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1 **SECTION 1331.** 49.471 (3) (b) 1. c. of the statutes is amended to read:

2 49.471 (3) (b) 1. c. The individual ~~continues to meet~~ meets all nonfinancial
3 eligibility requirements ~~for the coverage that he or she had in the month before the~~
4 ~~implementation of BadgerCare Plus~~ under this section.

5 **SECTION 1332.** 49.471 (3) (b) 2. of the statutes is amended to read:

6 49.471 (3) (b) 2. Notwithstanding subd. 1., if at any time during an individual's
7 ~~18-month~~ 12-month eligibility extension under subd. 1. any criterion under subd.
8 1. a. to d. is not satisfied, the individual's eligibility for the extended coverage is
9 terminated and any time remaining in the eligibility period is lost.

10 **SECTION 1333.** 49.471 (4) (a) 4. a. of the statutes is amended to read:

11 49.471 (4) (a) 4. a. The individual is a parent or caretaker relative of a child who
12 is living in the home with the parent or caretaker relative or who is temporarily
13 absent from the home for not more than 6 months or, if the child has been removed
14 from the home for more than 6 months, the parent or caretaker relative is working
15 toward unifying the family by complying with a permanency plan under s. 48.38 or
16 938.38.

17 **SECTION 1334.** 49.471 (4) (a) 5. of the statutes is amended to read:

18 49.471 (4) (a) 5. An individual who, regardless of family income, was born on
19 or after January 1, 1990, and who, on his or her 18th birthday, was in a foster care
20 ~~or treatment foster care~~ placement under the responsibility of a state, as determined
21 by the department. The coverage for an individual under this subdivision ends on
22 the last day of the month in which the individual becomes 21 years of age, unless he
23 or she otherwise loses eligibility sooner.

24 **SECTION 1335.** 49.471 (4) (a) 7. of the statutes is created to read:

1 **SECTION 1338.** 49.471 (5) (b) 1. of the statutes is amended to read:

2 49.471 (5) (b) 1. Except as provided in sub. (6) (a) 1., a pregnant woman is
3 eligible for the benefits specified in par. (c) during the period beginning on the day
4 on which a qualified provider determines, on the basis of preliminary information,
5 that the woman's family income does not exceed 300 percent of the poverty line and
6 ending on the applicable day specified in subd. 3.

7 **SECTION 1339.** 49.471 (5) (b) 2. of the statutes is amended to read:

8 49.471 (5) (b) 2. Except as provided in sub. (6) (a) 2., a child who is not an unborn
9 child is eligible for the benefits described in s. 49.46 (2) (a) and (b) during the period
10 beginning on the day on which a qualified entity determines, on the basis of
11 preliminary information, that the child's family income does not exceed 150 percent
12 of the poverty line and ending on the applicable day specified in subd. 3.

13 **SECTION 1340.** 49.471 (5) (c) of the statutes is renumbered 49.471 (5) (c) 2. and
14 amended to read:

15 49.471 (5) (c) 2. On behalf of a woman under par. (b) 1. whose family income
16 exceeds 200 percent of the poverty line, the department shall audit and pay allowable
17 charges to a provider certified under s. 49.45 (2) (a) 11. only for ambulatory prenatal
18 care services under the benefits under sub. (11).

19 **SECTION 1341.** 49.471 (5) (c) 1. of the statutes is created to read:

20 49.471 (5) (c) 1. On behalf of a woman under par. (b) 1. whose family income
21 does not exceed 200 percent of the poverty line, the department shall audit and pay
22 allowable charges to a provider certified under s. 49.45 (2) (a) 11. only for ambulatory
23 prenatal care services under the benefits described in s. 49.46 (2) (a) and (b).

24 **SECTION 1342.** 49.471 (6) (a) of the statutes is renumbered 49.471 (6) (a) 2. and
25 amended to read:

1 49.471 (6) (a) 2. Any ~~pregnant woman, including a pregnant woman under sub~~
2 ~~(5) (b) 1.~~, child who is not an unborn child, including a child under sub. (5) (b) 2.,
3 parent, or caretaker relative whose family income is less than 150 percent of the
4 poverty line is eligible for medical assistance under this section for any of the 3
5 months prior to the month of application if the individual met the eligibility criteria
6 under this section and had a family income of less than 150 percent of the poverty
7 line in that month.

8 **SECTION 1343.** 49.471 (6) (a) 1. of the statutes is created to read:

9 49.471 (6) (a) 1. Any pregnant woman, including a pregnant woman under sub.
10 (5) (b) 1., is eligible for medical assistance under this section for any of the 3 months
11 prior to the month of application if she met the eligibility criteria under this section
12 in that month.

13 **SECTION 1344.** 49.471 (6) (e) of the statutes is repealed.

14 **SECTION 1345.** 49.471 (7) (b) 1. of the statutes is amended to read:

15 49.471 (7) (b) 1. A pregnant woman, ~~or an unborn child,~~ whose family income
16 exceeds 300 percent of the poverty line may become eligible for coverage under this
17 section if the difference between the pregnant woman's ~~or unborn child's~~ family
18 income and the applicable income limit under sub. (4) (b) is obligated or expended
19 for any member of the pregnant woman's ~~or unborn child's~~ family for medical care
20 or any other type of remedial care recognized under state law or for personal health
21 insurance premiums or for both. Eligibility obtained under this subdivision
22 continues without regard to any change in family income for the balance of the
23 pregnancy and, ~~for a pregnant woman but not for an unborn child,~~ to the last day of
24 the month in which the 60th day after the last day of the woman's pregnancy falls.

1 Eligibility obtained by a pregnant woman under this subdivision extends to all
2 pregnant women in the pregnant woman's family.

3 **SECTION 1346.** 49.471 (7) (b) 2. of the statutes is amended to read:

4 49.471 (7) (b) 2. A child who is not an unborn child ~~and~~, whose family income
5 exceeds 150 percent of the poverty line, and who is ineligible under this section solely
6 because of sub. (8) (b) may obtain eligibility under this section if the difference
7 between the child's family income and 150 percent of the poverty line is obligated or
8 expended on behalf of the child or any member of the child's family for medical care
9 or any other type of remedial care recognized under state law or for personal health
10 insurance premiums or for both. Eligibility obtained under this subdivision during
11 any 6-month period, as determined by the department, continues for the remainder
12 of the 6-month period and extends to all children in the family.

13 **SECTION 1347.** 49.471 (7) (b) 3. of the statutes is amended to read:

14 49.471 (7) (b) 3. For a pregnant woman ~~or an unborn child~~ to obtain eligibility
15 under subd. 1., the amount that must be obligated or expended in any 6-month
16 period is equal to the sum of the differences in each of those 6 months between the
17 pregnant woman's ~~or unborn child's~~ monthly family income and the monthly family
18 income that is 300 percent of the poverty line. For a child to obtain eligibility under
19 subd. 2., the amount that must be obligated or expended in any 6-month period is
20 equal to the sum of the differences in each of those 6 months between the child's
21 monthly family income and the monthly family income that is 150 percent of the
22 poverty line.

23 **SECTION 1348.** 49.471 (7) (c) 1. of the statutes is amended to read:

1 49.471 (7) (c) 1. Deduct from ~~family~~ the individual's income, up to the amount
2 of the individual's income, any payments made by ~~amount~~ the individual is obligated
3 to pay for court-ordered child or family support or maintenance.

4 **SECTION 1349.** 49.471 (8) (d) 1. f. of the statutes is created to read:

5 49.471 (8) (d) 1. f. An individual described in sub. (4) (a) 7.

6 **SECTION 1350.** 49.471 (8) (d) 2. c. of the statutes is amended to read:

7 49.471 (8) (d) 2. c. One or more members of the individual's family were eligible
8 for other health insurance coverage or Medical Assistance under s. 49.46 or 49.47 at
9 the time the employee failed to enroll in the health insurance coverage under par. (b)
10 1. and no member of the family was eligible for coverage under this section at that
11 time or, if one or more members of the individual's family were eligible for coverage
12 under this section at that time, family income did not exceed 150 percent of the
13 poverty line or the individual qualified for a medical assistance eligibility extension
14 as provided in sub. (4) (a) 7.

15 **SECTION 1351.** 49.471 (10) (a) of the statutes is amended to read:

16 49.471 (10) (a) *Copayments.* Except as provided in s. 49.45 (18) (am) 2. and (b)
17 2., all cost-sharing provisions under s. 49.45 (18) apply to a recipient with coverage
18 of the benefits described in s. 49.46 (2) (a) and (b) to the same extent as they apply
19 to a person eligible for medical assistance under s. 49.46, 49.468, or 49.47.

20 **SECTION 1352.** 49.471 (10) (b) 4. g. of the statutes is created to read:

21 49.471 (10) (b) 4. g. An individual described in sub. (4) (a) 7.

22 **SECTION 1353.** 49.471 (10) (b) 5. of the statutes is amended to read:

23 49.471 (10) (b) 5. If a recipient who is required to pay a premium under this
24 paragraph or under sub. (2m) or (4) (c) either does not pay a premium when due or
25 requests that his or her coverage under this section be terminated, the recipient's

1 coverage terminates and the recipient is not eligible for BadgerCare Plus for 6
2 consecutive calendar months following the date on which the recipient's coverage
3 terminated, except for any month during that 6-month period when the recipient's
4 family income does not exceed 150 percent of the poverty line.

5 **SECTION 1353n.** 49.471 (11c) of the statutes is created to read:

6 49.471 (11c) PODIATRISTS' SERVICES FOR CHILDLESS ADULTS. The department shall
7 cover services under this section that are provided by podiatrists, as defined in s.
8 448.60 (3), within the scope of a podiatrist's professional license, to individuals who
9 are eligible for the childless adults demonstration project under s. 49.45 (23) if the
10 services are covered when provided by a physician to those individuals.

11 **SECTION 1354.** 49.471 (12) (b) of the statutes is amended to read:

12 49.471 (12) (b) If the amendments to the state plan submitted under sub. (2)
13 are approved and a waiver that is substantially consistent with ~~all of~~ the provisions
14 of this section is granted and in effect, the department shall publish a notice in the
15 Wisconsin Administrative Register that states the date on which BadgerCare Plus
16 is implemented.

17 **SECTION 1356.** 49.665 (6) of the statutes is repealed.

18 **SECTION 1357.** 49.686 (2) of the statutes is amended to read:

19 49.686 (2) REIMBURSEMENT. From the ~~appropriations~~ appropriation accounts
20 under s. 20.435 ~~(5)~~ (1) (am), (i), and (ma), the department may reimburse or
21 supplement the reimbursement of the cost of AZT, the drug pentamidine, and any
22 drug approved for reimbursement under sub. (4) (c) for an individual who is eligible
23 under sub. (3).

24 **SECTION 1358.** 49.686 (3) (d) of the statutes is amended to read:

1 49.686 (3) (d) Has applied for coverage under and has been denied eligibility
2 for medical assistance within 12 months prior to application for reimbursement
3 under sub. (2). This paragraph does not apply to an individual who is eligible for
4 benefits under the demonstration project for childless adults under s. 49.45 (23) or
5 to an individual who is eligible for benefits under BadgerCare Plus under s. 49.471
6 (11).

7 **SECTION 1359.** 49.686 (3) (f) of the statutes is amended to read:

8 49.686 (3) (f) Is an individual whose annual gross household income is at or
9 below 200% of the poverty line and, if funding is available under s. 20.435 (1) (i) or
10 (m) ~~or (5) (i)~~, is an individual whose annual gross household income is above 200%
11 and at or below 300% of the poverty line.

12 **SECTION 1360.** 49.686 (6) (title) of the statutes is amended to read:

13 49.686 (6) (title) HEALTH INSURANCE RISK-SHARING PLAN PILOT PROGRAM
14 COVERAGE.

15 **SECTION 1361.** 49.686 (6) (a) (intro.) of the statutes is amended to read:

16 49.686 (6) (a) (intro.) Subject to par. (b), the department shall conduct a 3-year
17 ~~pilot program, to begin on January 1, 2008,~~ under which the department may pay
18 premiums for coverage under the Health Insurance Risk-Sharing Plan under subch.
19 II of ch. 149, and pay copayments under that plan for prescription drugs for which
20 reimbursement may be provided under sub. (2), for individuals who satisfy all of the
21 following:

22 **SECTION 1362.** 49.686 (6) (b) of the statutes is amended to read:

23 49.686 (6) (b) The ~~pilot~~ program shall be open to a minimum of 100 participants
24 at any given time, with more participants if the department determines that it is
25 cost-effective.

1 **SECTION 1363.** 49.686 (6) (c) of the statutes is amended to read:

2 49.686 (6) (c) The department may promulgate rules for the administration of
3 the ~~pilot~~ program. Notwithstanding s. 227.24 (3), rules under this paragraph may
4 be promulgated as emergency rules under s. 227.24 without a finding of emergency.

5 **SECTION 1364.** 49.688 (1) (e) of the statutes is amended to read:

6 49.688 (1) (e) "Program payment rate" means the rate of payment made for the
7 identical drug specified under s. 49.46 (2) (b) 6. h., ~~plus 5%~~, plus a dispensing fee that
8 is equal to the dispensing fee permitted to be charged for prescription drugs for which
9 coverage is provided under s. 49.46 (2) (b) 6. h.

10 **SECTION 1365.** 49.688 (3) (d) of the statutes is amended to read:

11 49.688 (3) (d) ~~Notwithstanding s. 49.002, if~~ If a person who is eligible under this
12 section has other available coverage for payment of a prescription drug, this section
13 applies only to costs for prescription drugs for the person that are not covered under
14 the person's other available coverage.

15 **SECTION 1366.** 49.688 (8) of the statutes is repealed.

16 **SECTION 1367.** 49.688 (12) of the statutes is amended to read:

17 49.688 (12) Except as provided in subs. ~~(8)~~ (8m) to (11) and except for the
18 department's rule-making requirements and authority, the department may enter
19 into a contract with an entity to perform the duties and exercise the powers of the
20 department under this section.

21 **SECTION 1369.** 49.775 (2) (bm) of the statutes is amended to read:

22 49.775 (2) (bm) The custodial parent assigns to the state any right of the
23 custodial parent or of the dependent child to support from any other person accruing
24 during the time that any payment under this subsection is made to the custodial
25 parent. No amount of support that begins to accrue after the individual ceases to

1 receive payments under this section may be considered assigned to the state. Any
2 money that is received by the department of children and families under an
3 assignment to the state under this paragraph and that is not the federal share of
4 support shall be paid to the custodial parent. The department of children and
5 families shall pay the federal share of support assigned under this paragraph as
6 required under federal law or waiver.

7 **SECTION 1369c.** 49.775 (2) (bm) of the statutes, as affected by 2009 Wisconsin
8 Act (this act), is amended to read:

9 49.775 (2) (bm) The custodial parent assigns to the state any right of the
10 custodial parent or of the dependent child to support from any other person accruing
11 during the time that any payment under this subsection is made to the custodial
12 parent. No amount of support that begins to accrue after the individual ceases to
13 receive payments under this section may be considered assigned to the state. ~~Any~~
14 Seventy-five percent of all money that is received by the department of children and
15 families under an assignment to the state under this paragraph ~~and that is not the~~
16 ~~federal share of support~~ shall be paid to the custodial parent. The department of
17 children and families shall pay the federal share of support assigned under this
18 paragraph as required under federal law or waiver.

19 **SECTION 1370.** 49.775 (2m) of the statutes is created to read:

20 49.775 (2m) DISREGARD OF SUPPORT. In determining a custodial parent's
21 eligibility under this section, the department shall, for purposes of determining the
22 custodial parent's income, disregard any court-ordered support that is received by
23 or owed to the custodial parent.

24 **SECTION 1371.** 49.776 of the statutes is created to read:

1 **49.776 Payment of support arrears.** If a custodial parent who formerly
2 received payments under s. 49.775 but who is no longer receiving payments under
3 s. 49.775 assigned to the state under s. 49.775 (2) (bm) his or her right or the right
4 of the dependent child to support from any other person, the department shall pay
5 to the custodial parent all money in support arrears that is collected by the
6 department after the custodial parent's receipt of payments under s. 49.775 ceased
7 and that accrued while the custodial parent was receiving those payments.

8 **SECTION 1371p.** 49.78 (8) (a) of the statutes is amended to read:

9 **49.78 (8) (a)** From the appropriation accounts under s. 20.435 (4) (bn) and (nn)
10 and subject to par. (b), the department shall reimburse each county and tribal
11 governing body that contracts with the department under sub. (2) for reasonable
12 costs of administering the income maintenance programs, including conducting
13 fraud prevention activities. The amount of each reimbursement paid under this
14 paragraph shall be calculated using a formula based on workload within the limits
15 of available state and federal funds under s. 20.435 (4) (bn) and (nn) by contract
16 under sub. (2). The amount of reimbursement calculated under this paragraph and
17 par. (b) is in addition to any reimbursement provided to a county or tribal governing
18 body for fraud and error reduction under s. 49.197 or 49.845.

19 **SECTION 1371r.** 49.78 (8) (c) of the statutes is created to read:

20 **49.78 (8) (c)** From the appropriation under s. 20.435 (4) (np), the department
21 shall provide supplemental funding to tribal governing bodies and counties for
22 administration of the food stamp program. During the 2009-11 fiscal biennium, the
23 department shall allocate \$4,550,000 of the total funding under this paragraph
24 among tribal governing bodies and counties other than counties having populations
25 of 500,000 or more for food stamp program administration and shall allocate the

1 remainder of the federal funding for the department's administration of the food
2 stamp program in Milwaukee County.

3 **SECTION 1371s.** 49.78 (8) (c) of the statutes, as created by 2009 Wisconsin Act
4 (this act), is repealed.

5 **SECTION 1376.** 49.797 (2) (a) of the statutes is amended to read:

6 49.797 (2) (a) ~~Except Notwithstanding s. 46.028 and except~~ as provided in par.
7 (b) and sub. (8), the department shall administer a statewide program to deliver food
8 stamp benefits to recipients of food stamp benefits by an electronic benefit transfer
9 system. All suppliers, as defined in s. 49.795 (1) (d), may participate in the delivery
10 of food stamp benefits under the electronic benefit transfer system. The department
11 shall explore methods by which nontraditional retailers, such as farmers' markets,
12 may participate in the delivery of food stamp benefits under the electronic benefit
13 transfer system.

14 **SECTION 1376g.** 49.826 of the statutes is created to read:

15 **49.826 Administration of child care provider services in certain**
16 **counties. (1) DEFINITIONS.** In this section:

17 (a) "County" means a county having a population of 500,000 or more.

18 (b) "Department" means the department of children and families.

19 (c) "Secretary" means the secretary of children and families.

20 (d) "Unit" means the child care provider services unit.

21 **(2) ESTABLISHMENT OF UNIT.** (a) The department may establish a child care
22 provider services unit under s. 15.02 (3) (c) 3. to perform any of the following
23 administrative functions under the program under s. 49.155 in a county:

24 1. Certify day care providers under s. 48.651.

25 2. Provide child care program integrity services under s. 49.197 (2).

1 3. Annually perform a survey of market child care rates, as directed by the
2 department, and determine maximum reimbursement rates, if the department so
3 directs.

4 4. Assist individuals who are eligible for child care subsidies under s. 49.155
5 to identify available child care providers and select appropriate child care
6 arrangements.

7 (b) The department may enter into a contract with a county that provides for
8 the performance by the county of any of the administrative functions under this
9 subsection in the county.

10 (c) The department shall reimburse a county for all approved, allowable costs
11 that are incurred by the county under a contract with the department under par. (b).

12 **(3) DIVISION OF EMPLOYMENT-RELATED FUNCTIONS.** (a) Supervisory personnel in
13 the unit shall be state employees. Nonsupervisory staff performing services under
14 this section for the unit in a county may be a combination of state employees and
15 employees of the county. For the performance of services under this section for the
16 unit, a county shall maintain no fewer represented authorized full-time employee
17 positions than the number of represented full-time employee positions that were
18 authorized on February 1, 2009, for performance of the same types of services.

19 (b) 1. The department shall have the authority to hire, transfer, suspend, lay
20 off, recall, promote, discharge, assign, reward, discipline, and adjust grievances with
21 respect to, and state supervisory employees may supervise, county employees
22 performing services under this section for the unit.

23 2. For the purposes under subd. 1., the department shall use the same process
24 and procedures under ch. 230 that are used for the classified service of the state civil
25 service system, including specifically the use of probationary periods under s. 230.28.

1 3. County employees performing services under this section for the unit in a
2 county shall be subject to the residency requirements that apply to other county
3 employees under the county's civil service rules.

4 4. The department may enter into a memorandum of understanding, as
5 described under s. 111.70 (3p), with the certified representative of the county
6 employees performing services under this section in the county for the unit. If there
7 is a dispute as to hours or conditions of employment that remains between the
8 department and the certified representative after a good faith effort to resolve it, the
9 department may unilaterally resolve the dispute.

10 (c) A county shall perform all administrative tasks related to payroll and
11 benefits for the county employees performing services under this section in the
12 county for the unit.

13 **(4) TREATMENT OF FORMER COUNTY EMPLOYEES APPOINTED TO STATE EMPLOYEE**
14 **POSITIONS IN THE UNIT.** All of the following shall apply to an employee who is appointed
15 to a state employee position in the unit after the effective date of this subsection
16 [LRB inserts date], and who, immediately prior to his or her appointment, was a
17 county employee:

18 (a) The employee shall serve any applicable probationary period under s.
19 230.28, but shall have his or her seniority with the state computed by treating the
20 employee's total service with the county as state service.

21 (b) Annual leave for the employee shall accrue at the rate provided in s. 230.35
22 using the employee's state service computed under par. (a).

23 (c) 1. The employee may remain a participating employee in the retirement
24 system established under chapter 201, laws of 1937. To remain under the retirement
25 system established under chapter 201, laws of 1937, the employee must exercise this

1 option in writing, on a form provided by the department, at the time the employee
2 is appointed to a state employee position. The employee shall exercise this option,
3 in writing, no later than 10 days after the employee is appointed to a state employee
4 position. An employee's decision to remain a participating employee in the
5 retirement system established under chapter 201, laws of 1937, is irrevocable during
6 the period that the employee is holding a state employee position in the unit.

7 2. The secretary shall pay, on behalf of the employee, all required employer
8 contributions under the retirement system established under chapter 201, laws of
9 1937.

10 (d) The employee shall have his or her sick leave accrued with the state
11 computed by treating the employee's unused balance of sick leave accrued with the
12 county as sick leave accrued in state service, but not to exceed the amount of sick
13 leave the employee would have accrued in state service for the same period, if the
14 employee is able to provide adequate documentation in accounting for sick leave used
15 during the accrual period with the county. Sick leave that transfers under this
16 paragraph is not subject to a right of conversion, under s. 40.05 (4) or otherwise, upon
17 death or termination of creditable service for payment of health insurance benefits
18 on behalf of the employee or the employee's dependents.

19 **SECTION 1377.** 49.83 of the statutes is amended to read:

20 **49.83 Limitation on giving information.** Except as provided under ~~s. ss.~~
21 49.25 and 49.32 (9), (10), and (10m), no person may use or disclose information
22 concerning applicants and recipients of relief funded by a relief block grant, aid to
23 families with dependent children, Wisconsin Works under ss. 49.141 to 49.161, social
24 services, child and spousal support and establishment of paternity and medical
25 support liability services under s. 49.22, or supplemental payments under s. 49.77

1 for any purpose not connected with the administration of the programs, except that
2 the department of children and families may disclose such information to the
3 department of revenue for the sole purpose of administering state taxes. Any person
4 violating this section may be fined not less than \$25 nor more than \$500 or
5 imprisoned in the county jail not less than 10 days nor more than one year or both.

6 **SECTION 1382.** 50.01 (1) (intro.) of the statutes is amended to read:

7 50.01 (1) (intro.) "Adult family home" means one of the following and does not
8 include a place that is specified in sub. (1g) (a) to (d), (f), or (g):

9 **SECTION 1383.** 50.01 (1) (a) 1. of the statutes is amended to read:

10 50.01 (1) (a) 1. Care and maintenance above the level of room and board but
11 not including nursing care are provided in the private residence by the care provider
12 whose primary domicile is this residence for 3 or 4 adults, or more adults if all of the
13 adults are siblings, each of whom has a developmental disability, as defined in s.
14 51.01 (5), or, if the residence is licensed as a foster home, care and maintenance are
15 provided to children, the combined total of adults and children so served being no
16 more than 4, or more adults or children if all of the adults or all of the children are
17 siblings, ~~or, if the residence is licensed as a treatment foster home, care and~~
18 ~~maintenance are provided to children, the combined total of adults and children so~~
19 ~~served being no more than 4.~~

20 **SECTION 1384.** 50.01 (1) (a) 2. of the statutes is amended to read:

21 50.01 (1) (a) 2. The private residence was licensed under s. 48.62 as a ~~foster~~
22 ~~home or treatment foster~~ home for the care of the adults specified in subd. 1. at least
23 12 months before any of the adults attained 18 years of age.

24 **SECTION 1385.** 50.01 (1) (b) of the statutes is amended to read:

1 50.01 (1) (b) A place where 3 or 4 adults who are not related to the operator
2 reside and receive care, treatment or services that are above the level of room and
3 board and that may include up to 7 hours per week of nursing care per resident.
4 ~~“Adult family home” does not include a place that is specified in sub. (1g) (a) to (d),~~
5 ~~(f) or (g).~~

6 **SECTION 1386.** 50.01 (1) (c) of the statutes is created to read:

7 50.01 (1) (c) A place in which the operator provides care, treatment, support,
8 or service above the level of room and board to up to 2 adults.

9 **SECTION 1387.** 50.02 (1) of the statutes is amended to read:

10 50.02 (1) DEPARTMENTAL AUTHORITY. The department may provide uniform,
11 statewide licensing, inspection, and regulation of community-based residential
12 facilities and nursing homes as provided in this subchapter. The department shall
13 certify, inspect, and otherwise regulate adult family homes, as specified under ~~s. ss.~~
14 50.031 and 50.032 and shall license adult family homes, as specified under s. 50.033.
15 Nothing in this subchapter may be construed to limit the authority of the department
16 of commerce or of municipalities to set standards of building safety and hygiene, but
17 any local orders of municipalities shall be consistent with uniform, statewide
18 regulation of community-based residential facilities. The department may not
19 prohibit any nursing home from distributing over-the-counter drugs from bulk
20 supply. The department may consult with nursing homes as needed and may provide
21 specialized consultations when requested by any nursing home, separate from its
22 inspection process, to scrutinize any particular questions the nursing home raises.
23 The department shall, by rule, define “specialized consultation”.

24 **SECTION 1389.** 50.03 (5g) (cm) of the statutes is created to read:

1 50.03 (5g) (cm) If the department imposes a sanction on or takes other
2 enforcement action against a community-based residential facility for a violation of
3 this subchapter or rules promulgated under it, and the department subsequently
4 conducts an on-site inspection of the community-based residential facility to review
5 the community-based residential facility's action to correct the violation, the
6 department may impose a \$200 inspection fee on the community-based residential
7 facility.

8 **SECTION 1390.** 50.031 of the statutes is created to read:

9 **50.031 Certification of 1-bed and 2-bed adult family homes. (1)**

10 **DEFINITION.** In this section, "adult family home" has the meaning given in s. 50.01
11 (1) (c).

12 **(2) CERTIFICATION.** (a) After the date on which the family care benefit under
13 s. 46.286 is first made available in a county, no person may operate an adult family
14 home in that county that provides residential care to a recipient of supplemental
15 security income under 42 USC 1381 to 1383c, a recipient of the family care benefit
16 under s. 46.286, or a recipient of services under s. 46.27 (11), 46.275, 46.277, 46.278,
17 or 46.2785, or under any other program operated under a waiver authorized by the
18 secretary at the U.S. department of health and human services under 42 USC 1396n
19 (b) or (c), unless the adult family home is certified by the department under par. (b)
20 or (c).

21 (b) The department shall certify an adult family home upon determining that
22 the adult family home satisfies standards established under sub. (3).

23 (c) The department shall certify an adult family home that was certified to
24 receive payment for residential care under s. 46.27 (11), 46.275, 46.277, 46.278, or

1 46.2785 by a county department under s. 46.215, 46.22, 46.23, 51.42, or 51.437 if the
2 operator of the adult family home attests to all of the following:

3 1. That the adult family home was certified by the county department and is
4 at the same location as when certified by the county department.

5 2. That the adult family home satisfies standards established under sub. (3).

6 (d) Certification under par. (b) or (c) shall be valid until revoked by the
7 department.

8 (3) STANDARDS. The department shall establish standards for certification
9 under this section.

10 (4) INVESTIGATION. The department may investigate complaints that an adult
11 family home certified under this section violated a standard for certification under
12 sub. (3).

13 (5) REVOCATION. The department may revoke the certification of an adult
14 family home that is certified under this section if the adult family home violates a
15 standard established under sub. (3).

16 (6) FEE. The department may charge a fee for certification under sub. (2) (a)
17 and a fee for a certification under sub. (2) (b).

18 **SECTION 1391.** 50.032 (2) of the statutes is amended to read:

19 50.032 (2) REGULATION. Standards Except as provided in sub. (2d), standards
20 for operation of certified adult family homes and procedures for application for
21 certification, monitoring, inspection, decertification and appeal of decertification
22 under this section shall be under rules promulgated by the department under s.
23 50.02 (2) (am) 1. An adult family home certification is valid until decertified under
24 this section. Certification is not transferable.

25 **SECTION 1392.** 50.032 (2d) of the statutes is created to read:

1 50.032 **(2d)** ACCOMPANIMENT OR VISITATION. If an adult family home has a policy
2 on who may accompany or visit a patient, the adult family home shall extend the
3 same right of accompaniment or visitation to a patient's domestic partner under
4 ch.770 as is accorded the spouse of a patient under the policy.

5 **SECTION 1393.** 50.033 (2) of the statutes is amended to read:

6 50.033 **(2)** REGULATION. ~~Standards~~ Except as provided in sub. (2d), standards
7 for operation of licensed adult family homes and procedures for application for
8 licensure, monitoring, inspection, revocation and appeal of revocation under this
9 section shall be under rules promulgated by the department under s. 50.02 (2) (am)
10 2. An adult family home licensure is valid until revoked under this section.
11 Licensure is not transferable. The biennial licensure fee for a licensed adult family
12 home is ~~\$135~~ \$171, except that the department may, by rule, increase the amount of
13 the fee. The fee is payable to the county department under s. 46.215, 46.22, 46.23,
14 51.42 or 51.437, if the county department licenses the adult family home under sub.
15 (1m) (b), and is payable to the department, on a schedule determined by the
16 department if the department licenses the adult family home under sub. (1m) (b).

17 **SECTION 1394.** 50.033 (2d) of the statutes is created to read:

18 50.033 **(2d)** ACCOMPANIMENT OR VISITATION. If an adult family home has a policy
19 on who may accompany or visit a patient, the adult family home shall extend the
20 same right of accompaniment or visitation to a patient's domestic partner under ch.
21 770 as is accorded the spouse of a patient under the policy.

22 **SECTION 1395.** 50.033 (3) of the statutes is amended to read:

23 50.033 **(3)** INVESTIGATION OF ALLEGED VIOLATIONS. If the department or a
24 licensing county department under sub. (1m) (b) is advised or has reason to believe
25 that any person is violating this section or the rules promulgated under s. 50.02 (2)

1 (am) 2., the department or the licensing county department shall make an
2 investigation to determine the facts. For the purposes of this investigation, the
3 department or the licensing county department may inspect the premises where the
4 violation is alleged to occur. If the department or the licensing county department
5 finds that the requirements of this section and of rules under s. 50.02 (2) (am) 2. are
6 met, the department or the licensing county department may, if the premises are not
7 licensed, license the premises under this section. If the department or the licensing
8 county department finds that a person is violating this section or the rules under s.
9 50.02 (2) (am) 2., the department or the licensing county department may institute
10 an action under sub. (5). If the department takes enforcement action against an
11 adult family home for violating this section or rules promulgated under s. 50.02 (2)
12 (am) 2., and the department subsequently conducts an on-site inspection of the adult
13 family home to review the adult family home's action to correct the violation, the
14 department may impose a \$200 inspection fee on the adult family home.

15 **SECTION 1396.** 50.034 (3) (e) of the statutes is created to read:

16 50.034 (3) (e) If a residential care apartment complex has a policy on who may
17 accompany or visit a patient, the residential care apartment complex shall extend
18 the same right of accompaniment or visitation to a patient's domestic partner under
19 ch. 770 as is accorded the spouse of a patient under the policy.

20 **SECTION 1397.** 50.034 (5t) of the statutes is created to read:

21 50.034 (5t) NOTICE OF LONG-TERM CARE OMBUDSMAN PROGRAM. A residential
22 care complex shall post in a conspicuous location in the residential care apartment
23 complex a notice, provided by the board on aging and long-term care, of the name,
24 address, and telephone number of the Long-Term Care Ombudsman Program under
25 s. 16.009 (2) (b).

1 **SECTION 1398.** 50.034 (10) of the statutes is created to read:

2 **50.034 (10) INSPECTION FEE.** If the department takes enforcement action
3 against a residential care apartment complex for a violation of this section or rules
4 promulgated under sub. (2), and the department subsequently conducts an on-site
5 inspection of the residential care apartment complex to review the residential care
6 apartment complex's action to correct the violation, the department may impose a
7 \$200 inspection fee on the residential care apartment complex.

8 **SECTION 1399.** 50.035 (2d) of the statutes is created to read:

9 **50.035 (2d) ACCOMPANIMENT OR VISITATION.** If a community-based residential
10 facility has a policy on who may accompany or visit a patient, the community-based
11 residential facility shall extend the same right of accompaniment or visitation to a
12 patient's domestic partner under ch. 770 as is accorded the spouse of a patient under
13 the policy.

14 **SECTION 1400.** 50.037 (2) (a) of the statutes is renumbered 50.037 (2) (a) 1. and
15 amended to read:

16 **50.037 (2) (a) 1.** ~~The Except as provided in subd. 2., the biennial fee for a~~
17 ~~community-based residential facility is \$306 \$389, plus a biennial fee of \$39.60~~
18 ~~\$50.25~~ per resident, based on the number of residents that the facility is licensed to
19 serve.

20 **SECTION 1401.** 50.037 (2) (a) 2. of the statutes is created to read:

21 **50.037 (2) (a) 2.** The department may, by rule, increase the amount of the fee
22 under subd. 1.

23 **SECTION 1402.** 50.04 (2d) of the statutes is created to read:

24 **50.04 (2d) ACCOMPANIMENT OR VISITATION.** If a nursing home has a policy on who
25 may accompany or visit a patient, the nursing home shall extend the same right of

1 accompaniment or visitation to a patient's domestic partner under ch. 770 as is
2 accorded the spouse of a patient under the policy.

3 **SECTION 1403.** 50.04 (4) (dm) of the statutes is created to read:

4 50.04 (4) (dm) *Inspection fee.* If the department takes enforcement action
5 against a nursing home, including an intermediate care facility for the mentally
6 retarded, as defined in 42 USC 1396d (d), for a violation of this subchapter or rules
7 promulgated under it or for a violation of a requirement under 42 USC 1396r, and
8 the department subsequently conducts an on-site inspection of the nursing home to
9 review the nursing home's action to correct the violation, the department may, unless
10 the nursing home is operated by the state, impose a \$200 inspection fee on the
11 nursing home.

12 **SECTION 1411.** 50.06 (2) (am) 2. b. of the statutes is amended to read:

13 50.06 (2) (am) 2. b. The individual who is consenting to the proposed admission
14 is the spouse or domestic partner under ch. 770 of the incapacitated person.

15 **SECTION 1412.** 50.06 (3) (a) of the statutes is amended to read:

16 50.06 (3) (a) The spouse or domestic partner under ch. 770 of the incapacitated
17 individual.

18 **SECTION 1416.** 50.09 (1) (f) 1. of the statutes is amended to read:

19 50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses
20 or both domestic partners under ch. 770 are residents of the same facility, ~~they~~ the
21 spouses or domestic partners shall be permitted to share a room unless medically
22 contraindicated as documented by the resident's physician or advanced practice
23 nurse prescriber in the resident's medical record.

24 **SECTION 1417.** 50.14 (2) (am) of the statutes is amended to read:

1 50.14 (2) (am) For nursing homes, an amount not to exceed ~~\$75~~ \$150 in state
2 fiscal year 2009-10, and, beginning in state fiscal year 2010-11, an amount not to
3 exceed \$170.

4 **SECTION 1417r.** 50.35 of the statutes, as affected by 2009 Wisconsin Act 2, is
5 amended to read:

6 **50.35 Application and approval.** Application for approval to maintain a
7 hospital shall be made to the department on forms provided by the department. On
8 receipt of an application, the department shall, except as provided in s. 50.498, issue
9 a certificate of approval if the applicant and hospital facilities meet the requirements
10 established by the department. The department shall issue a single certificate of
11 approval for the University of Wisconsin Hospitals and Clinics Authority that
12 applies to all of the Authority's inpatient and outpatient hospital facilities that meet
13 the requirements established by the department and for which the Authority
14 requests approval. For a free-standing pediatric teaching hospital, the department
15 shall issue a single certificate of approval that applies to all of the hospital's inpatient
16 and outpatient hospital facilities that meet the requirements established by the
17 department and for which the hospital requests approval. Except as provided in s.
18 50.498, this approval shall be in effect until, for just cause and in the manner herein
19 prescribed, it is suspended or revoked. The certificate of approval may be issued only
20 for the premises and persons or governmental unit named in the application and is
21 not transferable or assignable. The department shall withhold, suspend or revoke
22 approval for a failure to comply with s. 165.40 (6) (a) 1. or 2., but, except as provided
23 in s. 50.498, otherwise may not withhold, suspend or revoke approval unless for a
24 substantial failure to comply with ss. 50.32 to 50.39 or the rules and standards
25 adopted by the department after giving a reasonable notice, a fair hearing and a

1 reasonable opportunity to comply. Failure by a hospital to comply with s. 50.36 (3m)
2 shall be considered to be a substantial failure to comply under this section.

3 **SECTION 1418.** 50.36 (3j) of the statutes is created to read:

4 50.36 (3j) If a hospital has a policy on who may accompany or visit a patient,
5 the hospital shall extend the same right of accompaniment or visitation to a patient's
6 domestic partner under ch. 770 as is accorded the spouse of a patient under the policy.

7 **SECTION 1419.** 50.36 (4) of the statutes is amended to read:

8 50.36 (4) The department shall make or cause to be made such inspections and
9 investigation, as are reasonably deemed necessary to obtain compliance with the
10 rules and standards. It shall afford an opportunity for representatives of the
11 hospitals to consult with members of the staff of the department concerning
12 compliance and noncompliance with rules and standards. If the department takes
13 enforcement action against a hospital for a violation of ss. 50.32 to 50.39, or rules
14 promulgated or standards adopted under ss. 50.32 to 50.39, and the department
15 subsequently conducts an on-site inspection of the hospital to review the hospital's
16 action to correct the violation, the department may, unless the hospital is operated
17 by the state, impose a \$200 inspection fee on the hospital.

18 **SECTION 1419c.** 50.36 (6) of the statutes is created to read:

19 50.36 (6) If the department receives a credible complaint that a pharmacy
20 located in a hospital has violated its duty to dispense contraceptive drugs and devices
21 under s. 450.095 (2), the department shall refer the complaint to the department of
22 regulation and licensing.

23 **SECTION 1420.** 50.49 (4) of the statutes is amended to read:

24 50.49 (4) LICENSING, INSPECTION AND REGULATION. Except as provided in sub.
25 (6m), the department may register, license, inspect and regulate home health

1 agencies as provided in this section. The department shall ensure, in its inspections
2 of home health agencies, that a sampling of records from private pay patients are
3 reviewed. The department shall select the patients who shall receive home visits as
4 a part of the inspection. Results of the inspections shall be made available to the
5 public at each of the regional offices of the department. If the department takes
6 enforcement action against a home health agency for a violation of this section or
7 rules promulgated under this section, and the department subsequently conducts an
8 on-site inspection of the home health agency to review the home health agency's
9 action to correct the violation, the department may impose a \$200 inspection fee on
10 the home health agency.

11 **SECTION 1421.** 50.93 (5) of the statutes is created to read:

12 50.93 (5) INSPECTION FEE. If the department takes enforcement action against
13 a hospice for a violation of this subchapter or rules promulgated under this
14 subchapter, and the department subsequently conducts an on-site inspection of the
15 hospice to review the hospice's action to correct the violation, the department may
16 impose a \$200 inspection fee on the hospice.

17 **SECTION 1422.** 50.94 (3) (a) of the statutes is amended to read:

18 50.94 (3) (a) The spouse or domestic partner under ch. 770 of the person who
19 is incapacitated.

20 **SECTION 1423.** 50.942 of the statutes is created to read:

21 **50.942 Accompaniment or visitation.** If a hospice has a policy on who may
22 accompany or visit a patient, the hospice shall extend the same right of
23 accompaniment or visitation to a patient's domestic partner under ch. 770 as is
24 accorded the spouse of a patient under the policy.

25 **SECTION 1424.** 50.95 (1) of the statutes is amended to read:

1 50.95 (1) ~~Standards~~ Except as provided in s. 50.942, standards for the care,
2 treatment, health, safety, rights, welfare and comfort of individuals with terminal
3 illness, their families and other individuals who receive palliative care or supportive
4 care from a hospice and the maintenance, general hygiene and operation of a hospice,
5 which will permit the use of advancing knowledge to promote safe and adequate care
6 and treatment for these individuals. These standards shall permit provision of
7 services directly, as required under 42 CFR 418.56, or by contract under which
8 overall coordination of hospice services is maintained by hospice staff members and
9 the hospice retains the responsibility for planning and coordination of hospice
10 services and care on behalf of a hospice client and his or her family, if any.

11 **SECTION 1424g.** 51.01 (11m) of the statutes is created to read:

12 51.01 (11m) "Licensed mental health professional" has the meaning given in
13 s. 632.89 (1) (dm).

14 **SECTION 1424m.** 51.06 (9) of the statutes is created to read:

15 51.06 (9) REPORT ON RELOCATIONS FROM SOUTHERN CENTER. Annually by October
16 1, the department shall submit to the members of the joint committee on finance a
17 report on the status of individuals relocated from the southern center for the
18 developmentally disabled to a community setting after the effective date of this
19 subsection [LRB inserts date], that includes all of the following:

20 (a) An assessment of the impact that relocation has had on the health of
21 individuals relocated in the previous 3 state fiscal years. Factors that the
22 department may use to assess an individual's health status include an individual's
23 weight, changes in medications, preventable hospitalizations and emergency room
24 visits, incidence of chronic disease, and changes in performance of activities of daily
25 living.



1 (b) A list of each setting in which each individual has lived in the previous 3
2 state fiscal years.

3 (c) Information on the involvement that guardians or family members of the
4 individuals have had with the individuals in the previous state fiscal year.

5 (d) The cause of death for each individual who died in the previous state fiscal
6 year.

7 **SECTION 1424p.** 51.06 (10) of the statutes is created to read:

8 51.06 (10) RELOCATIONS FROM SOUTHERN CENTER. (a) The department shall
9 create a form on which a resident of the southern center for the developmentally
10 disabled, or the resident's guardian, may indicate a preference for where the resident
11 would like to live. The department shall make the form available to all residents of
12 the southern center for the developmentally disabled and to their guardians. The
13 department shall maintain the completed form with the resident's treatment
14 records.

15 (b) The department shall ensure that, if a resident is to be relocated from the
16 southern center for the developmentally disabled, members of the center staff who
17 provide direct care for the resident are consulted in developing a residential
18 placement plan for the resident.

19 (c) If a resident of the southern center for the developmentally disabled is
20 relocated from the center after the effective date of this paragraph [LRB inserts
21 date], the department shall provide the resident's guardian or, if the resident is a
22 minor and does not have a guardian, the resident's parent information regarding the
23 process for appealing the decision to relocate the resident and the process for filing
24 a grievance regarding the decision.

25 *delete blank line?*

1 **SECTION 1424y.** 51.15 (2) (intro.) of the statutes is amended to read:

2 **51.15 (2) FACILITIES FOR DETENTION.** (intro.) The law enforcement officer or
3 other person authorized to take a child into custody under ch. 48 or to take a juvenile
4 into custody under ch. 938 shall transport the individual, or cause him or her to be
5 transported, for detention, if the county department of community programs in the
6 county in which the individual was taken into custody approves the need for
7 detention, and for evaluation, diagnosis, and treatment if permitted under sub. (8)
8 to any of the following facilities:

9 **SECTION 1426.** 51.22 (1) of the statutes is amended to read:

10 **51.22 (1)** Except as provided in s. 51.20 (13) (a) 4. or 5., any person committed
11 under this chapter shall be committed to the county department under s. 51.42 or
12 51.437 serving the person's county of residence, and such county department shall
13 authorize placement of the person in an appropriate facility for care, custody and
14 treatment according to s. 51.42 (3) (as) ~~1r.~~ 1r. or 51.437 (4rm) (a).

15 **SECTION 1427.** 51.22 (2) of the statutes is amended to read:

16 **51.22 (2)** Except for admissions that do not involve the department or a county
17 department under s. 51.42 or 51.437 or a contract between a treatment facility and
18 the department or a county department, admissions under ss. 51.10, 51.13, and 51.45
19 (10) shall be through the county department under s. 51.42 or 51.437 serving the
20 person's county of residence, or through the department if the person to be admitted
21 is a nonresident of this state. Admissions through a county department under s.
22 51.42 or 51.437 shall be made in accordance with s. 51.42 (3) (as) ~~1r.~~ 1r. or 51.437 (4rm)
23 (a). Admissions through the department shall be made in accordance with sub. (3).

24 **SECTION 1427L.** 51.30 (1) (ag) of the statutes is amended to read:

1 51.30 (1) (ag) "Health care provider" has the meaning given in s. 146.81 (1) (a)
2 to (p).

3 **SECTION 1427r.** 51.30 (1) (b) of the statutes is amended to read:

4 51.30 (1) (b) "Treatment records" include the registration and all other records
5 that are created in the course of providing services to individuals for mental illness,
6 developmental disabilities, alcoholism, or drug dependence and that are maintained
7 by the department; by county departments under s. 51.42 or 51.437 and their staffs,
8 and; by treatment facilities; or by psychologists licensed under s. 455.04 (1) or
9 licensed mental health professionals who are not affiliated with a county department
10 or treatment facility. Treatment records do not include notes or records maintained
11 for personal use by an individual providing treatment services for the department,
12 a county department under s. 51.42 or 51.437, or a treatment facility, if the notes or
13 records are not available to others.

14 **SECTION 1429.** 51.30 (4) (b) 20. (intro.) of the statutes is amended to read:

15 51.30 (4) (b) 20. (intro.) Except with respect to the treatment records of a
16 subject individual who is receiving or has received services for alcoholism or drug
17 dependence, to the spouse, domestic partner under ch. 770, parent, adult child or
18 sibling of a subject individual, if the spouse, domestic partner, parent, adult child or
19 sibling is directly involved in providing care to or monitoring the treatment of the
20 subject individual and if the involvement is verified by the subject individual's
21 physician, psychologist or by a person other than the spouse, domestic partner,
22 parent, adult child or sibling who is responsible for providing treatment to the
23 subject individual, in order to assist in the provision of care or monitoring of
24 treatment. Except in an emergency as determined by the person verifying the
25 involvement of the spouse, domestic partner, parent, adult child or sibling, the

1 request for treatment records under this subdivision shall be in writing, by the
2 requester. Unless the subject individual has been adjudicated incompetent in this
3 state, the person verifying the involvement of the spouse, domestic partner, parent,
4 adult child or sibling shall notify the subject individual about the release of his or her
5 treatment records under this subdivision. Treatment records released under this
6 subdivision are limited to the following:

7 **SECTION 1430.** 51.30 (4) (cm) (intro.) of the statutes is amended to read:

8 51.30 (4) (cm) *Required access to certain information.* (intro.) Notwithstanding
9 par. (a), treatment records of an individual shall, upon request, be released without
10 informed written consent, except as restricted under par. (c), to the parent, child,
11 sibling, ~~or spouse,~~ or domestic partner under ch. 770 of an individual who is or was
12 a patient at an inpatient facility; to a law enforcement officer who is seeking to
13 determine whether an individual is on unauthorized absence from the facility; and
14 to mental health professionals who are providing treatment to the individual at the
15 time that the information is released to others. Information released under this
16 paragraph is limited to notice as to whether or not an individual is a patient at the
17 inpatient facility and, if the individual is no longer a patient at the inpatient facility,
18 the facility or other place, if known, at which the individual is located. This
19 paragraph does not apply under any of the following circumstances:

20 **SECTION 1431.** 51.30 (4) (cm) 1. of the statutes is amended to read:

21 51.30 (4) (cm) 1. To the individual's parent, child, sibling, ~~or spouse,~~ or domestic
22 partner under ch. 770 who is requesting information, if the individual has
23 specifically requested that the information be withheld from the parent, child,
24 sibling, ~~or spouse,~~ or domestic partner.

25 **SECTION 1431d.** 51.30 (8) of the statutes is amended to read:

1 51.30 (8) GRIEVANCES. Failure to comply with any provisions of this section may
2 be processed as a grievance under s. 51.61 (5), except that a grievance resolution
3 procedure option made available to the patient, as required under s. 457.04 (8),
4 applies to failures to comply by a licensed mental health professional who is not
5 affiliated with a county department or treatment facility. However, use of the
6 grievance procedure is not required before bringing any civil action or filing a
7 criminal complaint under this section.

8 **SECTION 1431g.** 51.35 (1) (a) of the statutes is amended to read:

9 51.35 (1) (a) Subject to pars. (b) ~~and~~, (d), and (dm), the department or the county
10 department under s. 51.42 or 51.437 may transfer any patient or resident who is
11 committed to it, or who is admitted to a treatment facility under its supervision or
12 operating under an agreement with it, between treatment facilities or from a
13 treatment facility into the community if the transfer is consistent with reasonable
14 medical and clinical judgment, consistent with s. 51.22 (5), and, if the transfer results
15 in a greater restriction of personal freedom for the patient or resident, in accordance
16 with par. (e). Terms and conditions that will benefit the patient or resident may be
17 imposed as part of a transfer to a less restrictive treatment alternative. A patient
18 or resident who is committed to the department or a county department under s.
19 51.42 or 51.437 may be required to take medications and receive treatment, subject
20 to the right of the patient or resident to refuse medication and treatment under s.
21 51.61 (1) (g) and (h), through a community support program as a term or condition
22 of a transfer. The patient or resident shall be informed at the time of transfer of the
23 consequences of violating the terms and conditions of the transfer, including possible
24 transfer back to a treatment facility that imposes a greater restriction on personal
25 freedom of the patient or resident.

1 **SECTION 1431i.** 51.35 (1) (d) 1. of the statutes is amended to read:

2 51.35 (1) (d) 1. Subject to subd. 2. and par. (dm), the department may, without
3 approval of the appropriate county department under s. 51.42 or 51.437, transfer any
4 patient from a state treatment facility or other inpatient facility to an approved
5 treatment facility which is less restrictive of the patient's personal freedom.

6 **SECTION 1431k.** 51.35 (1) (dm) of the statutes is created to read:

7 51.35 (1) (dm) The department may not exercise its authority under par. (a) or
8 (d) 1. to transfer a resident of the southern center for the developmentally disabled
9 to a less restrictive setting unless the resident's guardian or, if the resident is a minor
10 and does not have a guardian, the resident's parent provides explicit written
11 approval and consent for the transfer.

12 **SECTION 1432.** 51.42 (3) (as) 1. of the statutes is renumbered 51.42 (3) (as) 1r.
13 and amended to read:

14 51.42 (3) (as) 1r. A county department of ~~community programs~~ shall authorize
15 all care of any patient in a state, local, or private facility under a contractual
16 agreement between the county department of ~~community programs~~ and the facility,
17 unless the county department of ~~community programs~~ governs the facility. The need
18 for inpatient care shall be determined by the program director or designee in
19 consultation with and upon the recommendation of a licensed physician trained in
20 psychiatry and employed by the county department of ~~community programs~~ or its
21 contract agency. In cases of emergency, a facility under contract with any county
22 department of ~~community programs~~ shall charge the county department of
23 ~~community programs~~ having jurisdiction in the county where the patient is found.
24 The county department of ~~community programs~~ shall reimburse the facility for the
25 actual cost of all authorized care and services less applicable collections under s.

1 46.036, unless the department of health services determines that a charge is
2 administratively infeasible, or unless the department of health services, after
3 individual review, determines that the charge is not attributable to the cost of basic
4 care and services. Except as provided in subd. 1m., a county department of
5 ~~community programs~~ may not reimburse any state institution or receive credit for
6 collections for care received in a state institution by nonresidents of this state,
7 interstate compact clients, transfers under s. 51.35 (3), transfers from Wisconsin
8 state prisons under s. 51.37 (5) (a), commitments under s. 975.01, 1977 stats., or s.
9 975.02, 1977 stats., or s. 971.14, 971.17 or 975.06 or admissions under s. 975.17, 1977
10 stats., or children placed in the guardianship of the department of children and
11 families under s. 48.427 or 48.43 or under the supervision of the department of
12 corrections under s. 938.183 or 938.355. The exclusionary provisions of s. 46.03 (18)
13 do not apply to direct and indirect costs that are attributable to care and treatment
14 of the client.

15 **SECTION 1433.** 51.42 (3) (as) 1g. of the statutes is created to read:

16 51.42 (3) (as) 1g. In this paragraph, "county department" means county
17 department of community programs.

18 **SECTION 1434.** 51.42 (3) (as) 1m. of the statutes is amended to read:

19 51.42 (3) (as) 1m. A county department of ~~community programs~~ shall
20 reimburse a mental health institute at the institute's daily rate for custody of any
21 person who is ordered by a court located in that county to be examined at the mental
22 health institute under s. 971.14 (2) for all days that the person remains in custody
23 at the mental health institute, beginning 48 hours, not including Saturdays,
24 Sundays, and legal holidays, after the sheriff and county department receive notice
25 under s. 971.14 (2) (d) that the examination has been completed.

1 **SECTION 1435.** 51.42 (3) (as) 2. of the statutes is amended to read:

2 51.42 (3) (as) 2. If a mental health institute has provided a county department
3 ~~of community programs~~ with service, the department of health services shall
4 regularly bill collect for the cost of care from the county department ~~of community~~
5 ~~programs, except as provided under subd. 2m.~~ If collections for care from the county
6 department and from other sources exceed current billings, the difference shall be
7 remitted to the county department ~~of community programs~~ through the
8 appropriation under s. 20.435 (2) (gk). For care provided on and after February 1,
9 1979, the department of health services shall adjust collections from medical
10 assistance to compensate for differences between specific rate scales for care charged
11 to the county department ~~of community programs~~ and the average daily medical
12 assistance reimbursement rate. ~~Payment shall be due from the county department~~
13 ~~of community programs within 60 days of the billing date subject to provisions of the~~
14 ~~contract. If any payment has not been received within 60 days, the~~ The department
15 of health services shall deduct ~~all or part of the amount~~ due from a county
16 department under this subdivision from any payment due from the department of
17 health services to the county department ~~of community programs~~.

18 **SECTION 1436.** 51.42 (3) (as) 2m. of the statutes is repealed.

19 **SECTION 1437.** 51.42 (3) (as) 3. of the statutes is amended to read:

20 51.42 (3) (as) 3. Care, services and supplies provided after December 31, 1973,
21 to any person who, on December 31, 1973, was in or under the supervision of a
22 mental health institute, or was receiving mental health services in a facility
23 authorized by s. 51.08 or 51.09, but was not admitted to a mental health institute by
24 the department of health services, shall be charged to the county department of
25 ~~community programs~~ which was responsible for such care and services at the place

1 where the patient resided when admitted to the institution. The department of
2 health services may bill county departments of ~~community programs~~ for care
3 provided at the mental health institutes at rates which the department of health
4 services sets on a flexible basis, except that this flexible rate structure shall cover the
5 cost of operations of the mental health institutes.

6 **SECTION 1438.** 51.421 (3) (e) of the statutes is amended to read:

7 51.421 (3) (e) Distribute, from the appropriation account under s. 20.435 ~~(7)~~ (5)
8 (bL), moneys in each fiscal year for community support program services.

9 **SECTION 1439.** 51.423 (3) of the statutes is amended to read:

10 51.423 (3) From the appropriation account under s. 20.435 ~~(7)~~ (5) (bL), the
11 department shall award one-time grants to applying counties that currently do not
12 operate certified community support programs, to enable uncertified community
13 support programs to meet requirements for certification as providers of medical
14 assistance services.

15 **SECTION 1440.** 51.423 (11) of the statutes is amended to read:

16 51.423 (11) Each county department under s. 51.42 or 51.437, or both, shall
17 apply all funds it receives under subs. (1) to (7) to provide the services required under
18 ss. 51.42, 51.437 and 51.45 (2) (g) to meet the needs for service quality and
19 accessibility of the persons in its jurisdiction, except that the county department may
20 pay for inpatient treatment only with funds designated by the department for
21 inpatient treatment. The county department may expand programs and services
22 with county funds not used to match state funds under this section subject to the
23 approval of the county board of supervisors in a county with a single-county
24 department or the county boards of supervisors in counties with multicounty
25 departments and with other local or private funds subject to the approval of the

1 department and the county board of supervisors in a county with a single-county
2 department under s. 51.42 or 51.437 or the county boards of supervisors in counties
3 with a multicounty department under s. 51.42 or 51.437. The county board of
4 supervisors in a county with a single-county department under s. 51.42 or 51.437 or
5 the county boards of supervisors in counties with a multicounty department under
6 s. 51.42 or 51.437 may delegate the authority to expand programs and services to the
7 county department under s. 51.42 or 51.437. The county department under s. 51.42
8 or 51.437 shall report to the department all county funds allocated to the county
9 department under s. 51.42 or 51.437 and the use of such funds. Moneys collected
10 under s. 46.10 shall be applied to cover the costs of primary services, exceptional and
11 specialized services or to reimburse supplemental appropriations funded by
12 counties. County departments under ss. 51.42 and 51.437 shall include collections
13 made on and after October 1, 1978, by the department that are subject to s. 46.10 (8m)
14 (a) 3. and 4. and are distributed to county departments under ss. 51.42 and 51.437
15 from the appropriation account under s. 20.435 ~~(7)~~ (5) (gg), as revenues on their
16 grant-in-aid expenditure reports to the department.

17 **SECTION 1441.** 51.437 (4rm) (d) of the statutes is created to read:

18 51.437 (4rm) (d) Notwithstanding pars. (a) to (c), for individuals receiving the
19 family care benefit under s. 46.286, the care management organization that manages
20 the family care benefit for the recipient shall pay the portion of the payment that is
21 for services that are covered under the family care benefit; the department shall pay
22 the remainder of the payment.

23 **SECTION 1443f.** 51.61 (1) (y) of the statutes is created to read:

24 51.61 (1) (y) Have the right, if provided services by a licensed mental health
25 professional who is not affiliated with a county department or treatment facility, to

1 be notified by the professional in writing of the grievance resolution procedure option
2 that the professional makes available to the patient, as required under s. 457.04 (8).

3 **SECTION 1443h.** 51.61 (2) of the statutes is amended to read:

4 51.61 (2) A patient's rights guaranteed under sub. (1) (p) to (t) may be denied
5 for cause after review by the director of the facility, and may be denied when
6 medically or therapeutically contraindicated as documented by the patient's
7 physician ~~or~~, licensed psychologist, or licensed mental health professional in the
8 patient's treatment record. The individual shall be informed in writing of the
9 grounds for withdrawal of the right and shall have the opportunity for a review of
10 the withdrawal of the right in an informal hearing before the director of the facility
11 or his or her designee. There shall be documentation of the grounds for withdrawal
12 of rights in the patient's treatment record. After an informal hearing is held, a
13 patient or his or her representative may petition for review of the denial of any right
14 under this subsection through the use of the grievance procedure provided in sub. (5)
15 or, alternatively for review of the denial of a right by a licensed mental health
16 professional who is not affiliated with a county department or treatment facility,
17 through the use of one of the grievance resolution procedure options required under
18 s. 457.04 (8). Alternatively, or in addition to the use of such the appropriate grievance
19 procedure, a patient or his or her representative may bring an action under sub. (7).

20 **SECTION 1443k.** 51.61 (5) (e) of the statutes is created to read:

21 51.61 (5) (e) A licensed mental health professional who is not affiliated with
22 a county department or treatment facility shall notify in writing each patient to
23 whom the professional provides services of the procedure to follow to resolve a
24 grievance. The notice shall provide an option that the professional makes available

1 to the patient, as required under s. 457.04 (8). Paragraphs (a) and (b) do not apply
2 to this paragraph.

3 **SECTION 1443m.** 51.61 (9) of the statutes is amended to read:

4 51.61 (9) The Except for grievance resolution procedure options specified under
5 s. 457.04 (8)(a), (b), and (c), the department shall promulgate rules to implement this
6 section.

7 **SECTION 1444.** Chapter 52 of the statutes is created to read:

8 **CHAPTER 52**

9 **QUALITY HOME CARE**

10 **52.01 Definitions.** In this chapter:

11 (1) "Authority" means the Wisconsin Quality Home Care Authority.

12 (2) "Board" means the board of directors of the authority.

13 (3) "Care management organization" has the meaning given in s. 46.2805 (1).

14 (3m) "Consumer" has the meaning given in s. 46.2898 (1) (cm).

15 (4) "Department" means the department of health services.

16 (5) "Family Care Program" means the benefit program described in s. 46.286.

17 (6) "Home care provider" means an individual who is a qualified provider under
18 s. 46.2898 (1) (f).

19 (7) "Medical assistance waiver program" means a program operated under a
20 waiver from the secretary of the U.S. department of health and human services
21 under 42 USC 1396n (c) or 42 USC 1396n (b) and (c).

22 (8) "Program of All-Inclusive Care for the Elderly" means the program
23 operated under 42 USC 1396u-4.

24 **52.05 Creation and organization of authority.** (1) CREATION AND
25 MEMBERSHIP OF BOARD. There is created a public body corporate and politic to be

1 known as the "Wisconsin Quality Home Care Authority." The members of the board
2 shall consist of the following members:

3 (a) The secretary of the department of health services or his or her designee.

4 (b) The secretary of the department of workforce development or his or her
5 designee.

6 (c) The following, to be appointed by the governor to serve 3 year terms:

7 1. One representative from the state assembly.

8 2. One representative from the state senate.

9 3. One representative of care management organizations.

10 4. One representative of county departments, under 46.215, 46.22, 46.23,
11 51.42, or 51.437, selected from counties where the Family Care Program is not
12 available.

13 5. One representative of the board for people with developmental disabilities.

14 6. One representative of the council on physical disabilities.

15 7. One representative of the council on mental health.

16 8. One representative of the board on aging and long-term care.

17 9. Eleven individuals, each of whom is a current or former recipient of home
18 care services through the Family Care Program or a medical assistance waiver
19 program or an advocate for or representative of consumers of home care services.

20 (3) CHAIRPERSON. Annually, the governor shall appoint one member of the
21 board to serve as the chairperson.

22 (4) EXECUTIVE COMMITTEE. (a) The board shall elect an executive committee.
23 The executive committee shall consist of the chair of the board, the secretary of the
24 department of health services or his or her designee, the secretary of the department

1 of workforce development or his or her designee, and 3 persons selected from board
2 members appointed under sub. (1) (c) 9.

3 (b) The executive committee may do the following:

4 1. Hire an executive director who is not a member of the board and serves at
5 the pleasure of the board.

6 2. Hire employees to carry out the duties of the authority.

7 3. Engage in contracts for services to carry out the duties of the authority.

8 (5) TERM. The terms of members of the board appointed under sub. (1) (c) shall
9 expire on July 1.

10 (6) QUORUM. A majority of the members of the board constitutes a quorum for
11 the purpose of conducting its business and exercising its powers and for all other
12 purposes, notwithstanding the existence of any vacancies. Action may be taken by
13 the board upon a vote of a majority of the members present. Meetings of the members
14 of the board may be held anywhere within the state.

15 (7) VACANCIES. Each member of the board shall hold office until a successor is
16 appointed and qualified unless the member vacates or is removed from his or her
17 office. A member who serves as a result of holding another office or position vacates
18 his or her office as a member when he or she vacates the other office or position. A
19 member who ceases to qualify for office vacates his or her office. A vacancy on the
20 board shall be filled in the same manner as the original appointment to the board for
21 the remainder of the unexpired term, if any.

22 (8) COMPENSATION. The members of the board are not entitled to compensation
23 for the performance of their duties. The authority may reimburse members of the
24 board for actual and necessary expenses incurred in the discharge of their official
25 duties as provided by the board.

1 (9) EMPLOYMENT OF BOARD MEMBER. It is not a conflict of interest for a board
2 member to engage in private or public employment or in a profession or business,
3 except to the extent prohibited by law, while serving as a member of the board.

4 **52.10 Powers of authority.** The authority shall have all the powers
5 necessary or convenient to carry out the purposes and provisions of this chapter and
6 s. 46.2898. In addition to all other powers granted the authority under this chapter,
7 the authority may:

8 (1) Adopt policies and procedures to govern its proceedings and to carry out its
9 duties as specified in this chapter.

10 (2) Employ, appoint, engage, compensate, transfer, or discharge necessary
11 personnel.

12 (3) Make or enter into contracts, including contracts for the provision of legal
13 or accounting services.

14 (4) Award grants for the purposes set forth in this chapter.

15 (5) Buy, lease, or sell real or personal property.

16 (6) Sue and be sued.

17 (7) Accept gifts, grants, or assistance funds and use them for the purposes of
18 this chapter.

19 (8) Collect fees for its services.

20 **52.20 Duties of authority.** The authority shall:

21 (1) Establish and maintain a registry of eligible home care providers who
22 choose to be on the registry for purposes of employment by consumers and provide
23 referral services for consumers in need of home care services.

24 (2) Determine the eligibility of individuals for placement on the registry. For
25 purposes of determining eligibility, the authority shall apply the criteria described

1 in s. 46.2898 (1) (f), including any qualifying criteria established by the department
2 under s. 46.2898 (7). The authority shall also develop an appeal process for denial
3 of placement on or removal of a provider from the registry consistent with the terms
4 of the medical assistance waiver programs, the Family Care Program, an
5 amendment to the state medical assistance plan under 42 USC 1396n (j), or the
6 Program of All-Inclusive Care for the Elderly, as determined by the department.

7 (3) Comply with any conditions necessary for consumers receiving home care
8 services to receive federal medical assistance funding through a medical assistance
9 waiver program, the Family Care Program, an amendment to the state medical
10 assistance plan under 42 USC 1396n (j), or the Program of All-Inclusive Care for the
11 Elderly.

12 (4) Develop and operate recruitment and retention programs to expand the
13 pool of home care providers qualified and available to provide home care services to
14 consumers.

15 (5) Maintain a list of home care providers included in a collective bargaining
16 unit under s. 111.825 (2g) and provide the list of home care providers to the
17 department at the department's request.

18 (6) Notify home care providers providing home care services of any procedures
19 for remaining a qualified provider under s. 46.2898 (1) (f) set forth by the department
20 or the authority.

21 (7) Provide orientation activities and skills training for home care providers.

22 (8) Provide training and support for consumers hiring a home care provider
23 regarding the duties and responsibilities of employers and skills needed to be
24 effective employers.

1 (9) Inform consumers of the experience and qualifications of home care
2 providers on the registry and home care providers identified by consumers of home
3 care services for employment.

4 (10) Develop and operate a system of backup and respite referrals to home care
5 providers and a 24-hour per day call service for consumers of home care services.

6 (11) Report annually to the governor on the number of home care providers on
7 the registry and the number of home care providers providing services under the
8 authority.

9 (12) Conduct activities to improve the supply and quality of home care
10 providers.

11 **52.30 Liability limited.** (1) The state, any political subdivision of the state,
12 or any officer, employee, or agent of the state or a political subdivision who is acting
13 within the scope of employment or agency is not liable for any debt, obligation, act,
14 or omission of the authority.

15 (2) All expenses incurred by the authority in exercising its duties and powers
16 under this chapter shall be payable only from funds of the authority.

17 **52.40 Health data.** Any health data or identifying information collected by
18 the authority is collected for the purpose of government regulatory and management
19 functions.

20 **SECTION 1444m.** 55.16 (2) (a) of the statutes is amended to read:

21 55.16 (2) (a) *Filing; services.* ~~An~~ Subject to par. (d), an individual under
22 protective placement or receiving protective services, the individual's guardian, the
23 individual's legal counsel or guardian ad litem, if any, the department, the county
24 department that placed the individual or provided the protective services under an
25 order of the court, an agency with which the county department contracts under s.

1 55.02 (2), or any interested person may file a petition at any time for modification of
2 an order for protective services or protective placement. The petition shall be served
3 on the individual, the individual's guardian, the individual's legal counsel and
4 guardian ad litem, if any, and the county department.

5 **SECTION 1444n.** 55.16 (2) (d) of the statutes is created to read:

6 55.16 (2) (d) *Residents of southern center.* The department may not file a
7 petition under par. (a) for modification of an order for protective placement to
8 transfer a resident of the southern center for the developmentally disabled to a less
9 restrictive setting unless the resident's guardian provides explicit written approval
10 and consent for the transfer under s. 51.35 (1) (dm).

11 **SECTION 1444v.** 59.52 (30) of the statutes is created to read:

12 59.52 (30) **LIMITATION ON PERFORMANCE OF CONSTRUCTION WORK.** A county may
13 not perform construction work, including road work, for a project that is directly or
14 indirectly owned, funded, or reimbursed, in whole or in part, by a private person.

15 **SECTION 1445.** 59.58 (6) (a) 1. of the statutes is amended to read:

16 59.58 (6) (a) 1. "Authority" means the regional transit authority created under
17 this subsection.

18 **SECTION 1446m.** 59.58 (6) (cg) of the statutes is repealed and recreated to read:

19 59.58 (6) (cg) No later than the first day of the 3rd month beginning after the
20 effective date of this paragraph [LRB inserts date], the authority shall transfer
21 to the southeastern regional transit authority under sub. (7) all revenues received
22 under s. 59.58 (6) (cg) 1., 2007 stats., retained by the authority.

23 **SECTION 1449.** 59.58 (6) (f) of the statutes is created to read:

24 59.58 (6) (f) The authority shall terminate on the first day of the 3rd month
25 beginning after the effective date of this paragraph [LRB inserts date].