child was removed from the home of a relative specified in sub. (1) (a) as a result of a judicial determination that continuance in the home of the relative would be contrary to the child's welfare for any reason and the placement is made pursuant to under an agreement with the county department.

SECTION 1255. 49.19 (10) (d) of the statutes is amended to read:

49.19 (10) (d) Aid may also be paid under this section to a licensed foster home, treatment foster home, group home, or residential care center for children and youth by the state when the child is in the custody or guardianship of the state, when the child is a ward of an American Indian tribal court in this state and the placement is made under an agreement between the department and the tribal governing body, or when the child was part of the state's direct service case load and was removed from the home of a relative specified in sub. (1) (a) as a result of a judicial determination that continuance in the home of a relative would be contrary to the child's welfare for any reason and the child is placed by the department or the department of corrections.

Section 1256. 49.19 (10) (e) of the statutes is amended to read:

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49.19 (10) (e) Notwithstanding pars. (a), (c), and (d), aid under this section may not be granted for placement of a child in a foster home or treatment foster home licensed by a federally recognized American Indian tribal governing body, for placement of a child in a foster home, treatment foster home, or residential care center for children and youth by a tribal governing body or its designee, for the placement of a child who is a ward of a tribal court if the tribal governing body is receiving or is eligible to receive funds from the federal government for that type of placement, or for placement of a child in a group home licensed under s. 48.625.

Section 1256g. 49.195 (3r) of the statutes is amended to read:

49.195 (3r) From the appropriation under s. 20.437 (2) (L) the The department may contract with or employ a collection agency or other person to enforce a repayment obligation of a person who is found liable under sub. (3) who is delinquent in making repayments.

SECTION 1256m. 49.195 (4) of the statutes is renumbered 49.195 (4) (a) and amended to read:

49.195 (4) (a) Any Except as provided in par. (b), any county or governing body of a federally recognized American Indian tribe may retain 15% of benefits distributed under s. 49.19 that are recovered due to the efforts of an employee or officer of the county or tribe.

- (b) This subsection does not apply to recovery any of the following:
- 1. The recovery of benefits that were provided as a result of state, county, or tribal governing body error.

SECTION 1256p. 49.195 (4) (b) 2. of the statutes is created to read:

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49.195 (4) (b) 2. The recovery of benefits due to the efforts of an employee or officer of a county having a population of 500,000 or more under the supervision of the department.

SECTION 1257. 49.197 (1m) of the statutes is amended to read:

49.197 (1m) Fraud investigation. From the appropriations under s. 20.437 (2) (dz), (kx), (L), (mc), (md), (n) (me), and (nL), the department shall establish a program to investigate suspected fraudulent activity on the part of recipients of aid to families with dependent children under s. 49.19, on the part of participants in the Wisconsin Works program under ss. 49.141 to 49.161, and, if the department of health services contracts with the department under sub. (5), on the part of recipients of medical assistance under subch. IV, food stamp benefits under the food stamp program under 7 USC 2011 to 2036, supplemental security income payments under s. 49.77, payments for the support of children of supplemental security income recipients under s. 49.775, and health care benefits under the Badger Care health care program under s. 49.665. The department's activities under this subsection may include, but are not limited to, comparisons of information provided to the department by an applicant and information provided by the applicant to other federal, state, and local agencies, development of an advisory welfare investigation prosecution standard, and provision of funds to county departments under ss. 46.215, 46.22, and 46.23 and to Wisconsin Works agencies to encourage activities to detect fraud. The department shall cooperate with district attorneys regarding fraud prosecutions.

SECTION 1258. 49.197 (2) (title) of the statutes is amended to read:

49.197 (2) (title) Fraud Local fraud investigation by counties and tribal governing bodies.

1	SECTION 1259. 49.197 (2) (a) of the statutes is renumbered 49.197 (2) (a) (intro.)
2	and amended to read:
3	49.197 (2) (a) (intro.) In this subsection, "tribal:
4	2. "Tribal governing body" means an elected governing body of a federally
5	recognized American Indian tribe.
6	SECTION 1260. 49.197 (2) (a) 1. of the statutes is created to read:
7	49.197 (2) (a) 1. "County department" means a county department under s.
8	46.215, 46.22, or 46.23.
9	SECTION 1261. 49.197 (2) (b) of the statutes is amended to read:
10	49.197 (2) (b) A If a county department, Wisconsin Works agency, or tribal
11	governing body administers the Wisconsin Works program, the county department,
12	Wisconsin Works agency, or tribal governing body may establish a program to
13	$investigate\ suspected\ fraudulent\ activity\ on\ the\ part\ of\ participants\ in\ the\ Wisconsing$
14	Works program under this subchapter, including persons receiving a child care
15	subsidy under s. 49.155, and to recover incorrect payments made or incorrect
16	benefits provided as a result of fraudulent activity.
17	Section 1262. 49.197 (2) (c) (intro.) of the statutes is renumbered 49.197 (2)
18	(c) and amended to read:
19	49.197 (2) (c) If a A county department, Wisconsin Works agency, or tribal
20	governing body that establishes a program under par. (b), the county or tribal
21	governing body shall pay to the department all of the following: shall advise both the
22	department and the department of health services of the date on which the program
23	was established and, on an ongoing basis, of any amounts recovered as a result of the
24	program. A county department, Wisconsin Works agency, or tribal governing body

1	may retain any amounts recovered under a program under this subsection and must
2	use the moneys retained to pay cash benefits to Wisconsin Works participants.
3	SECTION 1262m. 49.197 (2) (c) of the statutes, as affected by 2009 Wisconsin
4	Act (this act), is amended to read:
5	49.197 (2) (c) A county department, Wisconsin Works agency, or tribal
6	governing body that establishes a program under par. (b) shall advise both the
7	department and the department of health services of the date on which the program
8	was established and, on an ongoing basis, of any amounts recovered as a result of the
9	program. A Except as provided in par. (cm), a county department, Wisconsin Works
10	agency, or tribal governing body may retain any amounts recovered under a program
11	under this subsection and must use the moneys retained to pay cash benefits to
12	Wisconsin Works participants.
13	Section 1263. 49.197 (2) (c) 1. of the statutes is repealed.
14	Section 1264. 49.197 (2) (c) 2. of the statutes is repealed.
15	SECTION 1265. 49.197 (2) (c) 3. of the statutes is repealed.
16	Section 1265m. 49.197 (2) (cm) of the statutes is created to read:
17	49.197 (2) (cm) Any amounts recovered with respect to the child care subsidy
18	program under s. 49.155 by a county department in a county having a population of
19	500,000 or more as a result of a program under par. (b) or due to the efforts of an
20	employee of such a county who is supervised by the department or the department
21	of health services under s. 49.825 shall be credited to the appropriation account
22	under s. 20.437 (2) (me).
23	SECTION 1266. 49.197 (2) (d) of the statutes is repealed.
24	SECTION 1268b. 49.24 (1) (intro.) of the statutes is created to read:

1	49.24 (1) (intro.) The department shall provide child support incentive
2	payments to counties from one of the following appropriations:
3	Section 1268c. 49.24 (1) of the statutes, as affected by 2007 Wisconsin Act 20,
4	section 1474d, is renumbered 49.24 (1) (b) and amended to read:
5	49.24 (1) (b) From If federal legislation provides for the matching of federal
6	funds for federal child support incentive payments at a rate of 66 percent or more,
7	from the appropriation under s. 20.437 (2) (k), the department shall provide child
8	$\underline{\textbf{support incentive payments to counties}} \underline{\textbf{while the federal legislation is in effect}}. \textbf{Total}$
9	payments under this subsection paragraph may not exceed \$5,690,000 per year.
10	Section 1268e. 49.24 (1) (a) of the statutes is created to read:
11	49.24 (1) (a) Unless par. (b) applies, from the appropriation under s. 20.437 (2)
12	(bc).
13	Section 1268f. 49.24 (2) (b) 1. of the statutes is repealed.
14	SECTION 1268g. 49.24 (2) (b) 2. of the statutes is amended to read:
15	49.24 (2) (b) 2. Of the amount of federal child support incentive payments
16	awarded to the state for each federal fiscal year after federal fiscal year 2002, the
17	amount awarded if that amount is less than \$12,340,000, or $$12,340,000$ plus 30%
18	of the amount awarded that exceeds \$12,340,000.
19	Section 1268h. 49.24 (2) (b) 3. of the statutes is amended to read:
20	49.24 (2) (b) 3. All federal matching funds associated with the amounts
21	distributed under subds. 1. and subd. 2.
22	Section 1268i. 49.24 (2) (c) of the statutes is amended to read:
23	49.24 (2) (c) The department may retain 50% of the amount of federal child
24	support incentive payments awarded to the state for federal fiscal year 2002 that
25	exceeds \$12,340,000, and may retain 70% of the amount of federal child support

incentive payments awarded to the state for each federal fiscal year after federal fiscal year 2002 that exceeds \$12,340,000, to be used to pay the costs of the department's activities under ss. 49.22 and 49.227 and costs related to receiving and disbursing support and support-related payments.

SECTION 1268j. 49.24 (2) (dm) of the statutes, as created by 2007 Wisconsin Act 20, is amended to read:

49.24 (2) (dm) If the amount of federal child support incentive payments awarded to the state for a federal fiscal year is less than \$12,340,000 and the department is providing child support incentive payments to counties for that federal fiscal year under sub. (1) (b), the total of payments distributed to counties under par. (b) and sub. (1) for that federal fiscal year may not exceed \$12,340,000.

SECTION 1268k. 49.24 (4) of the statutes, as created by 2007 Wisconsin Act 20, is repealed.

SECTION 1268p. 49.25 of the statutes is created to read:

49.25 Incentive payments for identifying children with health insurance. From the appropriation under s. 20.437 (2) (e), the department may provide incentive payments to county child support agencies under s. 59.53 (5) for identifying children who are receiving medical assistance benefits and who have health insurance coverage or access to health insurance coverage. The department of children and families may disclose to the department of health services information that it possesses or obtains that would assist in identifying children with medical assistance coverage who have health insurance coverage or access to health insurance coverage.

SECTION 1271. 49.32 (9) (a) of the statutes is amended to read:

49.32 (9) (a) Each county department under s. 46.215, 46.22, or 46.23 administering aid to families with dependent children shall maintain a monthly report at its office showing the names of all persons receiving aid to families with dependent children together with the amount paid during the preceding month. Each Wisconsin Works agency administering Wisconsin Works under ss. 49.141 to 49.161 shall maintain a monthly report at its office showing the names of all persons receiving benefits under s. 49.148 together with the amount paid during the preceding month. Nothing in this paragraph shall be construed to authorize or require the disclosure in the report of any information (names, amounts of aid or otherwise) pertaining to adoptions, or aid furnished for the care of children in foster homes or treatment foster homes under s. 48.645 or 49.19 (10).

SECTION 1273. 49.34 (1) of the statutes is amended to read:

49.34 (1) All services under this subchapter and ch. 48 purchased by the department or by a county department under s. 46.215, 46.22, or 46.23 shall be authorized and contracted for under the standards established under this section. The department may require the county departments to submit the contracts to the department for review and approval. For purchases of \$10,000 or less the requirement for a written contract may be waived by the department. No contract is required for care provided by foster homes or treatment foster homes that are required to be licensed under s. 48.62. When the department directly contracts for services, it shall follow the procedures in this section in addition to meeting purchasing requirements established in s. 16.75.

SECTION 1274. 49.343 (title) of the statutes is amended to read:

49.343 (title) Rates for residential care centers and, group homes, and child welfare agencies.

1	SECTION 1275. 49.343 (1) of the statutes is renumbered 49.343 (1g) and
2	amended to read:
3	49.343 (1g) ESTABLISHMENT OF RATES. Subject to sub. (1m), each residential care
4	center for children and youth, as defined in s. 48.02 (15d), and each group home, as
5	defined in s. 48.02 (7), that is incorporated under ch. 180, 181, 185, or 193 shall
6	establish a per client rate for its services and each child welfare agency shall
7	establish a per client administrative rate for the administrative portion of its
8	treatment foster care services. A residential care center for children and youth and
9	a group home shall charge all purchasers the same rate for the same services and a
10	child welfare agency shall charge all purchasers the same administrative rate for the
11	same treatment foster care services.
12	SECTION 1276. 49.343 (1d) of the statutes is created to read:
13	49.343 (1d) Definitions. In this section:
14	(a) "Administrative rate" means the difference between the rate charged by a
15	child welfare agency to a purchaser of treatment foster care services and the rate
16	paid by the child welfare agency to a treatment foster parent for the care and
17	maintenance of a child.
18	(b) "Child welfare agency" means a child welfare agency that is authorized
19	under s. 48.61 (7) to license treatment foster homes.
20	(c) "Group home" has the meaning given in s. 48.02 (7).
21	(d) "Residential care center for children and youth" has the meaning given in
22	s. 48.02 (15d).
23	SECTION 1276g. 49.343 (1d) (a) of the statutes, as created by 2009 Wisconsin
24	Act (this act), is amended to read:

1	49.343 (1d) (a) "Administrative rate" means the difference between the rate
2	charged by a child welfare agency to a purchaser of treatment foster care services and
3	the rate paid by the child welfare agency to a treatment foster parent for the care and
4	maintenance of a child.
5	Section 1276j. $49.343(1d)(b)$ of the statutes, as created by 2009 Wisconsin Act
6	(this act), is amended to read:
7	49.343 (1d) (b) "Child welfare agency" means a child welfare agency that is
8	authorized under s. 48.61 (7) to license treatment foster homes.
9	Section 1276m. 49.343 (1g) of the statutes, as affected by 2009 Wisconsin Act
10	(this act), section 1275, is amended to read:
11	49.343 (1g) Establishment of rates. Subject to sub. (1m), each residential care
12	center for children and youth and each group home shall establish a per client rate
13	for its services and each child welfare agency shall establish a per client
14	administrative rate for the administrative portion of its treatment foster care
15	services. A residential care center for children and youth and a group home shall
16	charge all purchasers the same rate for the same services and a child welfare agency
17	shall charge all purchasers the same administrative rate for the same treatment
18	$foster\ care\ services.\ \underline{The\ department\ shall\ determine\ the\ levels\ of\ care\ created\ under}$
19	the rules promulgated under s. 48.62 (8) to which this section applies.
20	SECTION 1277. 49.343 (1g) of the statutes, as affected by 2009 Wisconsin Act
21	(this act), sections 1275 and 1276m, is repealed and recreated to read:
22	49.343 (1g) Establishment of rates. For services provided beginning on
23	January 1, 2011, the department shall establish the per client rate that a residential
24	care center for children and youth or a group home may charge for its services, and

the per client administrative rate that a child welfare agency may charge for the

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administrative portion of its foster care services, as provided in this section. In establishing rates for a placement specified in s. 938.357 (4) (c) 1. or 2., the department shall consult with the department of corrections. A residential care center for children and youth and a group home shall charge all purchasers the same rate for the same services and a child welfare agency shall charge all purchasers the same administrative rate for the same foster care services. The department shall determine the levels of care created under the rules promulgated under s. 48.62 (8) to which this section applies.

SECTION 1278. 49.343 (1m) of the statutes is amended to read:

49.343 (1m) NEGOTIATION OF RATES. Notwithstanding sub. (1) (1g), the department, a county department under s. 46.215, 46.22, 46.23, 51.42, or 51.437, a group of those county departments, or the department and one or more of those county departments, and a residential care center for children and youth or group home, as described in sub. (1), may negotiate a per client rate for the services of that residential care center for children and youth or group home, and the department, a county department under s. 46.215, 46.22, 46.23, 51.42, or 51.437, a group of those county departments, or the department and one or more of those county departments, and a child welfare agency may negotiate a per client administrative rate for the administrative portion of the treatment foster care services of that child welfare agency, if the department, that county department, the county departments in that group of county departments, or the department and one or more of those county departments, agree to place 75% or more of the residents of that residential care center for children and youth or group home or of the treatment foster homes operated by that child welfare agency during the period for which that rate is effective. A residential care center for children and youth or group home that

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negotiates a per client rate under this subsection shall charge that rate to all purchasers of its services the same rate for the same services and a child welfare agency that negotiates a per client administrative rate under this subsection shall charge all purchasers of its treatment foster care services the same administrative rate for the same treatment foster care services.

SECTION 1278g. 49.343 (1m) of the statutes, as affected by 2009 Wisconsin Act (this act), section 1278, is amended to read:

NEGOTIATION OF RATES. Notwithstanding sub. (1g), the 49.343 (**1m**) department, a county department under s. 46.215, 46.22, 46.23, 51.42, or 51.437, a group of those county departments, or the department and one or more of those county departments, and a residential care center for children and youth or group home may negotiate a per client rate for the services of that residential care center for children and youth or group home, and the department, a county department under s. 46.215, 46.22, 46.23, 51.42, or 51.437, a group of those county departments, or the department and one or more of those county departments, and a child welfare agency may negotiate a per client administrative rate for the administrative portion of the treatment foster care services of that child welfare agency, if the department, that county department, the county departments in that group of county departments, or the department and one or more of those county departments, agree to place 75% or more of the residents of that residential care center for children and youth or group home or of the treatment foster homes operated by that child welfare agency during the period for which that rate is effective. A residential care center for children and youth or group home that negotiates a per client rate under this subsection shall charge all purchasers of its services the same rate for the same services and a child welfare agency that negotiates a per client administrative rate

1	$under this subsection shall charge all purchasers of its \frac{treatment}{t} foster care services$
2	the same administrative rate for the same treatment foster care services.
3	Section 1279. 49.343 (1m) of the statutes, as affected by 2009 Wisconsin Act
4	(this act), sections 1278 and 1278g, is repealed.
5	SECTION 1280. 49.343 (2) (title) of the statutes is created to read:
6	49.343 (2) (title) Determination of rates.
7	SECTION 1281. 49.343 (2) of the statutes is renumbered 49.343 (2) (a) and
8	amended to read:
9	49.343 (2) (a) A By October 1, 2010, and annually after that, a residential care
10	center for children and youth or a group home, as described in sub. (1) or (1m), shall
11	submit to the department the rate it charges and any change in that rate before a
12	charge is made to any purchaser per client rate that it proposes to charge for services
13	provided in the next year and a child welfare agency shall submit to the department
14	the proposed per client administrative rate that it proposes to charge for foster care
15	services provided in the next year. The department shall provide forms and
16	instructions for the submission of rates and changes in proposed rates under this
17	subsection paragraph and a residential care center for children and youth or a, group
18	home, or child welfare agency that is required to submit a rate or a change in a
19	proposed rate under this subsection paragraph shall submit that rate or change in
20	a- proposed rate using those forms and instructions.
21	SECTION 1282. 49.343 (2) (a) of the statutes, as affected by 2009 Wisconsin Act
22	(this act), is repealed and recreated to read:
23	49.343 (2) (a) By October 1 annually, a residential care center for children and
24	youth or a group home shall submit to the department the per client rate that it
25	proposes to charge for services provided in the next year and a child welfare agency

shall submit to the department the proposed per client administrative rate that it proposes to charge for foster care services provided in the next year. The department shall provide forms and instructions for the submission of proposed rates under this paragraph and a residential care center for children and youth, group home, or child welfare agency that is required to submit a proposed rate under this paragraph shall submit that proposed rate using those forms and instructions.

SECTION 1283. 49.343 (2) (b) of the statutes is created to read:

49.343 (2) (b) The department shall review a proposed rate submitted under par. (a) and audit the residential care center for children and youth, group home, or child welfare agency submitting the proposed rate to determine whether the proposed rate is appropriate to the level of services to be provided, the qualifications of the residential care center for children and youth, group home, or child welfare agency to provide those services, and the reasonable and necessary costs of providing those services. In reviewing a proposed rate, the department shall consider all of the following factors:

- 1. Changes in the consumer price index for all urban consumers, U.S. city average, as determined by the U.S. department of labor, for the 12 months ending on June 30 of the year in which the proposed rate is submitted.
- 2. Changes in the allowable costs of the residential care center for children and youth, group home, or child welfare agency based on current actual cost data or documented projections of costs.
- 3. Changes in program utilization that affect the per client rate or per client administrative rate.
 - 4. Changes in the department's expectations relating to service delivery.

- 5. Changes in service delivery proposed by the residential care center for children and youth, group home, or child welfare agency and agreed to by the department.
- 6. The loss of any source of revenue that had been used to pay expenses, resulting in a lower per client rate or per client administrative rate for services.
- 7. Changes in any state or federal laws, rules, or regulations that result in any change in the cost of providing services, including any changes in the minimum wage, as defined in s. 49.141 (1) (g).
 - 8. Competitive factors.
- 9. The availability of funding to pay for the services to be provided under the proposed rate.
- 10. Any other factor relevant to the setting of a rate that the department may determine by rule promulgated under sub. (4).

SECTION 1284. 49.343 (2) (c) of the statutes is created to read:

49.343 (2) (c) If the department determines under par. (b) that a proposed rate submitted under par. (a) is appropriate, the department shall approve the proposed rate. If the department does not approve a proposed rate, the department shall negotiate with the residential care center for children and youth, group home, or child welfare agency to determine an agreed to rate. If after negotiations a rate is not agreed to, the department and residential care center for children and youth, group home, or child welfare agency shall engage in mediation under the rate resolution procedure promulgated by rule under sub. (4) to arrive at an agreed to rate. If after mediation a rate is not agreed to, the residential care center for children and youth, group home, or child welfare agency may not provide the service for which the rate was proposed.

Section 1285. 49.343 (3) of the statutes is amended to read:

49.343 (3) AUDIT. The department may require an audit of any residential care center for children and youth or, group home, as described in sub. (1) or (1m), or child welfare agency for the purpose of collecting federal funds.

Section 1286. 49.343 (4) of the statutes is created to read:

- 49.343 (4) RULES. The department shall promulgate rules to implement this section. Those rules shall include rules providing for all of the following:
- (a) Standards for determining whether a proposed rate is appropriate to the level of services to be provided, the qualifications of a residential care center for children and youth, group home, or child welfare agency to provide those services, and the reasonable and necessary costs of providing those services.
 - (b) Factors for the department to consider in reviewing a proposed rate.
- (c) Procedures for reviewing proposed rates, including rate resolution procedures for mediating an agreed to rate when negotiations fail to produce an agreed to rate.

SECTION 1287. 49.345 (14) (a) of the statutes is amended to read:

49.345 (14) (a) Except as provided in pars. (b) and (c), liability of a person specified in sub. (2) or s. 49.32 (1) for care and maintenance of persons under 18 years of age in residential, nonmedical facilities such as group homes, foster homes, treatment foster homes, subsidized guardianship homes, and residential care centers for children and youth is determined in accordance with the cost-based fee established under s. 49.32 (1). The department shall bill the liable person up to any amount of liability not paid by an insurer under s. 632.89 (2) or (2m) or by other 3rd-party benefits, subject to rules that include formulas governing ability to pay established by the department under s. 49.32 (1). Any liability of the person not

payable by any other person terminates when the person reaches age 18, unless the liable person has prevented payment by any act or omission.

SECTION 1288. 49.345 (14) (b) of the statutes is amended to read:

49.345 (14) (b) Except as provided in par. (c), and subject to par. (cm), liability of a parent specified in sub. (2) or s. 49.32 (1) for the care and maintenance of the parent's minor child who has been placed by a court order under s. 48.355 or 48.357 in a residential, nonmedical facility such as a group home, foster home, treatment foster home, subsidized guardianship home, or residential care center for children and youth shall be determined by the court by using the percentage standard established by the department under s. 49.22 (9) and by applying the percentage standard in the manner established by the department under par. (g).

SECTION 1289. 49.45 (3) (e) 7. of the statutes is amended to read:

49.45 (3) (e) 7. The daily reimbursement or payment rate to a hospital for services provided to medical assistance recipients awaiting admission to a skilled nursing home, intermediate care facility, community-based residential facility, group home, foster home, treatment foster home or other custodial living arrangement may not exceed the maximum reimbursement or payment rate based on the average adjusted state skilled nursing facility rate, created under sub. (6m). This limited reimbursement or payment rate to a hospital commences on the date the department, through its own data or information provided by hospitals, determines that continued hospitalization is no longer medically necessary or appropriate during a period where when the recipient awaits placement in an alternate custodial living arrangement. The department may contract with a peer review organization, established under 42 USC 1320c to 1320c-10, to determine that continued hospitalization of a recipient is no longer necessary and that admission to an

alternate custodial living arrangement is more appropriate for the continued care of the recipient. In addition, the department may contract with a peer review organization to determine the medical necessity or appropriateness of physician services or other services provided during the period when a hospital patient awaits placement in an alternate custodial living arrangement.

Section 1289m. 49.45 (3) (e) 10r. of the statutes is created to read:

49.45 (3) (e) 10r. All facilities listed in a certificate of approval issued to a free-standing pediatric teaching hospital under s. 50.35 are a hospital for purposes of reimbursement under this section. Notwithstanding this subdivision, the department shall use physician clinic reimbursement rates to reimburse the facilities under this section for types of services for which, before July 1, 2009, the department reimbursed the facilities using physician clinic reimbursement rates, as determined by the department.

SECTION 1290. 49.45 (6b) of the statutes is amended to read:

49.45 (6b) Centers for the developmentally disabled. From the appropriation under s. 20.435 (2) (gk), the department may reimburse the cost of services provided by the centers for the developmentally disabled. Reimbursement to the centers for the developmentally disabled shall be reduced following each placement made under s. 46.275 that involves a relocation from a center for the developmentally disabled, by \$225 per day, beginning in fiscal year 2002–03, and by \$325 per day, beginning in fiscal year 2004 Beginning in fiscal year 2009–10, following each placement made under s. 46.275 that involves a relocation from a center for the developmentally disabled, the department shall reduce the reimbursement to the center by an amount, as determined by the department for

each placement, that is equal to the nonfederal share of the costs for the placement under s. 46.275.

SECTION 1291. 49.45 (6m) (br) 1. of the statutes is amended to read:

49.45 **(6m)** (br) 1. Notwithstanding s. 20.410 (3) (cd), 20.435 (4) (bt) or (7) (b) or 20.437 (2) (dz), the department shall reduce allocations of funds to counties in the amount of the disallowance from the appropriation account under s. 20.435 (4) (bt) or (7) (b), or the department shall direct the department of children and families to reduce allocations of funds to counties or Wisconsin Works agencies in the amount of the disallowance from the appropriation account under s. 20.437 (2) (dz) or direct the department of corrections to reduce allocations of funds to counties in the amount of the disallowance from the appropriation account under s. 20.410 (3) (cd), in accordance with s. 16.544 to the extent applicable.

SECTION 1292. 49.45 (6m) (e) of the statutes is repealed.

SECTION 1292n. 49.45 (6u) (am) (intro.) of the statutes is amended to read:

49.45 (**6u**) (am) (intro.) Notwithstanding sub. (6m), from the appropriations under s. 20.435 (4) (o), and (w), for reduction of operating deficits, as defined under the methodology used by the department in December 2000, incurred by a facility that is established under s. 49.70 (1) or that is owned and operated by a city, village, or town, and as payment to care management organizations, the department may not shall distribute to these facilities and to care management organizations more than \$37,100,000 a total of \$39,100,000 in each fiscal year, as determined by the department. The total amount that a county certifies under this subsection may not exceed 100% of otherwise-unreimbursed care. In distributing funds under this subsection, the department shall perform all of the following:

SECTION 1293. 49.45 (6u) (b) of the statutes is amended to read:

49.45 (6u) (b) Notwithstanding the limitation on the amount of disbursements
under par. (am) (intro.), from the appropriation under s. 20.435 (4) (wm), the
department shall, using the criteria specified in par. (am) 1. to 7., disburse any
federal medical assistance funds that are received by the state as matching funds to
federal financial participation for operating deficits incurred by a facility that is
operated by a county, city, village, or town and that are in excess of the amount of
match federal financial participation anticipated and budgeted as revenue in the
biennial budget act for the fiscal year in which the funds are received.

SECTION 1294d. 49.45 (6y) (am) of the statutes, as affected by 2009 Wisconsin Act 2, is repealed.

SECTION 1294m. 49.45 (6y) (b) of the statutes is amended to read:

49.45 (6y) (b) The department need not promulgate as rules under ch. 227 the procedures, methods of distribution, and criteria required for distribution under pars. (a) and (am) par. (a).

SECTION 1296. 49.45 (8r) of the statutes is amended to read:

49.45 (8r) Payment for Certain Obstetric and Gynecological care provided in primary care shortage areas, as defined in s. 560.183 36.60 (1) (cm), or provided to recipients of medical assistance who reside in primary care shortage areas, that is equal to 125% of the rates paid under this section to primary care physicians in primary care shortage areas, shall be paid to all certified primary care providers who provide obstetric or gynecological care to those recipients.

SECTION 1297. 49.45 (18) (am) of the statutes is renumbered 49.45 (18) (am) 1. and amended to read:

1	49.45 (18) (am) 1. No Except as provided in subd. 2., no person is liable under
2	this subsection for services provided through prepayment contracts. This paragraph
3	does not apply to a person who is eligible for the benefits under s. 49.46 (2) (a) and
4	(b) under s. 49.471.
5	SECTION 1298. 49.45 (18) (am) 2. of the statutes is created to read:
6	49.45 (18) (am) 2. A person who is eligible for the benefits under s. 49.46 (2) (a)
7	and (b) under s. 49.471 is liable under this subsection for services provided through
8	a prepayment contract in the amounts and according to the procedures specified by
9	the department.
10	SECTION 1299. 49.45 (18) (b) 2. of the statutes is amended to read:
11	49.45 (18) (b) 2. Any service provided to a person who is less than 18 years old.
12	This subdivision does not apply if the person's family income exceeds 100 percent of
13	the poverty line and he or she is eligible for the benefits under s. 49.46 (2) (a) and (b)
14	<u>under s. 49.471.</u>
15	SECTION 1301. 49.45 (23) (b) of the statutes is amended to read:
16	49.45 (23) (b) If the waiver is granted and in effect, the department may
17	promulgate rules defining the health care benefit plan, including more specific

49.45 (23) (b) If the waiver is granted and in effect, the department may promulgate rules defining the health care benefit plan, including more specific eligibility requirements and cost-sharing requirements. Cost sharing may include an annual enrollment fee, which may not exceed \$75 per year. Notwithstanding s. 227.24 (3), the plan details under this subsection may be promulgated as an emergency rule under s. 227.24 without a finding of emergency. If the waiver is granted and in effect, the demonstration project under this subsection shall begin on January 1, 2009, or on the effective date of the waiver, whichever is later.

SECTION 1301c. 49.45 (24d) of the statutes is created to read:

1	49.45 (24d) Primary care provider; managed care organizations. (a) In this
2	subsection, "managed care organization" includes a health maintenance
3	organization, a limited service health organization, and a preferred provider plan.
4	(b) In a contract with a managed care organization to provide medical
5	assistance, the department shall require the managed care organization to assign to
6	each enrollee who receives medical assistance a primary care provider.
7	(c) The managed care organization under contract under par. (b) shall pay to
8	the primary care provider a monthly fee per each patient who is a recipient of medical
9	assistance for care coordination.
10	SECTION 1301e. 49.45 (24g) of the statutes is created to read:
11	49.45 (24g) Physician practice payment pilot. (a) The department shall
12	develop a proposal to increase medical assistance reimbursement to providers to
13	which at least one of the following applies:
14	1. The provider is recognized by the National Committee on Quality Assurance
15	as a Patient-Centered Medical Home.
16	2. The secretary determines that the provider performs well with respect to all
17	of the following aspects of care:
18	a. Adoption of written standards for patient access and patient communication.
19	b. Use of data to show that standards for patient access and patient
20	communication are satisfied.
21	c. Use of paper or electronic charting tools to organize clinical information.
22	d. Use of data to identify diagnoses and conditions among the provider's
23	patients that have a lasting detrimental effect on health.
24	e. Adoption and implementation of guidelines that are based on evidence for
25	treatment and management of at least 3 chronic conditions.

- f. Active support of patient self-management.
 - g. Systematic tracking of patient test results and systematic identification of abnormal patient test results.
 - h. Systematic tracking of referrals using a paper or electronic system.
 - i. Measuring the quality of the performance of the physician practice and of individual physicians within the practice, including with respect to provision of clinical services, patient outcomes, and patient safety.
 - j. Reporting to members of the physician practice and to other persons on the quality of the performance of the physician practice and of individual physicians.
 - (c) The department's proposal under par. (a) shall specify increases in reimbursement rates for providers that satisfy the conditions under par. (a) 1. or 2., and shall provide for payment of a monthly per-patient care coordination fee to those providers. The department shall set the increases in reimbursement rates and the monthly per-patient care coordination fee so that together they provide sufficient incentive for providers to satisfy a condition under par. (a) 1. or 2. The proposal shall specify effective dates for the increases in reimbursement rates and the monthly per-patient care coordination fee that are no sooner than July 1, 2011.
 - (d) By the date that is 60 days after the effective date of this paragraph [LRB inserts date], the department shall submit the proposal under par. (a) to the joint committee on finance. If the cochairpersons of the committee do not notify the department within 14 working days after the date of the department's submittal that the committee has scheduled a meeting for the purpose of reviewing the proposal, the department shall, subject to approval by the U.S. department of health and human services of any required waiver of federal law relating to medical assistance and any required amendment to the state plan for medical assistance under 42 USC 1396a,

implement the proposal beginning January 1, 2010. If, within 14 working days after the date of the department's submittal, the cochairpersons of the committee notify the department that the committee has scheduled a meeting for the purpose of reviewing the proposal, the department may implement the proposal only upon approval of the committee. If the committee reviews the proposal and approves it, the department shall, subject to approval by the U.S. department of health and human services of any required waiver of federal law relating to medical assistance and any required amendment to the state plan for medical assistance under 42 USC 1396a, implement the proposal beginning January 1, 2010.

(e) By the first day of the 39th month beginning after the effective date of this paragraph [LRB inserts date], the department shall, if it was required under par. (d) to increase reimbursement to providers that satisfy a condition under par. (a) 1. or 2., submit a report to the joint committee on finance on whether the increased reimbursement results in net cost reductions for the Medical Assistance program under this subchapter and a recommendation as to whether to continue the increased reimbursement. If the cochairpersons of the committee do not notify the department within 14 working days after the date of the department's submittal that the committee has scheduled a meeting for the purpose of reviewing the report and recommendation, the department may implement its recommendation. If, within 14 working days after the date of the department's submittal, the cochairpersons of the committee notify the department that the committee has scheduled a meeting for the purpose of reviewing the report and recommendation, the department may discontinue the increased reimbursement only upon the approval of the committee.

SECTION 1302. 49.45 (24r) of the statutes is renumbered 49.45 (24r) (a) and amended to read:

49.45 (24r) (a) The department shall request a implement any waiver from granted by the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide family planning, as defined in s. 253.07 (1) (a), under medical assistance to any woman between the ages of 15 and 44 whose family income does not exceed 200% of the poverty line for a family the size of the woman's family. The department shall implement any waiver granted.

SECTION 1303. 49.45 (24r) (b) of the statutes is created to read:

49.45 (24r) (b) The department may request an amended waiver from the secretary to permit the department to conduct a demonstration project to provide family planning to any man between the ages of 15 and 44 whose family income does not exceed 200 percent of the poverty line for a family the size of the man's family. If the amended waiver is granted, the department may implement the waiver.

SECTION 1304. 49.45 (25) (be) of the statutes is amended to read:

49.45 (25) (be) A private nonprofit agency that is a certified case management provider may elect to provide case management services to medical assistance beneficiaries who have HIV infection, as defined in s. 252.01 (2). The amount of the allowable charges for those services under the medical assistance program that is not provided by the federal government shall be paid from the appropriation account under s. 20.435 (5) (1) (am).

SECTION 1305. 49.45 (25) (bg) of the statutes is amended to read:

49.45 (25) (bg) An independent living center, as defined in s. 46.96 (1) (ah), that is a certified case management provider and satisfies the criteria in s. 46.96 (3m) (a) 1. to 3. and (am) may elect to provide case management services to one or more of the categories of medical assistance beneficiaries specified under par. (am). The amount

of allowable charges for the services under the medical assistance program that is not provided by the federal government shall be paid from nonfederal, public funds received by the independent living center from a county, city, village or town or from funds distributed as a grant under s. 46.96.

SECTION 1305r. 49.45 (30f) of the statutes is created to read:

49.45 (30f) Psychotherapy and alcohol and other drug abuse services. The department shall include licensed mental health professionals, as defined in s. 632.89 (1) (dm), and licensed psychologists, as defined in s. 455.01 (4), as providers of psychotherapy and of alcohol and other drug abuse services. Except for services provided under sub. (30e), the department may not require that licensed mental health professionals or licensed psychologists be supervised; may not require that clinical psychotherapy or alcohol and other drug abuse services be provided under a certified program; and, notwithstanding subs. (9) and (9m), may not require that a physician or other health care provider first prescribe psychotherapy or alcohol and other drug abuse services to be provided by a licensed mental health professional or licensed psychologist before the professional or psychologist may provide the services to the recipient. This subsection does not affect the department's powers under ch. 50 or 51 to establish requirements for facilities that are licensed, certified, or operated by the department.

Section 1306. 49.45 (30g) of the statutes is created to read:

49.45 (30g) COMMUNITY RECOVERY SERVICES. (a) When services are reimbursable. Community recovery services under s. 49.46 (2) (b) 6. Lo. provided to an individual are reimbursable under the Medical Assistance program only if all of the following conditions are met:

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1	1. An approved amendment to the state medical assistance plan submitted
2	under 42 USC 1396n (i) permits reimbursement for the services under s. 49.46 (2)
3	(b) 6. Lo. in the manner provided under this subsection.
4	2. The county in which the individual resides elects to provide the community
5	recovery services under s. 49.46 (2) (b) 6. Lo. through the Medical Assistance
6	program.
7	3. The individual, the community recovery services, and the community
8	recovery services provider meet any condition set forth in the approved amendment
9	to the medical assistance plan submitted under 42 USC 1396n (i) .
10	(b) $\it Limit\ on\ the\ amount\ of\ reimbursement.$ If community recovery services are
11	reimbursable under par. (a), the department shall reimburse each participating
12	county for the portion of the federal share of allowable charges for the community
13	recovery services provided by the county that exceeds that county's proportionate
14	share of $\$600,\!000$ in fiscal year 2010–2011 and for 95 percent of the federal share of
15	allowable charges for the community recovery services provided by the county in
16	each fiscal year thereafter. The portion of the federal share of allowable charges not
17	reimbursed to counties shall be transferred to the appropriation account under s.
18	20.435 (5) (kx).
19	Section 1307. $49.45(30\text{m})(\text{am})\text{of the statutes is renumbered }49.45(30\text{m})(\text{am})$
20	1.
21	SECTION 1308. 49.45 (30m) (am) 2. of the statutes is created to read:
22	49.45 (30m) (am) 2. For individuals receiving the family care benefit under s.
23	46.286, the care management organization that manages the family care benefit for

the recipient shall pay the portion of the payment that is not covered by the federal

government for services that are described under par. (a) 1. and are covered services

1	under the family care benefit; the department shall pay the remainder of the portion
2	of the payment that is not covered by the federal government.
3	SECTION 1309. 49.45 (30r) of the statutes is created to read:
4	49.45 (30r) Services in a mental health institute. A county shall provide the
5	portion of payment that is not provided by the federal government for services under
6	s. 49.46 (2) (b) 6. e. in a mental health institute under s. 51.05.
7	SECTION 1310. 49.45 (41) (b) of the statutes is amended to read:
8	49.45 (41) (b) If a county elects to become certified as a provider of mental
9	health crisis intervention services, the county may provide mental health crisis
10	intervention services under this subsection in the county to medical assistance
11	recipients through the medical assistance program. A county that elects to provide
12	the services shall pay the amount of the allowable charges for the services under the
13	medical assistance program that is not provided by the federal government. The
14	From the appropriation account under s. 20.435 (5) (bL), the department shall
15	reimburse the county under this subsection only for the amount of the allowable
16	charges for those services under the medical assistance program that is provided by
17	the federal government.
18	SECTION 1311. 49.45 (42) of the statutes is renumbered 49.45 (42) (d).
19	SECTION 1312. 49.45 (42) (c) of the statutes is created to read:
20	49.45 (42) (c) The department may charge a fee to certify a provider of personal
21	care services described under par. (d) 3. e. Fees collected under this paragraph shall
22	be credited to the appropriation account under s. $20.435~(6)~(jm)$.
23	Section 1313. 49.45 (42) (d) 3. of the statutes is created to read:
24	49.45 (42) (d) 3. The provider of the personal care services is one of the
25	following:

25

1	a. An independent living center meeting the criteria to receive a grant under
2	s. 46.96.
3	b. A county department under s. 46.215, 46.22, 46.23, 51.42, or 51.437.
4	c. A federally recognized American Indian tribe or band certified to provide
5	services to medical assistance beneficiaries.
6	d. A home health agency licensed under s. 50.49.
7	e. Any other entity certified under sub. (2) (a) 11. to provide personal care
8	services under s. 49.46 (2) (b) 6. j.
9	SECTION 1313h. 49.45 (43m) of the statutes is created to read:
10	49.45 (43m) Case management for children with medically complex
11	CONDITIONS. The department shall provide case management services to an
12	individual who is under 19 years of age and who is a recipient of medical assistance
13	and who has a medically complex condition.
L 4	SECTION 1313k. 49.45 (44) of the statutes is amended to read:
15	49.45 (44) Prenatal, postpartum and young child care coordination.
L 6	Providers in Milwaukee County that are certified to provide care coordination
L 7	services under s. 49.46 (2) (b) 12. may be certified to provide to medical assistance
18	recipients prenatal and postpartum care coordination services and care coordination
19	services for children who have not attained the age of 7. Providers in the city of
20	Racine that are certified to provide care coordination services under s. 49.46 (2) (b)
21	12. and are participating in a program under s. 253.16 may be certified to provide to
22	medical assistance recipients prenatal and postpartum care coordination services
23	and care coordination services for children who have not attained the age of 2. A

provider of those care coordination services shall provide to a person receiving those

services the information relating to shaken baby syndrome and impacted babies

23

1	required under s. $253.15(6)$. The department shall provide reimbursement for those
2	care coordination services only if at least one of the following conditions is met:
3	(a) The recipient is a resident of Milwaukee County or the city of Racine and
4	has received services under s. 49.46 (2) (b) 12. and is pregnant or has given birth
5	within 8 weeks after the individual ceased to receive services under s. $49.46(2)(b)$
6	12.
7	(b) The recipient is a resident of Milwaukee County or the city of Racine, is
8	pregnant and has received a risk assessment approved by the department.
9	(c) The recipient is a resident of Milwaukee County or the city of Racine, has
10	given birth within the 8 weeks immediately preceding the request for services under
11	s. $49.46(2)(b)12$ m. and has received a risk assessment approved by the department.
12	SECTION 1313p. 49.45 (44g) of the statutes is created to read:
13	49.45 (44g) Prenatal care coordination; managed care organizations. (a) In
14	this subsection, "managed care organization" includes a health maintenance
15	organization, a limited service health organization, and a preferred provider plan.
16	(b) In a contract with a managed care organization to provide medical
17	assistance, the department shall require the managed care organization to provide
18	or contract with a prenatal care coordination program to serve recipients of medical
19	assistance.
20	(c) The managed care organization under contract under par. (b) shall ensure
21	that each enrollee who is pregnant and who is a recipient of medical assistance is
22	enrolled in the prenatal care coordination program under par. (b).

Section 1314. 49.45 (47) (c) of the statutes is amended to read:

1	49.45 (47) (c) The biennial fee for the certification required under par. (b) of ar
2	adult day care center is \$100 \$127. Fees collected under this paragraph shall be
3	credited to the appropriation account under s. 20.435 (6) (jm).
4	SECTION 1315. 49.45 (47) (e) of the statutes is created to read:
5	49.45 (47) (e) If the department takes enforcement action against an adult day
6	care center for violating a certification requirement established under s. $49.45(2)$ (a
7	11., and the department subsequently conducts an on-site inspection of the adult day
8	care center to review the adult day care center's action to correct the violation, the
9	department may impose a \$200 inspection fee on the adult day care center.
10	SECTION 1315n. 49.45 (50m) of the statutes is created to read:
l1	49.45 (50m) Chronic disease management; managed care organizations. (a
12	In this subsection, "managed care organization" includes a health maintenance
13	organization, a limited service health organization, and a preferred provider plan
L4	(b) In a contract with a managed care organization to provide medica
15	assistance, the department shall require the managed care organization to provide
16	a chronic disease management and case coordination program for every recipient of
L 7	medical assistance diagnosed with diabetes, asthma, congestive heart failure
18	coronary artery disease, or a primary or secondary behavioral health diagnosis
19	including substance abuse and depression.
20	SECTION 1316. 49.45 (52) of the statutes, as affected by 2009 Wisconsin Act 2
21	is amended to read:
22	49.45 (52) PAYMENT ADJUSTMENTS. Beginning on January 1, 2003, th
23	department may, from the appropriation account under s. 20.435 (7) (b), mak
24	Medical Assistance payment adjustments to county departments under s. 46.215
25	46 22 46 23 or 51 42 or 51 437 or to local health departments as defined in s 250 0

(4), as appropriate, for covered services under s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g., j., k., L., Lm., and m., 9., 12., 12m., 13., 15., and 16, except for services specified under s. 49.46 (2) (b) 6. b. and c. provided to children participating in the early intervention program under s. 51.44. Payment adjustments under this subsection shall include the state share of the payments. The total of any payment adjustments under this subsection and Medical Assistance payments made from appropriation accounts under s. 20.435 (4) (b), (o), and (w), may not exceed applicable limitations on payments under 42 USC 1396a (a) (30) (A).

SECTION 1317. 49.45 (54) of the statutes is created to read:

49.45 (54) Therapy for children participating in the Birth to 3 program. (a) Federal share for county expenditures. If a county certifies to the department that the amount the county expended to provide services specified under s. 49.46 (2) (b) 6. b. and c. to children participating in the early intervention program under s. 51.44 exceeds the amount the county received as reimbursement under this section, based on reimbursement rates established by the department for those services, and the federal government pays the state the federal share of Medical Assistance for the amount by which the county expenditures exceed the reimbursement, the department may disburse the federal share to the county. A county that receives moneys under this paragraph shall expend the moneys for early intervention services under s. 51.44 or for services under the disabled children's long-term support program, as defined in s. 46.011 (1g).

(b) Services provided by special educators. If a county provides services to assess and promote skill acquisition to children who are participating in the early intervention program under s. 51.44 and the services are provided by a special educator who is a certified provider of medical assistance, the department shall



reimburse the county the federal share of medical assistance for the county's allowable charges for providing the services. The county shall pay the the remaining expenses for the services. The department shall promulgate rules establishing certification requirements for special educators who provide service under this paragraph, and requirements for county reporting of expenditures for services under this paragraph. A county that receives moneys under this paragraph shall expend the moneys for early intervention services under s. 51.44 or for services under the disabled children's long-term support program, as defined in s. 46.011 (1g).

SECTION 1318. 49.46 (1) (a) 5. of the statutes is amended to read:

SECTION 1317n. 49.45 (60) of the statutes is created to read:

49.45 (60) Dental services in Southeastern Wisconsin. Beginning on January 1, 2010, the department shall provide dental benefits under this subchapter in Kenosha, Milwaukee, Racine, and Waukesha counties on a fee-for-service basis.

49.46 (1) (a) 5. Any child in an adoption assistance, foster care, treatment foster eare, or subsidized guardianship placement under ch. 48 or 938, as determined by the department.

SECTION 1320. 49.46 (1) (d) 1. of the statutes is amended to read:

49.46 (1) (d) 1. Children who are placed in licensed foster homes or licensed treatment foster homes by the department and who would be eligible for payment of aid to families with dependent children in foster homes or treatment foster homes except that their placement is not made by a county department under s. 46.215, 46.22, or 46.23 will be considered as recipients of aid to families with dependent children.

SECTION 1321. 49.46 (2) (b) 3. of the statutes is amended to read:

move

49.46 (2) (b) 3. Transportation by emergency medical vehicle to obtain
emergency medical care, transportation by specialized medical vehicle to obtain
medical care including the unloaded travel of the specialized medical vehicle
necessary to provide that transportation, or, if authorized in advance by the county
department under s. 46.215 or 46.22, transportation by common carrier or private
motor vehicle to obtain medical care.
SECTION 1321r. 49.46 (2) (b) 6. (intro.) of the statutes is amended to read:
49.46 (2) (b) 6. (intro.) The following services if that, other than under subd.
6. f., fm., k., and Lr., are prescribed by a physician:
SECTION 1322. 49.46 (2) (b) 6. e. of the statutes is amended to read:
49.46 (2) (b) 6. e. Inpatient Subject to the limitation under s. 49.45 (30r),
inpatient hospital, skilled nursing facility and intermediate care facility services for
patients of any institution for mental diseases who are under 21 years of age, are
under 22 years of age and who were receiving these services immediately prior to
reaching age 21, or are 65 years of age or older.
SECTION 1323. 49.46 (2) (b) 6. Lo. of the statutes is created to read:
49.46 (2) (b) 6. Lo. Subject to the limitations under s. 49.45 (30g), community
recovery services.
SECTION 1323c. 49.46 (2) (b) 6. Lr. of the statutes is created to read:
49.46 (2) (b) 6. Lr. Psychotherapy and alcohol and other drug abuse services,
as specified under s. 49.45 (30f).
SECTION 1324. 49.46 (2) (b) 8. of the statutes is amended to read:
49.46 (2) (b) 8. Home or community-based services, if provided under s. 46.27
(11) 46 275 46 277 46 278 or 46 2785 46 99 or under the family care benefit if a

waiver is in effect under s. 46.281 (1d), or under the disabled children's long-term support program, as defined in s. 46.011 (1g).

Section 1325. 49.46 (2) (b) 17. of the statutes is created to read:

49.46 (2) (b) 17. Services under s. 49.45 (54) (b) for children participating in the early intervention program under s. 51.44, that are provided by a special educator.

SECTION 1327. 49.47 (4) (b) (intro.) of the statutes is amended to read:

49.47 (4) (b) (intro.) Eligibility exists if the applicant's property, subject to the exclusion of any amounts under the Long-Term Care Partnership Program established under s. 49.45 (31), any amounts in an independence account, as defined in s. 49.472 (1) (c), or any retirement assets that accrued from employment while the applicant was eligible for the community options program under s. 46.27 (11), or any other Medical Assistance program, including deferred compensation or the value of retirement accounts in the Wisconsin Retirement System or under the federal Social Security Act, does not exceed the following:

SECTION 1328. 49.471 (2) of the statutes is amended to read:

49.471 (2) Waiver and state Plan amendments. The department shall request a waiver from, and submit amendments to the state Medical Assistance plan to, the secretary of the federal department of health and human services to implement BadgerCare Plus. If the state plan amendments are approved and a waiver that is substantially consistent with the provisions of this section, excluding sub. (2m), is granted and in effect, the department shall implement BadgerCare Plus beginning on January 1, 2008, the effective date of the state plan amendments, or the effective date of the waiver, whichever is latest. If the state plan amendments are approved but the terms of approval do not allow for federal funding of the cost of benefits for all or any part of one or more of the eligibility categories under sub. (4) (b), the

department may at its discretion pay for the cost of benefits for all or any part of any group for which federal funding was denied exclusively with moneys from the appropriation under s. 20.435 (4) (b). If the state plan amendments are not approved or if a waiver that is substantially consistent with the provisions of this section, excluding sub. (2m), is not granted, BadgerCare Plus may not be implemented. If the state plan amendments are approved but approval is not continued or if a waiver that is substantially consistent with the provisions of this section, excluding sub. (2m), is granted but not continued in effect, BadgerCare Plus shall be discontinued.

SECTION 1329. 49.471 (3) (a) 1. of the statutes is amended to read:

49.471 (3) (a) 1. Notwithstanding ss. 49.46 (1), 49.465, 49.47 (4), and 49.665 (4), if the amendments to the state plan under sub. (2) are approved and a waiver under sub. (2) that is <u>substantially</u> consistent with <u>all of</u> the provisions of this section, excluding sub. (2m), is granted and in effect, an individual described in sub. (4) (a) or (b) or (5) is not eligible under s. 49.46, 49.465, 49.47, or 49.665 for Medical Assistance or BadgerCare health program benefits. The eligibility of an individual described in sub. (4) (a) or (b) or (5) for Medical Assistance benefits shall be determined under this section.

Section 1330. 49.471 (3) (b) 1. (intro.) of the statutes is amended to read:

49.471 (3) (b) 1. (intro.) If an individual over 18 years of age who is eligible for and receiving Medical Assistance benefits under s. 49.46, 49.47, or 49.665 in the month before BadgerCare Plus is implemented loses that eligibility solely due to the implementation of BadgerCare Plus and, because of his or her income, is not eligible for BadgerCare Plus, the individual shall continue receiving for 18 12 consecutive months the medical assistance he or she was receiving before the implementation of BadgerCare Plus if all of the following are satisfied: