

2011 DRAFTING REQUEST

Bill

Received: **07/18/2011**

Received By: **pkahler**

Wanted: **As time permits**

Companion to LRB:

For: **Kathleen Vinehout (608) 266-8546**

By/Representing: **Joel Nilsestuen**

May Contact:

Drafter: **pkahler**

Subject: **Public Assistance - med. assist.**

Addl. Drafters:

Extra Copies:

Submit via email: **YES**

Requester's email: **Sen.Vinehout@legis.wisconsin.gov**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Require notice of any change in MA benefits or eligibility

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 07/19/2011	mduchek 08/05/2011		_____			State
/P1			lparisi 08/09/2011	_____	lparisi 08/09/2011		State
/1	pkahler 08/10/2011	mduchek 08/10/2011	rschluet 08/10/2011	_____	ggodwin 08/10/2011	ggodwin 11/21/2011	

FE Sent For:

*At Intro
11/21/2011*

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/P1							

Handwritten notes:
1 MD
8/10/11
lparisi
08/09/2011
8/10/11

FE Sent For:

<END>

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?	pkahler			_____			
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FE Sent For:

/plwly 8/4

<END>

Bill Request Form

Legislative Reference Bureau
One East Main Street, Suite 200
Legal Section 266-3561

You may use this form or talk directly with the LRB attorney who will draft the bill.

Date 7/18/11

Legislator, agency, or other person requesting this draft Sen. Vinehout

Person submitting request (name and phone number) Joel Nilsestuen

Persons to contact for questions about this draft (names and phone numbers) Same, 6-8546

Describe the problem, including any helpful examples. How do you want to solve the problem?

Require DHS to notify participants of any changes to Medical Assistance (MA) eligibility or benefits. Notice should be easy to understand and describe how changes affect the participant. The notice shall be provided at least 60 days prior to any change.

Please attach a copy of any correspondence or other material that may help us. If you know of any statute sections that might be affected, list them or provide a marked-up copy.

You may attach a marked-up copy of any LRB draft or provide its number (e.g., 2005 LRB-2345/1 or 2003 AB-67).

Requests are confidential unless stated otherwise. May we tell others that we are working on this for you?

NO

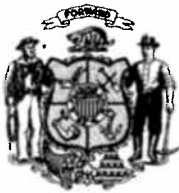
If yes: Anyone who asks? YES NO
Any legislator? YES NO

Only the following persons

Do you consider this request urgent? YES NO If yes, please indicate why

Should we give this request priority over any pending request of this legislator, agency, or person?

YES NO



State of Wisconsin
2011 - 2012 LEGISLATURE



LRB-2407/6
PJK:.....

med
TWLj

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

J-vote

general

1 AN ACT ~~relating to~~; relating to: notice of eligibility and benefit changes in Medical
2 Assistance.

Analysis by the Legislative Reference Bureau

* Under current law, the Department of Health Services (DHS) administers the Medical Assistance (MA) program, under which eligible low-income individuals or families receive health care benefits. This bill requires DHS to notify MA recipients, at least six months in advance, before implementing any change under MA affecting eligibility or benefits. The notice must be written in clear language that is understandable to lay persons and must describe how the change will affect a recipient.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

3 SECTION 1. 49.45 (2) (a) 15m. of the statutes is created to read:

4 49.45 (2) (a) 15m. Beginning on the effective date of this subdivision [LRB

5 inserts date], notify medical assistance recipients of any change affecting eligibility

6 for, or a benefit provided under, the Medical Assistance program at least 6 months

at least 6 months before implementing

notify medical assistance recipients of

- 1 before implementing the change. The notice must be written in clear language that
- 2 is understandable to lay persons and must describe how the change will affect a
- 3 recipient.

4

(END)

D - note

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2407/dn

PJK:.....

PI
Med
+ Wlj

Date

The notice must describe how the change will affect a recipient generally. Let me know if you want each notice to describe how the change will affect the recipient who receives the notice. I assume that such specificity would be much more costly to administer.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.wisconsin.gov

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2407/P1dn
PJK:med&wlj:imp

August 8, 2011

The notice must describe how the change will affect a recipient generally. Let me know if you want each notice to describe how the change will affect the recipient who receives the notice. I assume that such specificity would be much more costly to administer.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.wisconsin.gov

Kahler, Pam

From: Kleinschmidt, Linda
Sent: Wednesday, August 10, 2011 1:16 PM
To: Kahler, Pam
Subject: LRB 2407/P

Importance: High

Hi Pam,

The draft I referenced above requires a change. Kathleen would like the notice to recipients to be 60 days in advance instead of six months. With that change she approves the draft.

Thank you.

Linda Kleinschmidt

Chief of Staff

Office of State Senator Kathleen Vinehout

3 South State Capitol - PO Box 7882

Madison, WI 53707-7882

608-266-8546

1-877-763-6636



State of Wisconsin
2011 - 2012 LEGISLATURE



LRB-2407/BA
PJK:med&wlj:map

p m is Ann

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

W-8-10

Regen

1 AN ACT to create 49.45 (2) (a) 15m. of the statutes; relating to: notice of
2 eligibility and benefit changes in Medical Assistance.

Analysis by the Legislative Reference Bureau

Under current law, the Department of Health Services (DHS) administers the Medical Assistance (MA) program, under which eligible low-income individuals or families receive health care benefits. This bill requires DHS to notify MA recipients, at least six months in advance, before implementing any change under MA affecting eligibility or benefits. The notice must be written in clear language that is understandable to laypersons and must describe how the change will affect a recipient.

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3 SECTION 1. 49.45 (2) (a) 15m. of the statutes is created to read:
4 49.45 (2) (a) 15m. Beginning on the effective date of this subdivision [LRB
5 inserts date], at least 6 months before implementing any change affecting eligibility
6 for, or a benefit provided under, the Medical Assistance program, notify medical

60 days

60 days

1 assistance recipients of the change. The notice must be written in clear language
2 that is understandable to laypersons and must describe how the change will affect
3 a recipient.

4 (END)

Godwin, Gigi

From: Nilsestuen, Joel
Sent: Monday, November 21, 2011 3:58 PM
To: LRB.Legal
Subject: Draft Review: LRB 11-2407/1 Topic: Require notice of any change in MA benefits or eligibility

Please Jacket LRB 11-2407/1 for the SENATE.